

White Rose Care Roselands

Inspection report

50 Reculver Drive
Beltinge
Herne Bay
Kent
CT6 6QF

Tel: 01227360738
Website: www.whiterosecare.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Roselands is a residential care home, a large house set over two floors and with a large garden, providing personal care to 15 people at the time of the inspection. The service can support up to 15 people with a learning disability.

People's experience of using this service and what we found

Whilst the size of the service is not in line with best practice guidance would recommend for people with learning disabilities, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff supported people to have the maximum possible choice, control and independence to be independent and they had control over their own lives.

Staff focussed on people's strengths and promoted what they could do, so people had fulfilling and meaningful everyday life.

Staff supported people to pursue their interests.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care, support and treatment because sufficient numbers of trained staff could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People told us or indicated they were happy living at the service. Relatives felt their loved one were safe living at Roselands. People were relaxed in the company of each other and staff and there was a relaxed and happy atmosphere. People were protected from the risks of abuse by staff who understood their responsibilities in relation to keeping people safe.

People were supported by a regular team of staff who had been recruited safely. Staff who knew people well and understood how best to communicate with them in a way they could understand.

The service was clean and there were robust infection prevention and control measures in place. Staff wore appropriate personal protective equipment.

Effective checks and audits on the quality and safety of the service were regularly completed. When shortfalls were identified, action was taken to address these.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-Led findings below.

Roselands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors carried out the inspection.

Service and service type

Roselands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement, the Care Quality Commission (CQC) regulates both the premises and the care provided, both were looked at during the inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

On 3 February 2022 we communicated with four people who used the service about their experience of the care provided. Some people who used the service communicated with us using different methods including the use of pictures, gestures and body language. We are improving how we hear people's experience and views on services when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and people were happy to use it with us. We did this by speaking to the registered manager.

On 22 February 2022 we spoke with six people who lived at Roselands. We spoke with five members of staff, the deputy manager and the registered manager from another of the provider's services who was providing management support. We reviewed a range of records. This included three people's care records and various medication records. We reviewed three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four people's relatives to seek their views on the quality and safety of the service their loved ones received. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies, such as the local authority safeguarding team, to do so.
- People appeared relaxed in the company of staff and each other. Relatives told us, "I have total peace of mind in knowing that [my loved one] is safe and very well supported" and, "I think [my loved one] is exceptionally safe at Roselands. The staff know him very well. He doesn't talk and uses signing. They know how to sign with him, so that is his way of communicating." We communicated with this person using signs and symbols. Staff joined in and it was clear from our observations they were able to understand each other and communicated in a way that suited the person best.
- Staff had safeguarding training on how to recognise the signs of abuse. Staff knew how to report any concerns. One staff told us, "I would report any concerns to the registered manager, and I am confident they would act on it. If not, I would raise a safeguarding or speak to CQC."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One person we communicated with using 'talking mats' indicated staff supported them to move safely around their home, and they used a wheelchair when they went out. Throughout the inspection we observe staff holding the persons hands and walking with them.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff had guidance about the how a person may present if they were anxious or unsettled and how best to support the person. For example, sitting with a person and listening to their favourite music. Throughout the inspection staff provided reassurance to people in a caring manner.
- Staff managed the safety of the living environment and equipment through checks and actions to minimise risk. Staff completed regular checks on the fire safety equipment, people had personal emergency evacuation plans to provide guidance on the support they would need in an emergency.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Relatives told us, "The best thing is that the staff have been there a long time. There aren't lots of changes of staff which I know you get sometimes. Staff are always very friendly" and, "The good thing is that the staff don't change, and [my loved one] knows them all and they know him."

- The numbers and skills of staff matched the needs of people using the service. Staff knew people well and, throughout the inspection, clearly communicated with people in a way they could understand.
- Staff recruitment and induction training processes promoted safety. Disclosure and Barring service criminal record checks were completed to make sure new staff were safe to work with people. References had been obtained and gaps in employment explored to make sure a full employment history was obtained. Staff knew how to take into account people's individual needs, wishes and goals.
- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff competencies were checked, and regular medicines audits were completed to make sure people had their medicines as prescribed. Some people had medicines on a 'when required' basis, such as medicine to reduce anxiety. There was guidance, followed by staff, about when the medicine should be given and what action to take if it was not effective. Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- Staff made sure people received information about medicines in a way they could understand. One person asked staff what their medicines were for and staff gave a clear response to make sure they understood. The person told us why they had the medicine and appeared reassured by the staff response. A relative said, "They look after all [my loved ones] medicines and any medical appointment and always let me know what is happening. I have got no problems with the support they have at Roselands."
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves. When people were given medicines covertly, this had been discussed at a best interest meeting with family and the person's GP.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep the premises clean and hygienic. People were involved in keeping the service clean and tidy. A relative told us, "They involve [my loved one] in things around the home. They like clearing up and has always helped do that at home. Staff encourage them to do things like emptying the dishwasher and putting things away in the right places."
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people to the service safely.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them

appropriately and managers investigated incidents and shared lessons learned.

- Managers and staff were aware of the Learning from Deaths Mortality Review (LeDeR) Programme. Managers and staff supported the review process.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible at the service, approachable and took a genuine interest in what people, relatives, staff and health professionals had to say. Everyone we spoke with was positive about living at Roselands. Relatives felt the service was very inclusive. We communicated with a person using 'talking mats' and they told us they liked the staff. They showed us their room and told us they were buying some new furniture and the staff had supported them to do this.
- Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. One member of staff said, "I do feel supported by the management team. They listen, you can go to them with any concerns and they explain things to me if I have questions. We are a family here. I love working with the clients."
- People were empowered to do as much themselves as they were able, and their independence was promoted. The management team and staff knew people well and used different forms of communication, such as Makaton, using pictures, signs and speech to communicate effectively. We communicated with a person in their room using 'talking mats'. They told us the staff were helpful and had supported them to keep in touch with their family during the pandemic. The person knew staff and management by name.
- Staff were observant and noticed when people needed support. For example, a person's hair band fell out. Staff noticed this and asked the person if they would like help to put it back in. They did this and then told the person how lovely they looked. Another person signed to staff they were feeling chilly. Staff immediately supported them to choose a cardigan to wear.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- Providers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The manager had notified CQC about all important events that had occurred in line with guidance.
- The provider had displayed the current CQC rating in the service and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and deputy manager had the skills, knowledge and experience to perform their

roles and had a clear understanding of people's needs, along with oversight of the service they managed. Regular checks and audits were completed to monitor the quality and safety of the service delivered.

- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One member of staff commented, "The vision here is about empowering people. We try to support people to be independent. We encourage people to do things for themselves. We ask people if they want help rather than just do it for people."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. When a shortfall was identified, action was taken to address this. For example, there were a number of radiators which needed covers to prevent people burning themselves. These were in the process of being fitted.
- The deputy manager understood and demonstrated compliance with regulatory and legislative requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. Quality surveys were used to obtain feedback and to identify any areas for improvement. Regular staff meetings were held to ensure the team received important information consistently.
- People's relatives told us the communication was good and they felt very involved in their loved one's care and support. Relatives said, "I think the care is tailored to and tuned in with exactly what [my loved one] needs" and, "They are very good at communicating anything with me that I need to know."
- The registered manager and staff worked closely with health care professionals and advocates to make sure people were involved with their care and support.

Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. One person told us they were excited to be moving to a new independent living home and said that staff were supporting them with this.
- Staff worked with health care professionals, such as the community learning disability team, speech and language therapists and community nursing teams, to ensure there was effective joined up care and support.