

# Banstead, Carshalton And District Housing Society

## Roseland

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Roselands is a residential care home providing personal care for up to 39 older people some of whom were living with dementia. The home is a large purpose-built care home run by Banstead, Carshalton and District Housing Society which is a Not for Profit Charitable Society. At the time of the inspection there were 19 people living at the service.

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

Since the last inspection a new manager had started at the service who had submitted an application to register. Improvements were still required around the environment of the building however the manager was committed to driving forward these required improvements. There were sufficient staff at the service who provided safe care to people. Risk associated with people's care was managed well by staff. People told us they felt safe at the service and staff ensured they were protected from the risk of abuse and neglect.

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. Staff received appropriate training in relation to their role and were encouraged to progress.

People enjoyed the meals at the service and where they were nutritionally at risk staff assisted them with this. Staff ensured that people were supported with their ongoing health. Staff were valued and this impacted, in a positive way, how they undertook their role. The provider was facilitating visits for people living at the service in accordance with the current guidance.

### Rating at last inspection

The last rating for this service was Requires Improvement (published 29 October 2021) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

We carried out a focused inspection of this service on 30 September 2021. Breaches of legal requirements were found that were repeated breaches from previous inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, the assessment of people's capacity to make decisions where needed and oversight and audits of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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.

The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseland on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Roseland

## 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

Our inspection was completed by three inspectors.

#### Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means the Provider is legally responsible for how the service is run and for the quality and safety of the care provided. On the day of the inspection we were supported by the new manager who had submitted an application to register.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. They completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We observed care and interaction between people and staff. We spoke with seven members of staff including the manager, deputy manager, nominated individual, care staff and ancillary staff.

We reviewed a range of records including three care plans, daily care notes, food and fluid records for three people, multiple medication records, safeguarding records and incident and accidents. We reviewed a variety of records relating to the management of the service including audits, staff meetings and mental capacity assessments. We also reviewed three staff recruitment files.

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection of the service, we found the provider had failed ensure people were protected from the risk of unsafe care. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found there had been sufficient improvements and the provider was no longer in breach of regulation 12.

- At the previous inspection we identified that people at risk of dehydration were not being appropriately supported. At this latest inspection this had been addressed. There were fluid charts in place with target and total amounts which team leaders were reviewing daily. People were being prompted to drink more frequently and this included offering them sweets designed to boost hydration. As a result, we saw people's urine infections had reduced.
- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to associated with people's mobility, falls, malnutrition and risk of choking. Staff were knowledgeable around people's risks with one telling us, "We record anything where people are at risk including fluid charts, repositioning and continence." Another member of staff was able to tell who required thickener in their drinks if the person was at risk of choking.
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, one person was at high risk of falls and required moving and handling equipment to support them. There was guidance in place on what equipment was needed and how to support the person. We observed staff cleared the floorspace and ensured there was enough free room for the hoist and person to manoeuvre. A member of staff told us, "If I see any trip hazards, I move them."
- Where people were at risk of developing pressure sores there were measures in place to reduce the risk. For example, one person had a pressure relieving cushion on their armchair and a padded wheelchair for when they wanted to leave their room. There were also pressure relieving mattresses on people's beds and people were being repositioned in bed to reduce the risk of pressure sores developing.
- There were Personal Evacuation Plans (PEEPS) in place for people with details around how they needed to be supported in the event of an emergency. All staff had received their Covid-19 vaccinations as required.

### Learning lessons when things go wrong

- At the previous inspection we found there was limited follow up where an accident or incident had occurred. At this inspection this had improved. Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had incidents of bruising or where people had fallen. One person was a high risk of falls and they had been moved to a lower floor bedroom to reduce the risk of them falling on the stairs.

- All accidents and incidents were reviewed by the manager to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, it was identified that one person had bruised their body due to leaning on their frame when they walked. Soft padding had been put on the frame to prevent bruising.

#### Using medicines safely

- People were supported to take their medicines as prescribed and medicines were managed appropriately. One person told us, "They do my medicines. I always get them."
- Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Medicines were safely stored in locked cupboards or lockable fridges if required.
- There were methods and protocols for assessing and managing pain in people who could not verbally express their needs. There were protocols in place for staff for when they needed to offer people 'as and when' medicines.
- Competency checks were undertaken with staff as part of the training process and informally after that to ensure they were administering medicines safely.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person told us, "The staff are really brilliant – very kind and caring." Another said, "I feel perfectly safe."
- The manager highlighted safeguarding key issues and facilitated conversations with staff to raise awareness of safeguarding best practice. Staff understood what they needed to do if they suspected abuse and if they had concerns, they would raise them. One member of staff said, "I would go to the manager or we would need to report it to the social services."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff told us that they would not hesitate to raise concerns. One told us, "I would feel confident to whistleblow, I would go to (deputy manager)."
- We saw that where there were any concerns raised the manager would refer this to the Local Authority and undertake a full investigation.

#### Staffing and recruitment

- People told us that there were enough staff to support them. One person said, "I don't have to wait. They come to me when I ring the bell." People had their call bells within reach and told us they knew how to use them.
- We observed that staff attended to people's care when needed. For example, where people were being cared for in their rooms staff checked on them regularly.
- The provider assessed people's needs regularly to ensure that appropriate levels of staff were on duty. Staff fed back that there were always enough staff to support people. One told us, "For the amount of residents we have there are enough staff; people's needs are being met." Another told us, "The staffing works quite well."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

#### Preventing and controlling infections

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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 was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection of the service, we found the provider had not met the requirement of MCA and consent to care and treatment was not followed. This was a breach of regulation 11 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that this had improved, and the provider was no longer in breach of regulation 11.

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Since the last inspection staff had received updated MCA training. Staff were aware of the principles of MCA. One member of staff told us, "I assume they have capacity unless we know otherwise."
- During the inspection we saw staff asked people for consent before they delivered any care.
- Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care, medicines and having bedrails.
- We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

Staff support: induction, training, skills and experience

- People told us that they felt staff were competent in their role. One person said, "The staff are good to us and look after us well." Another said, "The carers work together well. They know what I want."
- Staff completed a full induction before they started caring for people. The manager said of staff, "They (staff) will come in and dependant on skill levels they will do a full week of induction. If experienced they will

shadow an early and a night shift."

- Staff were provided with training that was specific to their role. One member of staff told us, "Training is getting better. It's useful as you do things every day and realise I may be doing that wrong or right."
- The manager told us, "We are 95% with our training matrix." We saw that training was up to date and staff were reminded if they needed to have any refresher training.
- Senior staff and the manager undertook regular group supervisions and had planned one to one supervisions with staff to assess their performance and to provide support. One member of staff said, "If somethings on your mind you can talk about. Nice to be told when you are doing something right."

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

- People told us they liked the food at the service. One person said, "[Chef] has started to make me smoothies when I want one, and they are being much more creative with the food. They are making really nice salads." Another said, "I can choose all kinds of things for breakfast. I can come down here or have it in my room. The meals are very tasty."
- During lunch where people required support to eat their meal this was given. People were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered. People were provided with adapted cutlery and plates to assist people with eating independently.
- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people were on a food charts, higher calorie snacks were provided, and guidance was sought from health care professionals.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People fed back they had access to health care when needed. One told us, "I have a chiropodist who comes every six weeks to look after my feet." Another said, "I would tell the carer and then they call the doctor. I've had no issues."
- We saw that people had access to appropriate health care professionals in relation to their health. People were supported to visit the dentist, opticians and hospital appointments. Ongoing healthcare appointments, communication and advice was all recorded clearly in care plans.
- Care and support was planned and delivered in line with current evidence-based guidance. Staff used recognised tools such as MUST (a tool used to determine whether a person is nutritionally at risk).
- There was a handover at each shift change where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required. One member of staff told us, "Handovers are useful because if you haven't been in a lot can change with people over a couple of days."
- Prior to moving into the service an assessment was completed for people to ensure that the service was appropriate for them. Information obtained included the person's diagnosis, their medical history and how they communicated and their care needs.

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

- There were no sensory items or areas of interest for people living with dementia, particularly for those that wandered with purpose. However, we were aware there were plans in place to make improvements to the service with this being considered.
- Other areas of the service were suitable for the needs of people. There were various lounge areas for people to sit and enjoy more quiet areas if this was their preference.
- Bathrooms had been adapted to include baths with a built-in seat, shallow baths and walk-in showers.
- People's rooms were personalised with their own furniture, pictures and ornaments. There were signs on

bedroom doors and communal doors including the bathroom and toilets to help orientate people.

# 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 Requires Improvement. At this inspection this key question has remained Requires Improvement although improvements had been identified. This meant the service management and leadership was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection of the service, we found the provider had not ensured there was robust management oversight undertaken to ensure changes and standards were maintained. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There had been sufficient improvements around this, and the provider was no longer in breach of regulation 17.

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

- Since the last inspection there have been changes to the management of the service. A new manager had just recently started and was applying to register with CQC. Although they had only been at the service a short time, they had already had an impact on driving improvements. They told us there were still areas to develop and had plans in place to address this. A deputy manager had also just been recruited to support with the improvements.
- The provider and manager acknowledged the environment required improvement. We identified the paintwork on the skirtings in communal areas was worn and there were shortfalls in the maintenance including missing tiles in bathrooms. The provider and manager confirmed they were recruiting a member of staff to complete these maintenance duties. The manager was also planning a health and safety audit of the environment.
- Staff fed back that there was a lot of paperwork to now complete in relation to people's care. We saw at times records relating to repositioning charts and food and fluid recording were not always completed when required. However, the manager accepted that it would take time to fully embed the changes given the history of requirements needed. They told us with the right support and training they felt staff would achieve sustainable improvements at the service.
- People had fed back positive comments about the management of the service including, "[Manager] is very nice – so approachable", "He is a nice man" and "It all runs very smoothly here."
- Staff were also complimentary about the management of the service and had noticed improvements. Comments included, "I can ask [manager] if I need anything" and "Management are very approachable. I feel supported."
- Audits were carried out such as care plan audits, infection control and medicine audits and shortfalls

discussed with staff. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

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

- People were given opportunities to talk about things they would like at the service through seeking feedback. One person said, "We have residents' meetings with the chef. He asks for suggestions."
- Staff had the opportunity to contribute positively to the day to day running of the home. One member of staff said, "[Manager] is really good. He listens and he is respectful" and "He gives me time to do the medication and the audits. I tell him and we talk about the audit and how to improve. He asks, 'What do you need?' I feel much, much better."
- Staff told us that they felt listened to and appreciated. Comments included, "Management talk to you like you're human" and "You have a good idea. They do listen. They do say you are doing really well." The manager told us, "I'm trying to get them [staff] back to a place where they have the confidence to make decisions."

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; Working in partnership with others

- We saw from care plans that relatives had been contacted where there had been an incident with their family member. The manager told us, "We have to be open and honest and let people know when we have made mistakes."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The provider and manager worked with external organisations with a view to making improvements to care being delivered. The manager told us, "I have a contact [from the local church] and we have talked about volunteers to come to the home."
- The provider had an arrangement with the local GP surgery to review people's medicines regularly. One member of staff told us, "She [GP] is very good. I send her an email on the weekends, and she will call." Another told us, "Communication with health care professionals is better. They have done a lot of work with medication."
- Prior to the inspection the local authority and clinical commissioning group had undertaken a visit. We were provided with a report of their visit where they had identified some areas for improvement. We saw all of this had been addressed on the day of the inspection.