RV Care Homes Limited

Roseland Care Limited

Inspection report

23 Fore Street
Tregony
Truro
Cornwall
TR2 5PD

Tel: 01872530665
Website: www.retirementvillages.co.uk

Date of inspection visit:
21 August 2018
22 August 2018

Date of publication:
19 September 2018

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?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of Roseland Care on 21 and 22 August 2018. Roseland Care is a 'care home' that provides care for a maximum of 55 adults. 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. At the time of the inspection there were 39 people living at the service, 30 in the nursing unit and nine in the residential unit. Some of these people were living with dementia.

The service is situated in a retirement village complex with access to communal facilities such as a restaurant, swimming pool, gym and extensive landscaped grounds. The service comprises of two separate buildings, Roseland Care (nursing) and Lowen House (residential). Roseland Care is a purpose built care service with two floors, one for general nursing and one for dementia nursing. Each floor has a shared lounge and dining room and access to private garden areas as well as the communal garden areas within the complex. There are stairs and lifts to access each floor. All bedrooms have ensuite facilities with wet rooms and there are shared bathrooms with assisted baths. Lowen House is part of an older house situated a short distance from the main building. All bedrooms have ensuite facilities and there are shared bathrooms and living areas as well as access to outside spaces.

This was the first inspection for the service since it re-registered as a new legal entity in August 2017.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

During the inspection we spent time in the shared living areas across the service to observe staff interaction with people and how people responded to the care and support provided. We observed that people were relaxed and comfortable with staff, and had no hesitation in asking for help from them. People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are so compassionate, they make me feel safe and looked after", "They look after us so well, there is nothing to worry about" and "It's just a lovely atmosphere that makes me feel safe."

Care records were personalised to the individual and detailed how people wished to be supported. They contained accurate and up to date information to enable staff to provide the agreed care and support for people. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm. Risks in relation people's skin care and nutrition were being effectively monitored.

Management and staff had developed good working relationships with healthcare professionals to help

ensure people had timely access to services to meet their health care needs. These services included tissue viability nurses, physiotherapists, GPs and speech and language therapists (SALT).

People were supported to eat a healthy and varied diet. Comments from people about their meals included, "They make me lovely bacon and egg for breakfast", "You can always have something else if you don't fancy what's on the menu" and "All the food tastes lovely and fresh."

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were supported in their roles by a system of induction, training, one-to-one supervision and appraisals. Staff all told us they were very well supported and felt valued by management. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge.

There were safe arrangements were in place for administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained and Medicine Administration Records (MARS) were completed appropriately. We found the medicines fridge was not locked and there were some out of date eye drops. The eye drops were disposed of and replaced during the inspection and a new fridge was ordered and put in place a few days after our inspection.

People were able to take part in a range of group and individual activities. These included jigsaws, board games, craft work, pet therapy, art class and quizzes. In addition there were visits by external entertainers and trips out. Staff supported people to keep in touch with family and friends and people told us their friends and family were able to visit at any time.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong and supportive leadership. Comments from staff included, "It's a good staff team and we work well together", "The manager and clinical lead are very supportive" and "It is a good place to work."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. Where complaints had been received these had been well managed and effectively resolved. The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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. There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good

The service was effective. Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

The service had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs.

Management understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support

in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans gave clear direction and guidance for staff to follow to meet people's needs and wishes.

Staff supported people to take part in a range of group and individualised social activities.

People and their families told us if they had a complaint they would be happy to speak with the management and were confident they would be listened to.

Is the service well-led?

Good

The service was well-led. The management provided staff with strong leadership and support. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People and their families told us the management were very approachable and they were included in decisions about the running of the service.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Roseland Care Limited

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 is 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 unannounced inspection took place on 21 and 22 August 2018 and the first day was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care. The second day was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with nine people living at Roseland Care, one relative and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit. We also spoke with five care staff, two nurses, the manager of the residential unit, the registered manager and the assistant director. We looked at six records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they were happy with the care they received and believed it was a safe environment. Comments included, "The staff are so compassionate, they make me feel safe and looked after", "They (staff) look after us so well, there is nothing to worry about" and "It's just a lovely atmosphere that makes me feel safe."

The service had policies and procedures in place to minimise the potential risk of abuse or unsafe care. Staff were confident of the action to take if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training in safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the area. They told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was an equality and diversity policy in place and staff received training in this area as part of the induction process. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service held some personal money for most people who lived at the service and this was managed by the administrator. People were able to access this money to purchase personal items and to pay for hairdressing and chiropody appointments. We made a sample check of records and monies held and found these to be correct.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other people. Care records contained information for staff about signs that might indicate people were beginning to become anxious. For example, one person's care plan stated, "Talking in their first language is a sign that they are becoming distressed."

Where people had been assessed as being at risk from developing skin damage due to pressure, airflow mattresses were in place for these people. We found all but one of these mattresses were set to the correct level. The one that was incorrectly set was adjusted during the inspection. People were weighed regularly and if their weight changed mattress settings were adjusted accordingly. There was a system in place to check if mattresses were set at the correct level for the person using them, when first put in place and on an on-going basis.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicine administration records (MARs) were completed appropriately.

Where people were prescribed medicines to take 'as required' (PRN) clear protocols had been put in place for staff to follow when administering these medicines. This helped ensure a consistent approach to the use of PRN. Medicines which required stricter controls by law were stored correctly and records kept in line with

relevant legislation. The stock of these medicines was checked weekly.

Some people had their medicines given mixed with food or drink (covertly). Where people lacked capacity to consent to their medicines being given covertly appropriate best interest decision processes had taken place. Signed agreements were obtained from their GP to evidence that specific medicines were suitable to be mixed with food or drink.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use. The service held some medicines that required cold storage and there was a medicine refrigerator at the service. Records showed the medicine refrigerator temperatures were monitored. However, the lock on the refrigerator was broken and we found some out of date eye drops inside. The eye drops were disposed of and replaced during the inspection. After the inspection we were advised that the key for the refrigerator could not be located and a new one had been ordered. A few days after the inspection we were told that a new refrigerator was in place. There were auditing systems to carry out weekly and monthly checks of medicines.

There were enough staff on duty to meet the needs of people who lived at Roseland Care. Rotas showed there were usually three care staff and one nurse working on each of the nursing units. In the residential unit there were two care workers on duty, with the unit manager available to help staff when needed. Staffing levels in the residential unit were about to be reduced due to lower numbers of people living in the unit. Staff expressed their concerns to us that the lower level might not met people's needs. We fed this back to the registered manager and assistant director who assured us they would keep this under review.

The registered manager and clinical lead were available to support people if needed and the clinical lead worked some nursing shifts each week. As well as nursing and care staff, the registered manager and clinical lead the service also employed kitchen staff, laundry and housekeeping staff, activity co-ordinators and a maintenance worker.

People and their relatives told us they thought there were enough staff on duty. People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were answered promptly.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean and there were no unpleasant odours. Housekeeping staff were employed to work every day in each unit and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Hand gel dispensers and personal protective equipment (PPE) such as aprons and gloves were available for staff throughout the building. Some people needed help from staff to move from one place to another, with the use of a hoist and a sling. Each person had been allocated their own individually assessed sling which was suitable for their needs. This meant they could be supported to move safely and reduced the risk of cross infection.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. However, we found that when the 'pods', used to power the ceiling hoists in some bedrooms, were serviced in May 2018, ten out of the 14 were deemed unfit to use. There was no

evidence of when these were to be repaired. While ample free-standing hoists were available for staff to use some people told us they preferred the ceiling hoists as it gave them more independence. We were told that due to the changes in ownership there had been a delay in accessing the contractors used by the new provider. We were advised after the inspection that this had been resolved and orders for new parts had been placed.

All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. People had Personal Emergency Evacuation Plans (PEEPs) in place outlining the support they would need if they had to leave the building in an emergency. We found that some had not been updated and this was rectified during the inspection.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to moving in to the service. This helped ensure people's expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. In our conversations with them it was clear they knew people well. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

Management and staff had developed good working relationships with healthcare professionals to help ensure people had timely access to services to meet their health care needs. Care records confirmed people had been supported by healthcare professionals such as, tissue viability nurses, physiotherapists, GPs and speech and language therapists (SALT). This helped to ensure people's health conditions were well managed.

People were supported to eat a healthy and varied diet. The chef and kitchen staff were aware of any specific needs or likes and dislikes people had. Drinks were provided throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. Tables were laid with linen cloths, table decorations and condiments. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. Comments from people about their meals included, "There's nothing at all wrong with the food they give us", "They make me lovely bacon and egg for breakfast", "You can always have something else if you don't fancy what's on the menu", "All the food tastes lovely and fresh" and "I have to encourage mum to eat, but she enjoys what she has."

Management and staff had a good understanding 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. The service knew who had appointed lasting powers of attorney, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves. Where people lacked capacity, and no one was appointed to legally act on their behalf, the service ensured appropriate best interest processes were carried out.

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). 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 were being met. Applications for DoLS authorisations had been made to the local authority appropriately.

People were supported to have maximum choice and control of their lives and the service's policies and systems were designed to help staff provide support in the least restrictive way possible. We observed

throughout the inspection that staff asked for people's consent before providing assistance. People made their own decisions about how they wanted to live their life and spend their time.

Staff told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity, equality and diversity and dementia awareness.

The induction of new members of staff was effective and incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. This induction included completing training in areas identified as necessary for the role and becoming familiar with the service's policies and procedures and working practices. New staff also spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff told us managers supported them to carry out their roles. A member of the management team met bi-monthly with staff for one-to-one supervision meetings. These were an opportunity to discuss working practices and raise any concerns or training needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

The design, layout and decoration of both buildings met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access and there were passenger lifts to gain access to the first floor. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. There were plenty of safe and secure outside spaces that people could access independently or with assistance from staff.

Some areas of the carpet in the corridors of the general nursing unit were worn and stained. New carpet had recently been fitted in the corridors of the dementia nursing unit and some of the joins were fraying. We saw that arrangements were in place to re-new the worn carpet and the contractors who fitted the new carpet had been called out to look at the joins.

Good

Is the service caring?

Our findings

During the inspection we spent time in the shared living areas across the service to observe staff interaction with people and how people responded to the care and support provided. We observed that people were relaxed and comfortable with staff, and had no hesitation in asking for help from them. People and their relatives all spoke positively about staff and their caring attitude. People told us staff treated them with kindness and compassion. Comments included, "It's absolutely lovely living here", "All the girls are so nice and kind to me", "The care from the staff is lovely", "They do everything for me", "It's good having a laugh with the staff" and "The staff are always aware of what's going on, they are at the top of their job."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity. For example, we observed a member of staff supporting one person to move between rooms, in a reassuring and unrushed manner. The care worker spoke to the person saying, "Don't worry we are not in a hurry, just take your time."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. We observed that bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff knocked on bedroom doors and waited for a response before entering.

Care plans contained information about people's life histories and backgrounds. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives and used this knowledge to help them engage meaningfully with people.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. One person said, "I have my own routine, staff are very good and know what I like." People were able to choose where to spend their time, either in shared lounges or in their own rooms. We saw people, who able to mobilise independently, moved freely around the building as they wished to. Staff supported people, who needed assistance, to move to different areas as they requested. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Records were stored securely to help ensure confidential information was kept private. All care staff had access to care records so they could be aware of people's needs.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings with people and their

families.

Good

Is the service responsive?

Our findings

A manager or nurse met with people in hospital, at their home or at their previous care placements to complete detailed assessments of their individual care needs. This information was combined with details supplied by care commissioners and people's relatives to form the person's initial care plan. The management team were knowledgeable about people's needs. Decisions about any new admissions were made by balancing the needs of people living at the service and the new person.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at the service. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People's care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, the communication section for one person guided staff by describing, "[Person] understands if asked to make a choice, but it may take some time for her to digest and make a decision. Staff need to give her that time and remind her where she is in the conversation."

Care plans were reviewed monthly or as people's needs changed. Files were well organised and information was easy for staff to find. Staff told us care plans were informative and gave them the guidance they needed to care for people. People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Some people told us they knew about their care plans and staff would regularly talk to them about their care.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when people were re-positioned, their skin was checked or their food and fluid intake was measured. These records had been consistently completed and were informative.

Staff attended handovers at the start of their shift. These provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided each day and how people had spent their time. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and support.

Some people had difficulty accessing information due to their health needs. Care plans recorded when people might need additional support and what form that support might take. For example, some people were hard of hearing or had restricted vision. Care plans stated if they required hearing aids or glasses. People who had capacity had agreed to information in care plans being shared with other professionals if necessary. This demonstrated the service was identifying, recording, highlighting and sharing information

about people's information and communication needs in line with legislation laid down in the Accessible Information Standard.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. For example, menu choices were shown to people in a pictorial format to help them understand the information.

When needed the service provided end of life care for people. People's wishes regarding this were documented appropriately.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so. Where complaints had been received these had been well managed and effectively resolved.

People had access to a range of activities both within the service and outside. Three activity co-ordinators were employed who arranged a varied programme of events including external entertainers, pet therapy, film shows, art classes and quizzes. Notices advertising trips out from the service to Truro and supermarket shopping were on display. Photographs were displayed in all the units showing people taking part in events, outings and activities. The well-maintained garden areas had raised beds to enable people in wheelchairs to carry out gardening activities. One person showed us a collection of plants they had grown and were waiting to plant.

A residents committee met regularly to discuss future events and plan the activities programme. Comments from people about activities included, "I really enjoy the outside entertainers that come in", "The staff often come to my room to help me with my jigsaw, they enjoy it as much as I do", "I love having my hair done in the salon every week" and "They keep us well entertained and I enjoy being on the residents committee."

Good

Is the service well-led?

Our findings

This was the first inspection for the service since it re-registered as a new legal entity in August 2017 and changed ownership in October 2017. At the time of this inspection the new provider was in the process of implementing new systems and processes at this location. This had resulted in delays in some equipment repairs and maintenance work being completed. This was because staff at the service were not aware of how to process requests for external maintenance work under the new provider. During the inspection the operations manager advised staff how to access these services and we were assured that delays in repairs to the premises would not occur in future.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by a clinical lead, a manager of the residential unit and a team of nurses and care staff. The provider supported the registered manager through meetings with an assistant director. The higher management structure had recently been changed to fully integrated this service into the larger organisation and become part a group of other nursing homes in a similar geographical area. The registered manager had not yet met with managers from the other services within this group, although, we were advised that this was planned to take place shortly.

Staff had a positive attitude and the management team provided strong and supportive leadership. Staff meetings took place regularly for specific staff teams such as kitchen staff, care staff and nurses. These were an opportunity to keep staff informed of any operational changes and also for them to share their views about the running of the service. Comments from staff included, "It's a good staff team and we work well together", "The manager and clinical lead are very supportive" and "It is a good place to work."

The service sought the views of people, families, staff and other professionals and used feedback received to improve the quality of the service provided. There were regular meetings for people and their families, which meant they could share their views about the running of the service. People, visitors and healthcare professionals were all positive about how the service was run and about the care provided for people. Comments included, "It's a lovely place to be and live" and "My relative has been in a few places recently and this is the best by far."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a programme of monthly and weekly audits in areas such as, falls, medicines, infection control, catering and equipment. In addition, because the registered manager and clinical lead worked alongside staff this enabled them to check if people were happy and safe living at Roseland Care.

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place in relation to staff. Staff were required to read this as part of the induction process. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.