

Banstead, Carshalton And District Housing Society

Roseland

Inspection report

Garratts Lane
Banstead
Surrey
SM7 2EQ

Tel: 01737355022
Website: www.rosehomes.org.uk

Date of inspection visit:
20 November 2019

Date of publication:
14 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Roseland is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 39 people. Care was provided across two floors in one purpose built building, with communal lounges, gardens and a dining area.

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

People told us they felt safe but we found shortfalls with furniture and equipment that could impact on people's safety. Restrictions had been placed upon people without the correct legal process being followed. This meant people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider's auditing and governance systems had not identified or addressed the shortfalls we found on this inspection and the provider was not notifying CQC of incidents and events that they were legally required to do so.

There was not always sufficient information in records to inform staff about how to administer medicines to people safely. Improvements to medicines and incidents were made after the inspection. People had detailed care plans in place but work was in progress to move these to a new system. People's access to activities and outings was limited, so we made a recommendation about activities.

Care plans and assessment documented information about people's routines and preferences and people liked the food that was provided to them. People were supported by caring staff who they got on well with and staff provided care in a way that encouraged them to be independent. Care delivery was dignified with people's privacy being respected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to furniture, equipment, consent, reporting and governance.

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

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.

Inspection team

The inspection was carried out by one inspector, a nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Roseland is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including feedback received and statutory notifications. Statutory notifications are reports of incidents and events providers are required by law to tell us about.

We contacted commissioners and placing authorities to ask for feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with seven people and five relatives. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three care staff and three senior care staff.

We reviewed care plans for five people, including information about risks, consent, personalised planning and medicines. We looked at three staff files and records relating to staff training and supervision. We looked at records relating to incidents, complaints and minutes of meetings. We checked records relating to checks and audits and made observations of practice throughout the day.

After the inspection

We received further evidence from the provider where we were unable to review records which were unavailable during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Preventing and controlling infection

- Equipment and furniture was not always clean and was not always suited to people's mobility needs.
- Whilst we observed the home environment was clean, we found some equipment and furniture which was not.
- Communal wheelchairs had splash marks on them and did not appear to have been cleaned recently, despite being used by people. There were also stains on chairs in the dining room and activity room. Staff said it was part of their roles to clean these after using them, but they did not always have time to do so.
- A commode in one person's room was worn which meant unvarnished wood was exposed. This meant bacteria could permeate into the wood so it would not be possible to clean properly.
- Where people used hoisting equipment, they did not all have their own slings. This meant slings moved between people, without being cleaned between uses. This heightened the risk of bacteria being passed between people which could lead to cross contamination.
- Furniture which people used had started to deteriorate. In the lounge, seating had become soft which meant it did not always provide people with the right support and made transferring difficult.
- Staff told us they had raised this and the provider shared plans with us to update furniture, but this had not been sourced by the time of our visit.

The shortfalls in relation to cleanliness and effectiveness of equipment and furniture were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Responses to incidents were inconsistent.
- There was a record of incidents that took place at the service and we saw evidence of actions taken to keep people safe following falls. Management checked individual incidents, but there was no formal analysis of incidents to identify and learn from patterns and trends.
- A new electronic system had been introduced a month before our visit and this allowed management to collate incidents in order to analyse them. At the time of this inspection, no analysis had taken place yet and there was no analysis of incidents under the previous system.
- Whilst staff were knowledgeable about safeguarding and we saw evidence of most concerns being shared with the local authority, we were told about one incidence of unexplained bruising which had not been recorded as an incident and had not prompted a review of risks for this person. The provider shared actions

they had taken, including referral to healthcare professionals, but it did not include a review of the persons care plan and risk assessment despite there being information about this risk disclosed that would require care planning.

- After the inspection, the provider confirmed action was taken and shared their learning from the incident with us.

Using medicines safely

- People did not have clear plans in place about when to administer some medicines.
- Where people received medicines on an 'as required' basis, there were no protocols in place to inform staff about when to administer them. This did not meet best practice and meant staff did not have clear guidance to follow when administering these types of medicines .
- After the inspection, we received confirmation that protocols were put in place for these types of medicines.
- Aside from the issues above, people's medicines were managed and administered safely.
- Medicines were stored securely and staff followed best practice when administering medicines to people. People had care plans which listed their medicines and staff kept accurate records to show when they had administered medicines to people.

Staffing and recruitment

- Records related to recruitment checks were not always accurate.
- The provider carried out recruitment checks on new staff, including checks of their backgrounds and character but in one instance there was important information missing from records.
- In one staff file, the application form was missing which meant there was no work history recorded for them. The provider was unable to find this information after the inspection.
- There were sufficient numbers of staff to meet people's needs safely, but there was a lack of governance in this area.
- Whilst we observed there were enough staff, there was no audit of people's experience such as checks of call bell response times. The provider did not have a system to calculate staffing numbers which meant it was not clear that the numbers of staff were based on people's needs and any changes could be responded to appropriately.
- People told us staff responded promptly to requests for support and we observed staff providing supervision to people and responding to requests in a timely manner.

We recommend the provider seeks and follows best practice in relation to record keeping for staffing and recruitment.

Assessing risk, safety monitoring and management

- People received care that was considerate of risks.
- People said they felt safe being supported by staff and we observed staff supporting people to move around the home using walking aids and giving supervision and prompts when required.
- People had plans in place to manage risks such as falls, pressure sores and malnutrition. Risks had been assessed and where identified, staff drew up plans to keep people safe.
- One person was assessed as at risk of developing pressure sores due to their mobility. There was a plan staff followed, including equipment and topical creams, to reduce the risk. Daily records showed staff were taking the actions outlined within the plan.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions had been placed on people, in every instance the correct legal process had not been followed.
- Where people were unable to consent to care interventions, there were no mental capacity assessments or best interest decisions documented. We also found interventions delivered in people's best interest that involved restrictive practice where applications had not been sent to the local authority DoLS team.
- One person living with dementia received medicines covertly because they often refused to take them. Whilst this had been agreed with healthcare professionals, there was no documented mental capacity assessment or best interest decision about this and there had not been an application to the local authority DoLS team.
- Another person was living with dementia and staff described how they stayed at the home in their best interest. An incident form showed how the person had made requests to leave in the past. Despite this restriction on their ability to leave the service unaccompanied, there was no mental capacity assessment, best interest decision or DoLS application.
- We provided feedback about this and management started to prepare and sent a DoLS application after our visit.

The failure to ensure restrictions placed on people were legally authorised was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to attend health check-ups, but records were not always consistent.
- At the time of the inspection, a new electronic care record system was being implemented. For two people we did not see recorded evidence of regular health check-ups on the new system and staff could not find this in older records.
- We received this information after the inspection and saw health checks had taken place. The new care records system allowed for health appointments to be documented and tracked, we will check if this change has improved the accuracy of records at our next inspection.
- People's care plans provided staff with detailed guidance about their medical conditions and how they affected them
- One person had a long-term condition which affected their mobility and their ability to do tasks. Their care plan provided detail about the condition and how it could fluctuate, with instructions for staff about how to provide personalised care around it.
- Where people had input from healthcare professionals, this was clear in their care plans. For example, one person had ongoing support from community nurses and this was clearly documented in their care plan with updates from visits in their daily notes.

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

- People lived in a suitable home environment, but improvements to decoration and furnishings were not made promptly.
- Whilst the home environment was suited to people with communal areas decorated, we found areas which were tired and required work to improve the appearance of the service.
- Some paintwork around skirting boards and doorways was chipped and in one area a carpet had become worn. Chairs within the lounge had become soft which made them difficult for people who had low mobility to get in and out of. The provider was aware of this and said there was a plan to improve these areas, but this had not taken place by the time of our visit.

Staff support: induction, training, skills and experience

- People were supported by trained staff.
- Staff had received training in important areas of care such as moving and handling, infection control and dementia care. Staff told us they found courses useful and there was a system in place to track staff training. Where there were courses due we saw evidence that refresher training had been booked for staff.
- Staff said they received an induction where they were given time to meet people, learn how the service operates and attend courses.
- Some staff said they had not received recent one to one supervision and records to track supervision were not up to date. The registered manager said some one-to-one meetings had not yet been written up and there was a plan to have supervision with staff who were overdue. We will check this at our next inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received assessments before they moved into the service.
- Preadmission assessments were detailed and captured important information about people's needs, preferences and routines. This information was used to produce personalised care plans.
- One person had an assessment which documented their interests and what they liked to talk to staff about, which was used to produce a care plan which informed staff about their interests. They also had

particular foods they liked and prescribed medicines for a medical condition. This was in their assessment and had been used to create care plans in these areas.

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

- People received food they liked which met their dietary needs.
- People's feedback on the food they received was positive. One person said, "Oh it is very good. I don't know where the chap gets his meat from, but it is very good."
- People's care plans recorded their favourite meals and snacks and recorded any dislikes they had. This information was used to inform menu planning to ensure people regularly received foods they liked.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 were supported by caring staff.
- People told us they thought staff were caring. We observed staff interacting with people pleasantly. For example, staff initiated conversations with groups of people in the lounge during coffee.
- People's care plans recorded what was important to them, including information staff could speak to them about. One person had worked at a university and had a detailed life story, staff were knowledgeable about this and told us they talked to the person about it.
- Another person had an interest in horse racing and said staff talked to them about this when spending time with them.
- Staff showed commitment to the people they supported when we spoke with them. As well as having a good understanding of people's backgrounds, staff spoke about people with affection and told us they got satisfaction from their work with people.
- Care was planned around people's diversity, but work was in progress to improve the detail within care plans. Care plans documented people's culture, language and faith. We saw examples of people being supported to practice their faiths.
- Care plans did not record people's sexuality, but the service was in the process of moving to an electronic system, we will check if this has improved record keeping in this area at the next inspection.

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

- People had been involved in their care. Assessment and care planning involved gathering people's preferences and these were clearly documented.
- There were meetings where people were given opportunities to give feedback and make suggestions on care. We also saw people were asked about their care at reviews.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted through care delivery.
- Care plans recorded people's strengths and tasks they could do themselves. One person attended to many personal care tasks independently and this was in their care plan. Staff described to us how they supported the person in this way.
- People's privacy and dignity was respected by staff. Staff were observed knocking on people's doors and

waiting for permission before entering. Personal care took place behind closed doors and staff were able to describe measures they took to promote people's dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people's needs were not always met.

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

- There were activities at the service, but opportunities were limited.
- People told us they were satisfied with the activities on offer. One person said, "Periodically they have people in to entertain us. But I am not too bothered as I am happy to rest."
- At the time of inspection, the service was trying to recruit an activity co-ordinator. Volunteers came in to support activities and care staff helped with these where required.
- There were visiting entertainers and activities but there was not a planned activity each day. There was a board displaying activities but this showed three days with nothing planned.
- People's care records did not show regular and varied activities. One person had a care plan which said they should be offered opportunities to go on outings, but their records showed they had not been out for over three months.
- For two people, activity records showed most days were spent in the lounge or speaking to staff. One of the people had an interest in music but there had only been one recorded activity that involved music in the last month.

We recommend that the provider seeks and follows best practice to ensure people have access to varied and meaningful activities.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised, but changes to care planning were underway at the time of inspection.
- Whilst we did note most care plans were personalised, changes to people's needs were not always updated promptly.
- One person's toileting needs had changed and staff described care they delivered which did not match the person's care plan, there had not been a recent review of their needs. In another instance a person's needs at night time had changed but the care plan was not updated to reflect this.
- In both instances, people were receiving appropriate care because staff knew their needs well. Both people's care records were also in the process of being updated onto a new system.
- Staff were in the process of moving care plans over to an electronic system and the examples of care plans which had been updated were positive. People had detailed care plans and one senior member of staff was overseeing the updates and working through them when we visited.

- We will check if this change has improved the timeliness of responses to changes in people's needs at the next inspection.

End of life care and support

- People did not always have care plans that recorded their wishes regarding end of life care.
- Care plans recorded basic information such as whether people had plans to be resuscitated if they became unwell, but lacked information about their preferences in this area.
- At the time of the inspection there wasn't anyone in receipt of palliative care. However, the lack of recorded information meant people may not receive personalised end of life care if their needs changed and end of life care became necessary.

Improving care quality in response to complaints or concerns

- Complaints had not always been documented.
- People knew how to complain but complaints raised were not always recorded. Two relatives told us about issues they had raised verbally but these had not been recorded as complaints.
- After the inspection we received evidence to show these matters had been investigated and logged and actions were taken at the time. We will check if improvements to governance mean complaints records are consistent at the next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- Where people used visual or hearing aids, these were documented in their care plans. One person used a hearing aid and their care plan recorded they required staff to speak in a clear loud voice. We observed staff providing prompts to this person while they supported them to move in line with this guidance.
- Information on how to complain was available in large print. Staff offered people verbal choices with food and meals where they could not read options.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a lack of robust auditing and governance which meant shortfalls were not identified and addressed proactively.
- There were some checks and audits carried out, but they did not address concerns we found during our visit. For example, where we found shortfalls in medicines records, there was not a regular full audit of medicines and only checks of stocks and controlled drugs took place. This meant the lack of protocols for 'as required' medicines had not been identified through audits.
- Infection control audits had taken place but these had not identified the issues with cleanliness of furniture and equipment that we found.
- Staff said they had raised the need to replace furniture on more than one occasion over the previous six months. The registered manager and Nominated Individual told us they were aware there were issues to address but they had not sourced new furniture by the time of our visit.
- There was limited evidence of staff involvement in the service. There were staff meetings but these took place twice a year and the last one was March 2019. We were told about daily handover meetings but these were not documented which meant important information about changes to people's needs was passed on verbally, with no written record for staff to refer to.
- The registered manager was managing two services of similar size. They said they were able to split their time between the two, but our findings showed tasks such as audits and one to one supervision were not being completed consistently at this service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People knew who the manager was and told us they regularly spoke with them, but formal systems to gather people's views and suggestions were limited.
- There were meetings for people but the last meeting for people took place in April 2019. There was also no recent survey to gather the views of people and relatives in people's care.
- People said they could speak to the registered manager when required and our observations showed this was the case. The registered manager had an open door and was observed interacting with people

throughout the day.

The shortfalls in relation to the governance of the service were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- CQC had not always been notified of events that the provider was required by law to tell us about.
- We were told about an incident six weeks before our visit in which police were called when one person had left the building unaccompanied and was quickly brought back. The unexplained bruising we reported in Safe had been shared with management but had not been raised as a safeguarding concern or reported to CQC.
- Neither of these incidents were reported to CQC despite being the types of incidents which require statutory notifications.
- The nominated individual told us they were not aware these types of incidents needed to be shared with CQC.

The failure to notify CQC of incidents was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

- Relatives had been informed where any incidents occurred, however as described within Safe there were shortfalls in how incidents were reported and monitored.

Working in partnership with others

- There were links with the community which people benefitted from.
- The service had links with a local church which meant people had regular services. We also saw evidence of links with entertainment providers and local community and voluntary groups that had given people access to day clubs and outings.

Continuous learning and improving care

- The provider told us about plans to develop the service.
- Work had started to plan and develop a new area specially for people living with dementia. This included plans for an activity space and secured area where people living with dementia could live and access outdoor spaces securely.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified CQC of important events they were required by law to do so.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People had been subject to restrictive practice and the correct legal process had not been followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People did not always have access to clean and effective furniture and equipment
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The checks and audits at the service were not consistent and improvements were not made promptly.