

Banstead, Carshalton And District Housing Society

Roseland

Inspection report

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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?	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 21 people living at the service.

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

The management of medicines was not safe and put people at risk. We found insufficient action had been recorded on accidents and incidents to ensure preventative measures had been put in place. Although people were asked for consent during the inspection, where people lacked capacity to make decisions appropriate assessments of this had not taken place.

Whilst we saw improvements at the service there was a lack of robust audits taking place to ensure quality of care. The deployment of staff required improvement to ensure that people were safe at all times. We have made a recommendation around this.

People and relatives were very complimentary about the caring nature of the staff and management team at the service. Our observations confirmed this. Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care.

People were supported with activities that were meaningful to them. People felt safe with staff and staff understood what they needed to do if they suspected abuse or neglect. There was a choice of nutritious food and drink available to people. Staff ensured that health care professionals were involved in the ongoing care with people. Health care professionals fed back they had seen improvements with the engagement from staff since the last inspection.

Rating at last inspection and update

The last rating for this service was Inadequate (published 24 December 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found there were some improvements however the provider remained in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risks related to, safe care being provided to people, ensuring consent to care was being sought and the lack of robust provider and management quality assurance at this inspection.

For requirement actions of enforcement which we are able to publish at the time of the report being published. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Roseland

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 two 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.

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. The provider was not asked to complete 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. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We also observed care and interaction between people and staff. We spoke with one relative, six members of staff including the catering and care staff and we spoke with a consultant that was working with the provider. We also spoke with one visiting health care professional.

We reviewed a range of records including multiple medication records, care plans and daily notes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies, audits and three people's care records. We received feedback from a further two members of staff and three health care professionals. We also spoke with the interim manager (manager).

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 Inadequate. At this inspection this key question has improved 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.

At our last inspection of the service, we found the provider had not ensured that 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 that whilst there had been some improvements there were still concerns around the management of medicine and the analysis of accidents and incidents. The provider remains in breach of regulation 12.

Using medicines safely; Learning lessons when things go wrong;

- The management of medicine was not undertaken in a safe way which put people at risk. There were medicines that had not been dated on opening that had a limited 'shelf life' and there was a risk that people would receive medicines that were out of date. There were gaps in people's MARs (Medicine Administration Record) which made it unclear if people had received their medicines as prescribed.
- Where handwritten prescriptions had been entered on the MAR these had not been signed by two members of staff despite this being identified as a concern in a service audit in June 2021.
- The recorded stocks of medicines was not always accurate. For example, the stock levels on one person's MAR did not correspond to stock levels recorded in a separate book kept in the clinic room. It stated in the person's MAR that no stock of a particular medicine had been received in June 2021 however the book kept in the clinic room indicated there were supplies of this medicine.
- At the last inspection we identified that staff administering medicines had not been assessed as competent to do so. We found this had still not taken place despite the manager telling us that errors had been identified on a medicine audit they had undertaken in June 2021. One health care professional told us, "Going forward, they just need to be a bit better with the medication."
- We identified that one person had not had their prescribed medicine for a period of 13 days due to the prescription not being received from the pharmacy. Staff had not taken sufficient action to ensure this was addressed and the management team were not aware of this until we raised this with them. The consultant told us this had been raised to the Local Authority as a safeguarding concern.
- Whilst accidents and incidents were being recorded there was no formal analysis taking place to look for trends and themes. For example, according to the incident reports there had been six incidents of unexplained bruising or marks on four people. There was no action recorded on what preventative measures had been taken to reduce the risk of bruising to people. One member of staff told us, "The bruises are all recorded but then you can come in the next day and the same person has more bruises." They told us they believed this was how people were supported with the moving and handling equipment as staff were rushed. The manager told us after the inspection they did not believe the bruises to people were attributed to moving and handling, but no other information was provided around why they believed the bruises had occurred.

- There was not always a record of what actions had been taken when an incident occurred. One person had a fall and it was recorded that an ambulance was called. However, there was no additional information on whether the person sustained an injury or whether a falls risk assessment had been updated to reduce the risk of the person falling in the future.

The failure to not always manage medicines and incidents in a safe way is a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last inspection of the service, we found the provider had not ensured there were sufficient staff deployed at the service to provide safe care to people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements had been made and the provider was no longer in breach of regulation 18 however we have made recommendations around how staff are deployed.

Staffing and recruitment

- There was a mixed response about how quickly staff responded to people's needs at the service. One person told us "They usually come if I need help. They're always rushed off their feet. They don't have the time." Another person said, "The bedrooms are not checked. They come if I call them." A third told us, "I think there's enough staff on the whole. I don't have to wait very long."
- We observed when people were sat in the lounge there was constant staff presence. People were supported throughout the day with their personal care when needed. During lunch those that required support with their meals were provided with this by staff. We also noted that one person required one to one support from staff to reduce the risk of falls. We saw this was in place on the day. One member of staff said, "Somebody has to be with her at all times."
- There were people who lived on the first floor who chose to stay in their rooms. Staff had not been allocated to stay on the floor to check on people. Although staff were periodically checking on people on that floor, people fed back they felt socially isolated. We noted during the inspection there were four care staff supporting people in the communal areas. However, there were another four staff often seen in the office throughout the inspection. One member of staff told us, "Even if I'm not working on that floor, I check on her. I worry when I'm not here. I hope they [other staff] find the time." After the inspection the manager told us they had not allocated staff to be on the first floor all day and would take steps to address this.
- 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.

At our last inspection of the service, we found the provider had not ensured the environment and equipment was maintained to a safe standard. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the provider was no longer in breach of regulation 15.

Assessing risk, safety monitoring and management;

- Since the last inspection there had been improvements made to the environment. New furnishings and equipment had been purchased including lounge chairs and scales to weigh people. There were plans in place to undertake further decoration to the service. One relative told us, "The furniture had been shabby and dangerous, and this had improved recently. They have changed a lot of stuff."
- We observed that people had their call bells within reach and where they couldn't use a call bell, staff

regularly visited their rooms to check they were safe. The staircase had a second lower handrail on one side and could be held on to with both arms outstretched to help prevent people falling.

- The risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. This included the management of skin integrity, risk of falls and the risk of choking. One member of staff told us, "X is in bed all the time. We reposition her and offer her fluids." People had their walking aids within reach and pressure relieving equipment was in place for people who were at risk of developing pressure sores.

At our last inspection of the service, we found the provider had not ensured that people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding services users from abuse and improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with staff. One person said, "I can't fault them. I have a laugh with them. They are all nice." Another told us, "I feel safe here – they look after me well". A relative told us, "I feel that mum is safe and well looked after here".
- Staff had received training in safeguarding since the last inspection and understood what constituted abuse and the actions to take if they suspected anything. One health care professional told us, "I found Roseland to be pretty good. I've never been alarmed (at any care)."
- We saw that where there were any concerns raised the manager would refer this to the Local Authority and undertake a full investigation.

Preventing and controlling

- 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 inspection in 2019 this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our inspection of the service in 2019, we found the provider had not ensured that appropriate decision specific capacity assessments had taken place for people. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Sufficient improvement had not been made at this inspection and the provider remains in breach of regulation 11.

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 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.

- We observed people being asked for consent during the inspection. However, where decisions were being made for people there was no evidence that their capacity had been assessed. For example, one person, who was living with advanced dementia, had a bed rail which according to the bed rail risk assessment had been, "Agreed with the resident." There was no assessment of the person's capacity to agree to the bed rails or evidence of the discussion to determine that this was in the person's best interest or whether less restrictive measures had been considered.
- Another person was receiving one to one support from a member of staff however there was no capacity assessment in place to determine whether the person was able to consent to this. Other people were being restricted from leaving the service. There had been no capacity assessment in relation to this or DoLS application to the Local Authority to determine that this was a legal deprivation of their liberty. The consultant working with the service told us, "There is a coded pad on the door, and it concerned me that we were depriving people of their liberty."
- Staff had not received training around MCA and DoLS and lacked understanding of the principles involved. They confirmed that the training had not been provided for some time. One member of staff said when

asked for their understanding of MCA, "I don't know. I've not done anything recently around this."

As the requirement of MCA and consent to care and treatment was not followed this is a continued breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Since the previous inspection improvements had been made to the décor at the service. The ground floor was brightly lit, and new flooring had been installed. Furniture was arranged in small sections to encourage socialisation and this was seen during the inspection. There was a large garden that people could access.
- The corridors and rooms were spacious to allow people to move freely. We were told by the management team that further improvements were planned to other areas of the service including the first floor.

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

- People were provided a selection of nutritious food and drink that met their needs. One person said, "The food's very good." Another told us, "I get a cup of tea and cake. They're very generous."
- Throughout the day people were offered snacks and drinks and staff actively encouraged people to drink. During lunch the tables were laid nicely, and 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. Where people required support to eat their meal this was given.
- Where people were at risk of dehydration or malnutrition there were plans in place to address this including recording their food and fluid intake. People were weighed regularly and where there was a concern about people's nutrition or hydration, staff sought advice and guidance from health care professionals.

Staff support: induction, training, skills and experience

- People fed back they felt staff undertook care in an effective way. One person said, "I find they know what they're doing. They know what help I need."
- There was an acknowledgement from the management team that more formal training was still required for staff. Since they had started supporting the service, they had taken steps to book additional training around moving and handling, person centred care and safeguarding. One member of staff told us they had recent training in moving and handling, they said, "It helps me to make sure I can move people safely." The manager told us, "We are nowhere near the end of the journey. There's still a huge mountain to climb. Upskilling seniors, training staff is paramount."
- There were staff at the service who had been there for a number of years. Newer staff shadowed them for a period of time to get an understanding of people's needs. One member of staff said, "Until they feel confident, they shadow."
- Senior staff and the manager undertook regular supervisions with staff to assess their performance and to provide support.

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

- Staff worked together to provide effective care to people. There was a handover at the end of each shift where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required. One member of staff said, "The teamwork has always been brilliant."
- Staff worked alongside healthcare professionals and other organisations to meet people's needs. One health care professional told us, "Now the home is better resourced it has made a difference. The staff seem more aware of what they are doing." Another told us, "They do engage and cooperate with us."

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 inspection in 2019 this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us that staff were kind and caring towards them. One person said, "Oh they are caring, and they care." Another said, "They're quite fun and very kind. They're lovely."
- We saw examples of staff being kind and attentive to people throughout the day. Staff were seen to crouch down to speak with people and offered reassurance to people when needed. When staff walked past people, they greeted them in a warm way. A member of staff said, "Carers treat people like their family and the feedback they have received from families shows that."
- A relative told us "They set this room (a dining room) up for a birthday lunch – decorated it with flowers and it was really special. They made her (their family member) a lovely cake."
- There was a religious service planned for people at the home which people told us was important to them.
- Relatives and friends were encouraged to visit and maintain relationships with people.

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

- People told us that they felt involved in their care planning. We saw from the care plans there was detail around things that were important to people. For example, one person preferred to have their hot drink in a porcelain cup, and we saw the person having their drink this way.
- There were people that chose to stay in their rooms and staff respected this decision. People were able to make choices about when to get up in the morning, what to wear and activities they would like to participate in.
- People's rooms were personalised with things that were important to them including framed family photographs and their own furniture if they chose to."

Respecting and promoting people's privacy, dignity and independence:

- People and relatives told us that staff were respectful. A person said, "They always show me respect." Another told us, "They're very respectful. You can't fault them for that. I've never come across any who are not nice."
- When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff to knock on people's doors before they entered. When staff spoke with people, they did this in a polite and respectful manner. One health care professional told us, "They usually bring the residents into the salon (when they visit to see people). They protect their dignity."
- Staff encouraged people to do things rather than assume they could not do them. One person said, "I dress myself every day. I want to be independent, but they help me if I want. I can't fault them in anyway." A

relative told us that her mother was encouraged to walk with their frame which helped their mobility. The consultant told us after the inspection, "Two other residents help to lay the tables for supper with the kitchen assistants. They enjoy this immensely."

Is the service responsive?

Our findings

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

At the inspection in 2019 this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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; 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.

- At the inspection in 2019 we made recommendations around improving meaningful activities. Since this inspection meaningful activities for people had improved. During the day we observed staff frequently engaging in activities with people. One relative told us, "The staff are more interactive, doing jigsaws, another doing a dance." People had been encouraged to do gardening and laying tables for lunch. One relative told us their family member had been asked if they would like to do some cooking. There was a weekly activity schedule that included, reading groups, quizzes, armchair games and arts and crafts.
- One person fed back to us they would like to start attending a social club which they previously attended prior to Covid-19. After the inspection the provider told us this had now been arranged for them.
- We did raise with the management team that people who chose to stay in their room were at risk of social isolation. However, we did see that steps were being taken to address this. One member of staff told us, "I go and see X and chat to them and take my dog in to see them too." The consultant told us, "An active lounge has been brought about by the introduction of an activities coordinator. This has lifted the mood of the residents immeasurably and laughter, singing and activity can be heard throughout the home." We observed this on the day of the inspection.
- Care plans had records in place which detailed how the person was able to communicate. For example one person had difficulty with their hearing. Staff needed to ensure the person had their hearing aid in place and to always ensure they were facing the person when they spoke with them. During meal time people living with dementia were shown visual options of meals to assist them in making choices.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support;

- Care plans outlined individual's care and support needs including personal hygiene, dietary needs, safety and environmental issues. There were also life stories in place for people. One relative told us staff knew their family member really well. They said, "The girls (staff) do a great job – it's a lot better."
- The care plans also contained detailed information about people's care needs and actions required in

order to provide safe and effective care. There were some documents that required updating where there had been recent changes to people's needs however we have reflected upon this in the Well Led domain.

- End of life care was provided in a dignified and respectful way. One health care professional told us, "The staff team at Roselands are very good at end of life care." The care plans we reviewed contained information on whether people wanted to be resuscitated and that they may want to remain there at the service. However there lacked detail around people's wishes nearing the end of their life. This is an area that requires further development and improvement.

Improving care quality in response to complaints or concerns

- People told us they would raise concerns if they needed to. All of the people we spoke with had seen improvements.
- Complaints had been investigated thoroughly and people were satisfied with the response. For example, according to the complaint folder one person stated their bed was uncomfortable. Staff had placed an additional mattress topper to the person's bed to add comfort.

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 Inadequate. At this inspection this key question has improved 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.

At our last inspection of the service, we found the provider had not ensured there was ongoing and robust management oversight was needed 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. Whilst there had been some improvements, there were still concerns around the quality oversight of the service. The provider remained 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 had been changes to the provider and management team. The service was currently being supported by a consultant and interim manager (manager). The temporary management team and the provider had made strides to improve the quality of care for people and to provide support and guidance to the staff team. They had also managed the closure of the provider's other care home with people and staff moving into Roseland.
- However, there was a mixed response from staff about the ongoing improvements. Comments included, "My confidence has grown since the changes were made", "It is business, business, business. We were left alone for months, and now this", "Management have changed the way we do things – people are given choice" and "I used to come relaxed to work – you try to do your best but it is just not enough." Staff we spoke with were keen to have a permanent manager in place. The provider confirmed they were currently recruiting for a new manager.
- Although there were some audits taking place these were not always robust in identifying shortfalls with actions plan to address these. For example, the manager told us they had undertaken a medicine audit in June 2021 and identified a number of concerns around the administration. The manager told us the medicine audit in June 2021 had identified lots of shortfalls however sufficient action had not been taken to start addressing this including medicine competency assessments and training.
- There was insufficient evidence of what other quality checks were taking place to maintain good oversight of care being delivered. We asked the manager to provide us with other audits that had been undertaken. However, to date these have not been received. Robust quality assurance would have identified the absence of capacity assessments and the accuracy of risk management plans for people that we identified during the inspection. We also identified that care plans did not always have the most accurate and up to date information around people's needs. Again, this could have been identified through audits of care plans.

As systems or processes were not established and operated effectively to ensure compliance with the

requirements this is a repeated breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection the consultant told us, "Moves from Roseacre involved some of the most frail and elderly residents supported by the Society. They have all settled in extremely well. The merge of two staff teams who have been learning and understanding not only different residents, but their new colleagues." The provider and management team acknowledged there were still improvements to be made. They felt confident with the recruitment of a registered manager the improvements would continue to take place.

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 residents' meetings and activity surveys. The provider also issued regular newsletters to people and staff to update them of the impending changes within the service. One relative fed back to the service they were pleased with the difference to the service since it has been under new management. They fed back, "Thank you for making things better."
- Staff attended meetings and were invited to contribute to the running of the service. One member of staff said, "They ask for feedback from staff, they want to hear about issues in the home." Another told us, "The culture has changed with new management. More pleasant atmosphere in the home."
- The management team had introduced an 'Employee of the month' award to recognise good performance and we saw this on display at the service.

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

- 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 provider had informed the CQC of significant events including incidents and safeguarding concerns.
- The provider and staff worked with external organisations that regularly supported the service. One health care professional told us when they visited the service, "They usually assign a staff member to accompany me, especially for people who are bed bound." They told us that staff were interested in the outcome of their visit. Another told us, "When I first started (working with the service), there were lots of areas of improvement. They are more responsive now." They told us they had seen improvements at 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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured the requirement of Mental Capacity Act and consent to care and treatment was always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that people were always provided with safe care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there was robust oversight of the quality of care being provided to people.