

HCMS 7 Limited

Roseland Care Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Roseland Care is a residential care home providing personal care to up to 55 people. The service provides residential care to older people who may have a physical disability. At the time of our inspection there were 31 people using the service.

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

The registered manager was not present at the service at the time of this inspection. The deputy manager was acting up to the manager role and the nurses were supporting them.

Auditing and monitoring processes were not robust at the time of this inspection. Whilst the planned audits had been completed regularly up to and including June 2022, the audits planned for July 2022 had not taken place. We were told this was due to staff shortages. This meant opportunities to improve the service had been missed.

The regular review of records such as daily care notes and monitoring charts was not taking place as planned. We found some planned care had not always been recorded.

Daily 'flash meetings', which involved representatives of each department to share information, were taking place until recently. Staffing challenges had meant these communication and information sharing daily meetings had not taken place recently.

Some records containing confidential personal information were not always stored securely. Accident and incidents that had taken place, and reported by staff since January 2022 were all held together in a file on a shelf in the manager's office which was often open and unattended.

Some recruitment records did not hold all the relevant information required. Confirmation was sought from the provider to be assured safe recruitment processes were in place.

People were supported by staff who had been appropriately trained and were skilled in their role. Staff told us they felt well supported by the deputy manager and nurses. Staff told us they were able to access the management team whenever they needed any assistance or guidance. However, staff had not received recent supervision. We requested, but were not provided with, information about the last time staff were provided with appraisals therefore we could not make a judgement on this. Staff told us they could not recall the last time they received formal one to one support meetings.

Mental capacity assessments had been carried out where it was indicated. Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for appropriately. Two authorisations, for restrictive care plans, were in place at the time of this inspection. However, the records held by the service relating to the applications made for people to have a restricted care plan, agreed by a DoLS authorisation, did not match

with the information held by the local authority. We have been assured that this has now been addressed.

There were sufficient staff on shift to support people at the time of this inspection. However, the service was not fully staffed and was struggling to recruit new staff to vacant posts. Several staff and the administrator had left the service in recent weeks. The service was using agency staff, but the rotas showed not all shifts had been covered by the planned number of staff.

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet. Some people were having their food and drink intake recorded and were regularly weighed.

Care plans were completed for each person and contained details of the person's needs and preferences. Care plans had been regularly reviewed and updated. Risks were identified, assessed, recorded and reviewed regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe with staff. There were systems to help protect people from abuse. Staff had received training on how to recognise abuse.

Staff understood the importance of respecting people's diverse needs and promoting independence. We observed many caring and supportive interactions between staff and people. One relative told us, "I would recommend it to anyone, what a wonderful place it is. It was our wedding anniversary of 58 years in March, and one staff took a photograph of us and put it in a frame. They even took flowers from a bouquet I bought (Person's name) and pressed them into a card. I am so fortunate to have found this place for (Person's name)."

People told us they liked living at Roseland Care and that the staff were caring and responded when they called. Comments included, "I am ok here, I can spend time where I like" and "The staff come when I call."

People were asked for their views by the provider through a survey, responses had been audited and acted upon. A residents meeting was seen to have been held in May 2022 which asked people for ideas for activities and events.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

This is the first inspection for this service since changing provider. The last rating for this service, under the previous provider, was good (published 2 October 2020)

Why we inspected

This inspection was prompted by a review of the information we held about this service. This service was registered by a new provider 4 August 2021.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Roseland Care Limited

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Roseland Care 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, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. Although the registered manager was not present in the service at the time of this inspection and the deputy manager was covering this role

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We reviewed three people's care plans and risk assessments. We looked at two staff files in relation to recruitment. We reviewed medicines records and systems. We also reviewed other records relating to the management of the service, including complaints received. We spoke with seven staff including the manager and a representative of the provider.

We spoke on the phone with three relatives of people who were living at Roseland Care, about their experience of the care provided. We spoke with eight people, three relatives, nine staff and a healthcare professional during the inspection.

After the inspection visit we were sent some staff supervision records. We sought clarification with the provider on recruitment, powers of attorney and medicine checks.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question requires improvement

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- There were planned audits which had taken place to monitor all aspects of medicines management. The June 2022 audit had identified concerns with some aspects of medicines management. There were gaps found in the Medicine Administration Records (MAR) and tablet quantities were not always correctly calculated following each administration. We reviewed the MAR for July 2022 and found the same concerns occurred. Effective action had not been taken to address the issues found at the June 2022 audit.
- Electronically printed paper MAR charts were in use at Roseland Care. Some handwritten entries had been made by staff. In order to reduce the risk of recording errors these entries should be signed and witnessed by two staff. This did not always take place. This meant there was a risk of errors in the handwritten entries.
- Some people had been prescribed creams and lotions to be applied at specific times. Staff did not always record when this was done. Staff assured us that they applied prescribed creams but did not always record this.

We recommend the service take advice and guidance from a reputable source regarding best practice in administration, recording and effective management of medicines.

- Staff had received training in medicines administration. Nurses regularly audited medicines that needed stricter controls.
- Some medicines required cold storage. The medicines refrigerator was regularly checked to ensure the temperature was correctly set to ensure medicines were safely stored.
- People who had been prescribed medicines for occasional use had clear records to direct staff when they were to be given. Pain relieving patches were prescribed for some people and there was a clear system in place to ensure the site of placement was varied in line with good practice.

Staffing and recruitment

- Safe recruitment processes were in place. However, details were not always well recorded. References and Disclosure and Barring checks were sought before new staff were appointed, however, details about their health and reasons for leaving last employment were not always recorded. We noted there had been an audit of recruitment files which had indicated certain details were required to be added to some files. This had not yet taken place.

We recommend the provider takes advice and guidance from a reputable source regarding the monitoring

and recording of recruitment checks.

- A dependency assessment was in place to advise on staffing levels. There were sufficient numbers of staff on duty on the day of our inspection to meet people's assessed needs. However, several care staff and the administrator had recently left, and the provider was finding recruitment challenging. Agency staff were being used but not all shifts were covered as planned due to a shortage of staff availability.
- On the day of our inspection one member of staff went off duty unwell and the deputy manager was then required to cover their shift, working on the floor for the rest of their shift. This meant they were not available to carry out management tasks while providing care. We were told the deputy manager had worked many care shifts including night duty in order to cover the rota.
- The staff said they worked additional hours, so people had staff they knew and trusted. Staff told us it was often short notice sickness absence that led to the pressures. Staff were tired and there had been impact on staff morale. The deputy manager told us, "Things have been a bit fraught."
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. However, staff told us people were often late having support to get dressed. One told us, "It is difficult sometimes. Everyone always get their food, drink and medicines but sometimes we don't have time to get everyone up and dressed in the morning and it is sometimes nearly lunch time before they are all dressed."
- People, relatives and healthcare professionals told us that there were sufficient staff to respond to people's requests for support

Assessing risk, safety monitoring and management

- Some people required specific equipment to protect their skin from pressure damage. Pressure relieving mattresses were in place for people who had been assessed as needing them. These were set correctly and records in people's rooms supported staff to help ensure they remained accurate.
- Risks associated with people's care needs were identified, assessed and recorded. This provided staff with the information needed to support people safely.
- Staff had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff on how to help reduce the risk of this behaviour.
- The environment was well maintained. Equipment and utilities were checked to ensure they were safe to use and remained in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person, living at Roseland Care, had recently developed symptoms and tested positive for COVID 19. The home had completed whole home testing and no further cases had been identified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- We were assured the provider had facilitated visits for people in accordance with the current guidance. However, the service was not accepting planned visits at the time of this inspection due to some people having an infection.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe at Roseland Care.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The management team was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence. However, as detailed in the well-led section of this report these records were not held securely.
- The manager was aware of past complaints or concerns raised by people and families. All concerns had been responded to and there were no outstanding concerns at this time.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. At this inspection we have rated this key question good.

Staff support: induction, training, skills and experience

- The provider had a policy of providing supervision for staff three times a year with an annual appraisal. The provider sent us copies of some of the 2022 staff supervision dates. These records showed some staff had not been provided with opportunities to discuss their individual work and development needs in 2022 so far. Staff told us, "I cannot remember the last time I had supervision" and "I have not had supervision this year yet and I can't recall ever having had an appraisal."
- Records relating to past supervision and appraisals for all staff were not held in a format that was accessible by the provider and with the registered manager not present in the service, this meant they did not have effective oversight of this area of staff support. We have reported further on this concern in the well-led section of this report.
- We did not always see evidence, in the files we reviewed, of staff having had a recorded induction when they commenced working at the service. One new staff member, who had past experience in care, told us they did not receive an induction. Another staff member confirmed they did have one.

We recommend that the provider take advice and guidance from a reputable source regarding the effective recording and oversight of staff induction, supervision and appraisal.

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. The nurses had a white board system to record all dressings that were carried out and when they would need to be reviewed. The meant dressings were effectively managed from shift to shift.
- Staff we spoke with told us they felt they could approach the current management team at any time for support when needed.
- There was a system in place to monitor training. The provider had oversight of all staff training to ensure updates were provided in a timely manner.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where appropriate people who required specific restrictions, to keep them safe, had applications made to the local authority for these restrictions to be authorised. Two authorisations were in place at the time of this inspection. However, the records held by the service regarding these applications did not always match with the DoLS team records. We have detailed this more fully in the well-led section of this report.
- Records were kept showing where people had appointed Lasting Power of Attorneys (LPA). However, we saw some consent forms had been signed by some people who did not always hold the legal powers to consent on behalf of another person.

We recommend the service take advice and guidance from the MCA code of practice to ensure they were adhering to this legislation.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. Where appropriate capacity assessments and best interest meetings had been carried out.
- People told us staff consulted them and asked for their consent before providing care and support. One person told us, "I am ok here, I can spend time where I like."
- Staff received training in the MCA and during the inspection we heard people being asked for their consent to being supported.

Adapting service, design, decoration to meet people's needs

- People's needs were assessed before people moved into Roseland Care, to ensure their needs could be met by the service.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.
- The environment was adapted to suit the needs of people living with dementia. For example, pictorial signage was used to help direct people to their bedrooms and the bathrooms.
- The grounds offered pleasant secure outside space which had been planted up with flowers and contained a fountain. We saw staff supporting people to access the outside spaces.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their dietary needs where this was part of their plan of care.
- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well. People's comments included, "The food is fine, I can ask for what I like" and "I like my meals."
- Kitchen staff were fully aware of all people's dietary needs and preferences.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People had their weight regularly monitored and appropriate action was taken to address concerns where identified.

Staff working with other agencies to provide consistent, effective, timely care

- Roseland Care worked with the local authority and the NHS when admitting people.

- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. One healthcare professional told us, "They are very good, and I have no concerns. I have worked with the service over the phone recently to support a person with their medicines."
- Relatives were assured the care staff that supported their family members were quick to identify changes in the person's health, report their concerns and request the required assistance. Comments included, "I am always told if anything happens" and "I know they are closed to visitors at the moment due to an infection, but it is not COVID-19. They told us this."

Supporting people to live healthier lives, access healthcare services and support

- Experienced staff knew people's needs well.
- Staff monitored people if their needs changes and healthcare professionals were contacted where appropriate.
- There were clear records which evidenced people were seen by external healthcare professionals when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity. One relative told us, "I would recommend Roseland to anyone, what a wonderful place it is. It was our wedding anniversary of 58 years in March, and one staff took a photograph of us and put it in a frame. They even took flowers from a bouquet I bought (Person's name) and pressed them into a card. I am so fortunate to have found this place for (Person's name)."
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating.
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.
- Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People were able to choose how they spent their time. Some people chose to spend time in their own rooms, while others preferred one of the communal areas.
- The management team carried out regular reviews of people's views and experiences and audited the responses.
- Care plans were regularly reviewed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected.
- People told us that staff promoted their independence and respected their right to make choices for themselves. We heard staff throughout the inspection offer support and their time to people, asking if there was anything they wanted or needed.
- Relatives told us, "It is such a relief to know that my relatives are both being cared for so well. It is the first respite we have had in years and I cannot tell you how grateful we are" and "The home is fine, no concerns at all, the food is nice and the place is clean."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. The rating for this key question is good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was included in the service user handbook that was given to people and their relatives.
- Complaints and concerns raised by people and relatives were investigated by the manager and used as an opportunity to learn and improve. There was a keenness to ensure any concerns were fully addressed as soon as possible.
- Relatives confirmed that any issues that had needed to be raised had been effectively addressed.
- Staff had recently been surveyed for their views and experiences. The provider was investigating some concerns that had been raised by staff. We spoke with some staff who had recently left the service as they had not felt supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic. The service was closed to visitors at the time of this inspection but we spoke to two relatives who continued to visit as essential care givers supporting loved ones at mealtimes and providing company for them.
- People had good opportunities to take part in activities. Two activity coordinators supported and gently encouraged people to get involved in craft and games.
- Staff were aware of people's interests and were able to offer activities which were meaningful to them.

Planning personalised care

- There was comprehensive information held which showed people's needs, routines and preferences. Care plans were detailed and personalised.
- The shift handover sheet contained lots of helpful information about people for staff to be aware of. For example, "Needs time and patience when communicating, speech very limited" and "Tires very easily so not able to sit out for long."
- Mainly experienced staff had been supporting people and knew them well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. We were told if anyone needed information in an accessible format this could be provided. No person, who was receiving support from the service at this time, required this sort of assistance.

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.

- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.

- Care plans identified people's preferences at the end of their life and the service coordinated palliative care with other professionals.

- As people neared the end of their life the service sought support from GPs to discuss any relevant care and medicines for pain relief.

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.

This is the first inspection of this newly registered service. The rating for this key question is requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A regular audit programme was in place, completed by the manager and the provider and uploaded on a central computerised system accessible to all management in the organisation. Regular visits and audits had not been effective in identifying and addressing the issues found at this inspection
- Auditing and monitoring processes were not effective at the time of this inspection. Whilst the planned audits had been completed regularly up to and including June 2022, the audits planned for July 2022 had not taken place. The medicine audit in June 2022 had identified some concerns. For example, there were gaps in MAR charts and tallies of medicines were either not always being done following each administration or completed but inaccurately. These concerns had not been effectively actioned, and the issues identified continued in the July 2022 medicine records. This meant opportunities to improve the service had been missed.
- The records held regarding DoLS applications and authorisations were not entirely accurate. They did not agree with the records held by the local authority. This meant there was not an effective system in place to ensure such requests were being monitored and managed well. We were assured this was addressed following the inspection.
- The regular review of care records, such as daily notes and monitoring charts was not taking place as planned. We found some planned care had not always been recorded. For example, one person was prescribed cream to be applied twice a day this was not always recorded. Also, a full body inspection was directed to take place at least daily and documented. This was not always done. We were assured that action would be taken to introduce skin bundles for this person to prompt staff to record this care. Skin bundles are records that staff complete when they check several specific areas of a person's body for any skin redness or damage. We found no impact on the person as a result of this lack of recording.
- We were told there was a process in place for medicine records and monitoring charts to be reviewed and 'red penned' by managers on each shift, so that if any gaps were found these were addressed in a timely manner. This had not taken place regularly over the past few weeks. The deputy manager and nurse confirmed that this had not been possible due to staffing shortages. Staff confirmed that cream application and skin checks were carried out regularly although not always recorded. We did not see any impact on people as a result of this lack of recording.
- Daily 'flash meetings', which involved representatives of each department coming together to share information, were taking place until recently. Staffing challenges had meant these communication and

information sharing daily meetings had not taken place recently. This meant communication and information sharing opportunities were reduced.

- Some records containing confidential personal information were not always stored securely. The accident and incidents, which had been reported on specific forms by staff since January 2022, were all held together in a file on a shelf in the manager's office. This office was often open and unattended throughout the inspection and this meant the confidential information was not stored securely and could be accessed by passers-by.
- Recruitment and induction records were not always robust. We had to seek clarification from the provider to be assured that recruitment was safe in one instance as the Disclosure and Barring service (DBS) check was not present in one file. Induction for some new staff was not recorded in the personnel files.
- Some information that we requested from the provider was not available. For example, staff supervision and appraisal records were incomplete, those that were complete showed some staff had not had supervision in line with the providers supervision policy. There was no system in place to ensure staff received supervision in line with the policy. Staff told us at this inspection that they could approach the deputy manager at any time and were confident they would be supported.

The failure of the provider to establish and operate effective systems and processes to assess, monitor and improve the service was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The service had a manager registered with CQC.
- The provider was working with the management team at Roseland Care to improve the service. There had been regular visits made by the provider and specific checks had been carried out. There was an action plan in place with timescales attached.

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

- People and relatives were complimentary about the service received at Roseland Care.
- The culture of the service was open and transparent. Concerns identified at this inspection were accepted by the deputy manager and the nurse present at the inspection. We were assured that immediate action would be taken to address these issues.
- The deputy manager and staff were very committed to providing the best care to people.

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 deputy manager understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified. The provider assured CQC that a peripatetic manager would be placed at Roseland Care in the week after this inspection to support the deputy manager and staff in the absence of the registered manager. Action was taken to address some of the concerns found at this inspection in the days following our visit.
- Where some issues were identified by inspectors during the inspection, some were immediately addressed. There was a commitment by the management team to ensure people had their needs met and the service ran well.

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

- People had been asked for their views on the service. Residents meetings had been held and some people were seen chatting with staff about plans for activities and meal suggestions.

- We spoke with people and their relatives. Feedback was positive from everyone we spoke with.
- Staff meetings had been held in April and June 2022 along with a staff survey. Despite several staff and the administrator leaving recently the staff we spoke with were mostly happy working at the service.
- When staff were asked if they felt supported by the registered manager responses were mixed. Most told us they enjoyed working at the service. Staff comments included, "(Manager's name) is amazing and things are improving," "We have been a bit short staffed, but it is a lovey home to work in and we cope. I like my job and have no issues" and "I have not always felt supported, I do not feel things were done properly and I am leaving."

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure of the provider to establish and operate effective systems and processes to assess, monitor and improve the service was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>