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

Summary of findings

Overall summary

Roseland is a care home which provides accommodation and personal care for a maximum of 39 older people, some of whom may also be living with dementia. The service does not provide nursing care and the provider was in the process of removing the regulated activities associated with nursing care. There were 37 people living at Roseland the time of our inspection.

The inspection took place on 7 December and 12 December 2016. The first inspection day was unannounced.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility
for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Roseland was last inspected on 14 May 2014 where we had no concerns.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. We made one recommendation as a result of this inspection. As such we asked the provider to consider adopting a more strategic oversight of falls so as to be more readily able to identify any themes or trends across the service.

Roseland is a friendly and inclusive service in which people were central to the care that was provided. The standard of record keeping at the service however did not accurately reflect the quality of care provided. In particular, whilst people received appropriate care, their care plans and risk assessments had not been kept up to date.

Staffing levels were sufficient and people's needs which were met by a core team of staff who knew them well. Where temporary staff were used to cover staff vacancies, these were regular to the service and therefore they too had a good knowledge about people's needs and preferences. The appropriate recruitment and ongoing monitoring and appraisal of staff had ensured that only suitable staff worked at the service.

Staff received training and support from the management team in order to deliver their roles and responsibilities in line with best practice. Roseland had an open culture and the management team coached staff to deliver high standards of care.

The service had systems in place to identify and manage risks to people and to maintain the safety of the service as a whole. People were further protected from the risk of abuse or avoidable harm, because staff understood their role in safeguarding them.

People had positive relationships with staff who took steps to ensure care was provided in a way that protected their privacy and dignity. People were encouraged and supported to both maintain and develop their independence and spend their time doing things that were meaningful to them.

People were actively involved in making decisions about their care and these choices were effectively communicated and respected by staff. Staff ensured appropriate consent was gained from people and delivered care in the least restrictive way.

People were supported to maintain good health and there were systems in place to ensure people received their medicines as prescribed. People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

People and their representatives were able to share their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. Roseland had an active residents' group who were routinely consulted about proposed changes and developments for the service. No formal complaints had been made against the service, but people and their relatives felt confident to raise concerns if needed.

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.

People were safeguarded from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

Risks to people were identified and managed.

Staffing levels were sufficient to meet people's needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

There were good systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Staff routinely gained consent from people and understood the importance of providing care in the least restrictive way.

People had choice and control over their meals and were supported to maintain good hydration and a balanced diet.

Staff worked in partnership with other health care professionals to help keep people healthy and well.

Is the service caring?

Good

The service was caring.

The atmosphere at Roseland was friendly and welcoming. People had positive relationships with staff who knew them well.

Staff respected people's privacy and promoted their dignity at all

times.

People were actively involved in making decisions about their care and staff understood the importance of respecting supporting them to live their lives as they wished.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs.

People had regular opportunities to engage in activities and outings that were meaningful to them.

People were confident about expressing their feelings. The management team ensured that if people raised issues that they were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not wholly well-led.

The documentation in place did not always reflect the high quality care and support that was being provided.

The culture within the service was open and positive and care was provided in a way which ensured the person was always at the centre.

People benefitted from leadership team who were committed to maintaining the quality and the safe running of the service.

Roseland

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 7 December and 12 December 2016. The first inspection day was unannounced. We arranged to return on the second day in order to meet with the registered manager and access some information that was not available on the first day. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications and feedback from our partner agencies. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke individually with 11 people and two relatives. We interviewed eight members of staff and met with the registered manager and the chairman for the charity who provided the service. We also spoke with two external healthcare professionals who regularly visited the service and one external entertainer. During the day we observed interactions between people and staff during the morning and afternoon across the service and joined people in the dining room at lunchtime to gain a view of the dining experience.

We reviewed a variety of documents which included the care plans for six people, four staff files, medicines records and various other documentation relevant to the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Roseland. People said that staff made them feel safe and that knowing someone was always there made them feel secure. One person informed us, "I feel absolutely safe, there is always somebody about." Another person commented, "I do feel perfectly safe here all dangers have been looked into thoroughly and prevented."

People were protected from the risk of abuse. People told us that staff treated them with kindness and respect. One person was keen to tell us that the service had "A lovely atmosphere" and described that she felt safe from harm. Another person said, "Not one member of staff has ever done any harm to me, they are all so kind." Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. Staff received regular refresher training in safeguarding and policies and procedures were available for staff to follow if they suspected abuse.

Environmental risks had been considered and mitigated. The premises was purpose built and was continuously being upgraded and maintained. A recent inspection by the local fire service confirmed that appropriate systems were in place to both prevent and protect people in the event of a fire.

Risks to people had been identified and managed in a person centred way. Whilst the records did not always accurately reflect the work undertaken by the management team, staff were confident about the systems in place to keep people safe and had the skills and knowledge to manage emergency situations. Staff had had a good understanding of people's needs and knew exactly how to support them safely. For example, staff talked to us about those people who were at risk of dehydration, choking or developing pressure wounds. They were also able to describe the actions they took to manage these risks and keep people safe.

Staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, one member of staff told us, "We wouldn't dream of stopping someone doing something for themselves if they want to. Most people come and go as they like." Our observations on the day confirmed staff were mindful of people's rights to take risks.

Staffing levels were sufficient to meet people's assessed needs. People told us that there were enough staff to look after them. For example, one person said, "I think there are enough carers as you can see they are always around." Likewise, another person commented, " Staff seem to manage very well so I would say there are enough" and a further person added, "They always come to me quickly when I require assistance."

Staff told us that staffing levels enabled people to be supported safely and effectively. We observed that people received their care when they needed it and were not kept waiting for support. Staff confirmed that the staffing levels on the inspection day were typical for the service and the rotas confirmed the same.

Staffing levels were kept under regular review and were responsive to people's changing needs.

The registered manager informed us that they were in the process of recruiting new care staff and that interim vacancies were covered by bank or agency staff. The provider told us that they had used the same agency for 15 years and as such many of the agency staff supplied were well known to people and staff. One member of agency staff told us that they had been coming to Roseland to work for the last 2 years. The core staff team were well-established workforce. 19 staff members had worked at Roseland for more than five years and several had worked there for more than 20 years.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history, written references and job descriptions in staff files to show that staff were suitable to work in the service.

People told us that staff appropriately supported them with their medicines. For example, one person told us, "I have six pills each morning and staff give them to me and watch me take them." Similarly, another person said, "Staff give me my medication and frequently ask me if I'm in pain and if so, gives me my pain medication." One person who lived at Roseland administered their own medicines independently. Staff explained the systems in place to support this person to manage their medicines safely.
For people who required support with their medicines, this was provided by senior staff who completed regular training in medicines management. Staff supervision records showed that the registered manager also frequently checked staff competence in this area. Medicines were administered in a person centred way and staff did not sign Medication Administration Record (MAR charts) until medicines had been taken by the person. There were no gaps in the MAR charts.
Staff were knowledgeable about the medicines they were giving. MAR charts contained relevant information about the administration of certain drugs, for example in the management of anti-coagulant drugs, such as warfarin and in the administration of medicines for Parkinson's Disease.
All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored.

Medicines were stored safely. Lockable trollies were used to transport medicines around the service securely. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored daily to ensure the safety of medicines.

Good

Is the service effective?

Our findings

People told us that they thought staff were appropriately trained and qualified for their roles. For example, one person said, "The staff are qualified and very professional you can tell by the way they work." Likewise, another person commented, "Staff are trained well enough." A relative also informed us, "I would say the staff are qualified pretty well I can see that." Two visiting health professionals said that in their opinion, the staff were "Competent" in their roles.

Staff had the skills and knowledge to meet people's needs. Staff talked confidently to us about people's needs and preferences. It was obvious that they had a good knowledge of people and understood their role in supporting them effectively. For example, two staff described how they supported people who were cared for in bed to remain healthy and well. They told us proudly, "No one has ever died here with a pressure sore."

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff completed training in areas such as first aid, moving and handling, infection control and fire safety. In addition to mandatory training, we also found that staff had the opportunity to undertake more specialised training in order to meet the needs of the people they cared for. For example, in topics such as dementia awareness, nutrition and hydration and end of life care. Staff said that the training they had received enabled them to do their job well and that there was always support if they needed it.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. New staff also completed a period of shadowing other staff before they began working on their own. Agency staff also received an induction to the service and said they were well supported by both the registered manager and the staff team. Two members of agency staff told us that they liked working at Roseland because, "We are included in the handovers and always told what we need to know."

There were systems in place to support staff. Staff described the registered manager as "Approachable" and "Open" and were confident that they could raise any issues with them. Staff received regular supervision. A supervision is a 1-1 meeting between a staff member and their senior to discuss practice and training requirements. We saw the minutes for some of these meetings which identified that development and practice issues were continually discussed and appropriate action taken to improve performance.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called

the Deprivation of Liberty Safeguards (DoLS).

People told us that they were free to live their lives as they chose. For example, one person said, "I am free to do what I like" and another person commented, "I am able to go outside, there is nothing stopping me." People also said that staff routinely sought their permission about all aspects of their care. As such, one person told us, "Every day staff ask my permission before doing something like putting on my nightie." Likewise, another person remarked, "Carers are aware of my feelings, they know me well and always ask for my consent before doing something for me."

Staff demonstrated a good understanding of the need to gain people's consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff routinely asked for their consent.

Referrals to the local authority had been made in respect of two people that the management team had assessed as potentially being deprived of their liberty. There was a culture in which care was provided in the least restrictive way and we saw that staff respected people's wishes. For example, one person liked to access the local community independently. Staff had recognised that this person had fluctuating capacity and taken proactive steps to balance both their choice and safety.

People were effectively supported to maintain a healthy and balanced diet. People told us they were offered choice over their meals and that alternatives were always available. One person told us, "I have fairly a lot of choice about food and drink, the food is good." Another remarked, "I can request food whenever I like, but we get plenty."

We saw that people were regularly offered drinks and snacks and that their choices about food were respected. The lunchtime meal was a social occasion and we saw that if people changed their mind about their meal at the dining table, then an alternative was offered. Where people required support this was provided sensitively and at the person's own pace.

Staff were knowledgeable about people's dietary needs and preferences and we saw these to be respected in practice. The chef maintained a list of people's likes and dislikes and talked about how this information was used in menu planning. They also attended residents' meetings to gauge people's opinions and offer different choices. For example at one of these meetings people had requested to try rabbit. This had since been served and enjoyed and was now a regular option on the menu.

Where risks had been identified in respect of people's eating and drinking, these were appropriately monitored. Staff were clear about the triggers for monitoring people's food and fluid intake more closely. Staff were also able to share with us their knowledge about people's food allergies.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. One person told us, "I definitely get health care whenever I need too" and a relative informed us "Mum still visits her dentist and optician, she has been with them for around 20 years." Care records documented that people attended regular health checks and that staff sought medical advice when people were unwell. During the inspection we met with two visiting professionals who both confirmed that staff made prompt referrals when needed and followed the advice they gave.

Good

Is the service caring?

Our findings

People described staff as kind and caring and confirmed that they were treated with dignity and respect. One person told us, "The carers are caring…very good and attentive." Another person expressed, "My word are carers caring. They suit all my needs, we talk, and laugh and they are all very friendly."

The atmosphere was homely and friendly. A relative confirmed that this was always the case. For example, they told us, "The carers are caring. They ask mum what she needs them to do for her, they sympathise with her, are complementary to her, willing to support her and are lovely friends to her." Similarly, two health care professionals remarked that they liked coming to Roseland because of the caring nature of the service. One health care professional, said, "It's got a good feel here….. I would be happy for one of my relatives to live here."

During a music and movement session, staff and relatives were observed joining in with people and having fun together. The external activities co-ordinator for the session told us, "I go to lots of care homes, but this is one of my favourites." They went on to say that this was because "Staff and people have such good relationships here, really caring."

Support was provided in a discreet and caring way and staff showed genuine warmth to the people they cared for. People told us that staff always promoted their dignity. For example one person said, "I am always treated with dignity. I am spoken to politely always. The carers are charming, always smiling and so kind to me." Staff demonstrated that they understood the importance of treating people as their equals, with one member of staff telling us, "We work for them." People echoed that this was their experience, "Carers do not treat us as if we are children. They are very respectful."

People's privacy was always respected. One person told us, "I have privacy in my bedroom and carers always knock on my door before coming in." We also observed that staff respected people's private space and routinely sought permission before entering their bedrooms. The layout of the communal areas of the home enabled staff to support people effectively without crowding their space. Similarly we saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that balanced safety and privacy considerations.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. One person told us, I make all my own decisions, including what I wear." Likewise, another person commented, "The carers always ask what I want, they don't assume anything." We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting.

Throughout the day, we observed a high level of engagement with people and staff empowering them to be in control of their support. For example, one person wanted to go and sit outside, but staff knew they were not safe to do so alone. As such staff took immediate action to enable one member of staff to go out with the person.

We saw people's bedrooms had been personalised to reflect their own interests and tastes. People told us they had appreciated being able to bring items of their own furniture and make their rooms their own.

Good

Is the service responsive?

Our findings

People received good care that was responsive to their changing needs. People and their relatives told us that they were well looked after at Roseland. One person told us, "This is the best place ever; the staff really look after me well." Each person we spoke with said they were fully in charge of the support they received. A relative informed us, "To ensure mum's care is personalised they know all her likes and dislikes, they make her feel at home, she likes the familiar setting, they provide consistent arrangements and I was involved in her care plan and signed it"

Since the head of care had left the service earlier in the year, care records had not been kept fully up to date. It was however clear from talking with staff and observing them with people that they had an excellent understanding of people's needs. Staff had comprehensive knowledge about people's life histories and likes and dislikes as well as their physical and emotional needs. The service had had a core staff team who had worked at the service for many years and their holistic knowledge of people enabled the delivery of effective and person centred care. Staff maintained detailed daily records about people's care needs and information was effectively communicated amongst the staff team during comprehensive handovers at the change of each shift.

People's needs were assessed prior to admission and assessment information used as a starting point to their care. People and their representatives were involved in the assessment process and encouraged to discuss their needs wishes and expectations in respect of their support. Reports from other professionals involved in people's life were also gathered on admission to enable the care plans to be to look at all people's physical, emotional and social needs.

Staff responded to people's changing needs. Staff were able to describe the individual needs of people and how these had changed over time. For example, where people had lost weight or experienced a reduced appetite, staff had identified this and made appropriate referrals to other professionals. Feedback from a health care professional during the inspection informed us that staff were responsive to hydration changes, sending in urine tests and reacting quickly to people's changes in skin condition.

People's individual routines and preferences were respected. People told us that their time was their own and staff respected how they chose to spend it. We saw that people were free to get up and go to bed as they liked. Staff provided support flexibly as people required or requested it. For example, we noticed that two people had chosen to be looked after in bed and staff had adapted their support towards the individual needs and choices if these people.

People had opportunities to engage in activities and outings that were meaningful to them. People talked to us about the types of activities that were available and how they were free to participate in as much or as little as they wanted. For example, one person told us, "There are lots of activities going on here, but personally I enjoy my own company. I like to read and do crosswords." Another person informed us, "My Deacon visits on Sundays."

During the inspection we observed an external music and movement session. We noticed that some people participated with their relatives and this was a fun and enjoyable activity for all involved.

The service had access to a minibus and as such people had opportunities to go on outings to places of interests. A Christmas shopping trip had been planned for the day after the first inspection day and people were looking forward to this outing. One person commented, "A few days ago I was asked if I wanted to go Christmas shopping tomorrow and I said yes. I really do appreciate going out and am looking forward to it."

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to. There was a complaints policy and procedure which outlined how people should raise concerns if they were unhappy. People told us that whilst they had not had cause to complain, they would feel confident to do so if needed. The management team worked hard to keep engagement with people and relatives open so that wherever possible any issues could be dealt with quickly. The registered manager told us that they had not received any recent formal complaints.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives were positive about the management of the home and said that they felt able to talk to them about any issues they had. The registered manager and the Chairman for the Charity which provided the service, worked closely together as a management team. People told us these individuals worked well together to provide a good service. For example, one person said, "I think this home is well managed, I know the managers and have spoken to them." A relative also spoke highly of the management team, telling us, "It is well managed here and the manager and chairman are very good, they're approachable and always communicate in person, phone or email. "

Whilst the quality of care was good, we found that since the head of care for the service had left, the standard of documentation in place did not always reflect the quality of care provided. The management team had recognised this shortfall prior to our inspection and brought in an additional senior member of care staff to conduct a full care review for each person. The service had a core of well-established staff who clearly knew people very well and agency staff were regular and well briefed about people's needs. That being said however, it is a legal requirement for the service to maintain up to date documents such as care plans, risk assessments business continuity plans and the failure to do so meant that there was no contingency for consistent care if sickness affecting multiple staff occurred.

Failing to maintain complete and contemporaneous records about the care and treatment provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff reported that they felt that the management culture was an open one in which they could raise any issues. It was evident that the loss of the head of care had affected staff, but all were confident that the provider was doing everything possible to recruit to the position.

Staff were involved in the decisions about the service and their feedback was regularly sought. There were daily handovers and staff meetings to facilitate the effective communication of information across the service. We read in staff meeting minutes that practice issues were discussed and expectations for care standards explained.

The registered manager was a good role model understood her legal responsibilities as a registered person. For example sending in notifications to the CQC and making safeguarding referrals where necessary.

There were a number of systems in place for auditing and monitoring the service provided. For example the manager had completed audits in respect of areas such as medicines management and infection control. Whilst it was clear that the management team reviewed every incident and accident report themselves, there was no formal process for auditing falls as a whole.

It is recommended that the registered person adopt a more strategic oversight of falls so as to be more readily able to identify any themes or trends.

People, relatives and staff were continuously encouraged to express their ideas and thoughts. The registered manager and provider were visible in the service and always seeking people's feedback. Roseland had an active residents' group who were regularly consulted about people's experiences and views on life in the service and how to improve it. Minutes from these meetings showed that the service had made changes to menus, activities and the decoration of communal areas based on feedback shared in these meetings. The most recent satisfaction questionnaire sent to people highlighted a high degree of satisfaction across the service.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to maintain complete and contemporaneous records in respect of the care and treatment provided.