

RV Care Homes Limited

Roseland Care Limited

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Roseland Care is a care home providing personal and nursing care to 55 people some who are living with dementia. At the time of the inspection 31 people were living in the service.

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. Roseland Care is a purpose-built care service with two floors.

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

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service.

All equipment was checked and serviced regularly. Suitable mobile lifting equipment was in place to meet people's needs. However, the beds, designed to raise and lower, to protect staff posture were found not to go high enough to protect some staff. The area director, visiting the home during our inspection, made immediate arrangements to discuss this issue with the company.

The service had suitable safeguarding systems in place, and staff knew how to recognise and what to do if they suspected abuse was occurring. A tour of the service showed no bedroom doors closed unless personal care was being carried out. People who wished to remain in their bedroom did so. Those spoken with confirmed this was their choice.

Food offered and provided at lunchtime was piping hot, a good choice and appetizing. People spoken with said the food was; "Very Good" and "Very nice." People mentioned in the concerns raised told us they made their own food choices on what was offered and had no concerns.

There were sufficient trained and qualified staff on duty to meet people's needs. The manager informed us they were in the process of recruiting additional nurses and care staff.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Suitable visiting arrangements were in place for families to visit as per new government guidance.

People received their medicines safely and on time. One person confirmed their dressing was checked and changed regularly. They said; "They are very good at looking at it."

Care plans included risk assessments and guidance for staff on how to meet people's support needs. Risk assessment procedures were satisfactory so any risks to people were minimised.

The service was managed effectively. Staff were working well together, and one staff said; "X [the manager] is really supportive, they are a good role model." The new manager has started the process of registering with CQC. There were had appropriate audit and quality assurance systems in place.

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 2 October 2020).

Why we inspected

We undertook this targeted inspection to check because we received concerns in relation to the management of medicines and dressing changes, shortness of staff including qualified staff in the service overnight, broken and faulty equipment, high/low bed not raising to a suitable level to enable staff to move people safely, people who we considered noisy left in their bedrooms with doors shut, poor diet and food choices and staff not working well together.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseland Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected not rated.

Inspected but not rated

Is the service well-led?

Inspected not rated.

Inspected but not rated

Roseland Care Limited

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

Two inspectors carried out this inspection.

Service and service type

Roseland Care 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 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 had received about the service since the last inspection. We had not requested the provider send us a provider information return as this inspection was completed in response to information of concern that the commission had received. We used all this information to plan our inspection.

During the inspection-

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the area director, the newly appointed manager, deputy manager, a trainer in manual handling, care workers, catering staff and the chef.

We reviewed a range of records. This included one person's care records and multiple medication records. A variety of records relating to the management of the service including audits on medicines, equipment and infection control.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had received about staffing levels including qualified staff in the service overnight, medicine and dressing management, broken and faulty equipment, adjustable bed not being suitable to move people safely, people considered noisy shut in their bedrooms, poor diet and food choices. We will assess all of the key question at the next comprehensive inspection of the service.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Assessing risk, safety monitoring and management

- Risks were identified, and staff had guidance in place to help them support people to reduce the risk of avoidable harm.
- People who had been assessed as requiring manual handling equipment had mobile lifting equipment in place to meet their needs. However, though people were not at risk, we found the adjustable beds did not raise sufficiently to assist taller staff with their posture when supporting people in bed. The area director, visiting during the inspection, has taken this information to the senior management of the company. After the inspection we received information new beds had been ordered.
- A tour of the service showed no one's bedroom door closed unless personal care was being carried out.
- Care plans recorded people risk assessment, for example, risks regarding people's nutritional and fluid needs and food preferences.
- Contingency plans were in place on how the service would support people if they had another outbreak of COVID-19.

Staffing

- There were enough staff on duty to meet people's needs and keep them safe. The management team regularly assessed people's needs and adjusted staffing levels accordingly.
- There was sufficient suitable qualified nurses available. The manager and deputy manager, who were both nurses, covered shifts when needed.

Using medicines safely

- Medicines were managed safely, and records regularly audited. Any issues identified were addressed and resolved. We found one minor issue where a dose had been erased incorrectly. This was immediately rectified by the manager.
- Dressing was changed regularly with a white board in the nurse's office showing the time and days of individual dressing changes.

Preventing and controlling infection

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

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

We received concerns in relation to the management of medicines and dressing changes, shortness of staff including qualified staff in the service overnight, broken and faulty equipment, high/low bed not raising the a suitable level to enable staff to move people safely, people who are considered noisy left in their bedrooms with doors shut, poor diet and food choices and staff not working well together.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this.
- Staff were motivated and fully focused on ensuring people's needs were met.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. One person said; "[x] (manager) is a really supportive manager, they are a really good role model."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The current manager had been in post for five weeks and had started the registration process with CQC.
- The manager had an oversight of what was happening in the service and was very visible in the service and took an active role in the running of the service.
- The management team understood their role in terms of regulatory requirements. Regular audits took place, and these were completed by the management team.

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

- The manager and area director demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Working in partnership with others

- The manager told us how they had worked alongside the local GP surgeries and the local authority during the pandemic, the lockdowns and during a COVID outbreak in the service. The manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.