

HCMS 7 Limited

# Roseland Care Limited

## Inspection report

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Date of inspection visit:  
22 February 2023

Date of publication:  
09 March 2023

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Roseland Care Limited is a care home providing personal and nursing care to up to 36 people. The service provides support to people of all ages with a range of health needs, physical disabilities and people with cognitive impairment. At the time of our inspection there were 34 people using the service.

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

There was no registered manager in post at the time of this inspection, as they had left immediately following the last inspection. A new manager had been in post for the past six weeks and was in the process of registering with the CQC.

There had been improvements in the oversight and governance of the service since the last inspection. The provider was visiting very regularly and supporting the new manager. The senior regional manager was present at the time of this inspection.

There was an accurate record of all staff supervision and appraisals. Staff told us they that their support had improved since the new manager arrived. However, many care staff had not had recorded supervision in the last year, which was not in line with the providers policy. The manager had a plan to provide supervision to all staff in the coming months.

The recording of monitoring records, by staff, had improved since the last inspection. For example, when people were having their food and drink intake recorded. These records were regularly totalled; however, there was no evidence of them being reviewed by senior staff to ensure people always had sufficient quantities of food and drink to meet their needs.

The service was facing challenges in receiving a timely supply of some prescribed medicines. This had led to two people not always having their medicines as prescribed. The service was being proactive and was regularly chasing up these medicines, but the delay was beyond their control. We have made a recommendation about this in the safe section of this report.

We found some named confidential information was being displayed in the manager's office on noticeboards. This office was not always occupied, and the door was always open. This was removed immediately.

Staff training was recorded and monitored. There was a programme of updates scheduled to take place to ensure staff had the knowledge and skills needed for their role.

The new manager was knowledgeable about the people living at the service and the staff. There was a programme of audits in place and these were regularly reviewed by the provider. All the audits were up to date and there was evidence of actions taken when improvements had been required. All accidents and

incidents were recorded, audited and reviewed by the provider.

Daily 'flash' meetings were taking place each weekday at 11am. All heads of department met with care staff, nurses and management to share information and encourage effective communication. Staff told us, "Everything is so much better recently. It feels more organised. Morale is better and communication is good now."

There were sufficient staff on duty to meet people's needs. Recruitment processes were robust. Files were organised and contained all of the required checks to ensure people were safe to work with vulnerable people. The service was in the process of recruiting new staff. The numbers of agency staff being used had reduced since the last inspection. Agency staff on shift were consistent and knew the people living at the service.

There was a handover record used for each shift change. It contained information about each person's needs. However, some of the information was not always up to date. This was addressed immediately.

There was a system in place to monitor the Personal Identification Numbers (PIN) of all employed nurses. The PIN is compulsory for working as a nurse in the UK.

Deprivation of Liberty Safeguards (DOLS) records were accurate and tallied with the local authority records. 2 authorisations were in place at the time of this inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was requires improvement (Published 3 September 2022)

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Roseland Care Limited

## Detailed findings

### Background to this inspection

#### 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 Health and Social Care Act 2008.

#### Inspection team

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

#### Service and service type

Roseland Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. However, the new manager was in the process of registering with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR)

prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we reviewed 6 people's care plans and risk assessments. We reviewed staff training and supervision records. We also reviewed other records relating to the management of the service. We spoke with the new manager, the senior area manager, and 6 staff. We spoke with 8 people, 2 visiting friends and a relative.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection in September 2022, we made a recommendation about the administration, recording and effective management of medicines.

There were some gaps in the Medicine Administration Records (MAR) where staff had not always signed to confirm the administration of prescribed medicines. Handwritten entries on to the MAR had not always been signed and witnessed by 2 staff to help reduce the risk of recording errors. Some people had been prescribed creams and lotions to be applied at specific times. Staff did not always record when this was done.

At this inspection we found there were no gaps in the MAR, staff were recording when they applied creams and handwritten entries were appropriately recorded on the MAR.

- The service had experienced challenges in the supply of some medicines due to external issues beyond their control. This had been regularly chased up by staff but had led to two people not having some of their medicines as prescribed.

We recommend that the service take advice and guidance from a reputable source regarding the timely ordering of prescribed medicines when there are shortages and challenges in the supply chain.

- Systems and processes were in place to make sure people received their medicines safely and as prescribed. Staff were trained and assessed as competent to administer medicines. Medicines administration records were completed when medicines were given.
- Care plans and medicines profiles described what support people needed to take their medicines and any additional risks or monitoring that was required to manage their health conditions. Staff made sure that people's GP and other healthcare professionals were kept informed of any changes to a person's health and sought advice from specialists where needed.
- Best interest decisions were recorded for people living with dementia, who had been assessed as not having the capacity to decide about whether to take a medicine or not. These best interest decisions were made in conjunction with the person's GP and a family member. Medicines were given covertly, only when it was in the person's best interest.
- Carers applied creams and other external preparations during personal care. Records were in place to

show carers where and how to apply.

- Staff knew people well and supported them to take medicines prescribed to be given when required (PRN). Staff had guidance, including pain assessments, to help them make consistent, person-centred decisions about when a PRN medicine might be needed, particularly where people were unable to communicate their needs. Staff recorded when and why they gave a PRN medicine.
- Medicines were stored and disposed of safely and securely. An ordering process was in place to make sure medicines were available when needed.

### Staffing and recruitment

At our last inspection in September 2022 we made a recommendation regarding the monitoring and recording of recruitment checks. Some details, such as health questionnaires and reasons for leaving their last employment were not always recorded. An audit of these files had not addressed this concern.

At this inspection, we found the provider had taken action to ensure recruitment files included a full employment history and health questionnaires.

- Recruitment files were organised and included all the required information to help ensure people were recruited safely and were suitable to work with vulnerable people, including references and DBS checks.
- There were sufficient staff on shift to meet people's needs. The service was in the process of recruiting new staff at the time of this inspection. Some agency staff were being used regularly so they knew the people living at the service well. Staff told us, "We are using less agency than we were. We do have enough people on shift to meet people's needs."
- People commented, "Staff are generally very good; I notice with less accommodating residents how good they are" and "Staff appear well trained. The call system works well, and staff attend quickly."

### Assessing risk, safety monitoring and management

- Risks associated with people's care needs were identified, assessed, recorded and regularly reviewed.
- Some people had been assessed as being at risk from pressure damage to their skin. Pressure relieving mattresses were provided and were set correctly for the person using them. Clear records were seen in care plans to guide staff on what the correct setting should be.
- Some people presented with behaviour that challenged other people and staff. There was guidance and direction provided in care plans on how staff should respond to this.
- The environment was well maintained. Equipment and utilities were checked to ensure they were safe to use and remained in good working order.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.



At our last inspection we found DoLS records were not always accurate, and some consents had been signed by people who did not hold the legal powers to do this, such as a Lasting Power of Attorney (LPA).

At this inspection we found the records were accurate and consents were appropriately signed.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- There was evidence of the best interest's process being used before decisions were made for people who could not make the decision themselves.
- There were 2 people who had DoLS authorisations in place at the time of this inspection. The records held by the service tallied with those held at the local authority.
- Where people had appointed Lasting Power's of Attorney, to make decisions on their behalf, this was clearly recorded in their care plans. Consent forms were signed by appropriate people.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Relatives were confident their loved ones were safe.
- Most staff had received training in safeguarding and whistleblowing. Updates were provided when required.
- The provider was fully aware of their responsibilities to raise safeguarding concerns with the local authority and had notified CQC appropriately of any concerns.
- The new manager had raised any concerns appropriately and in a timely manner.

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 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.

Visiting in care homes

The service was supporting unrestricted visits from families and friends. Protocols were in place should there be any disruption due to Covid-19 outbreaks.

Learning lessons when things go wrong

- Accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- The provider checked with the management, each month, if any complaints or concerns had been raised. No complaints were in process at this time. One person told us, "I would have no hesitation raising my concerns."

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection in September 2022, we found a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. There were concerns regarding effective recording and the provider and manager oversight of staff support records.

At this inspection we found there was improved recording and oversight of all aspects of the running of the service. Whilst the breach of the regulations was met, we have judged that some further improvement was still required.

- All records were being overseen by the provider. The provider sent us the records of all staff supervision and appraisal for 2022 and 2023. Some staff had received up to three supervisions in that time. However, many staff had not had any supervision recorded in 2022/23. This was not in line with the providers policy. The provider accepted this concern and confirmed that the new manager had a plan to address this in the coming month.
- Staff recognised there had been improvements in leadership and the support they received. Their comments included, "Things are much better now we have a new manager. We are well supported, but I have not had a supervision for a good while," "(Manager's name) is very supportive, they are organised and have improved morale. I have a supervision booked but have not had one for a long time" and "Everything is so much better recently. It feels more organised. Morale is better and communication is good now."
- There was work in progress to move all care plans to a new format. This was being completed in an organised manner. Care plans had been regularly reviewed and were up to date. They contained guidance and direction for staff to meet people's needs. Some care plans would benefit from some further detail being provided. This was discussed with the manager and the provider, and we were assured this would be reviewed.
- Care records were held securely. However, some named confidential information was seen displayed on the managers noticeboard and this room was sometimes unoccupied, with the door open. This was removed immediately.
- Monitoring records were recorded by staff in weekly booklets which were held in people's rooms. We checked 3 sets of these records and whilst they were completed well by staff, and totalled, we found no

evidence of any recorded oversight or review. This meant that any gaps or action needed would not be identified in a timely way. We did not see any impact on people as a result of this issue.

- New staff confirmed they had received an induction and training before commencing working alone.
- The provider had effective oversight of the audit programme in place at Roseland Care Limited. All audits were up to date and there were clear records of actions taken when improvement had been required.
- Daily 'flash' meetings, which involved all heads of departments coming together to share information, were not always taking place at the last inspection. At this inspection they were taking place daily and staff told us they were very supportive and improved communication.

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

- People and relatives were complimentary about the service. One relative told us, "When (Person's name) arrived at the home last year, they were not weight bearing, nor would they accept care from male carers; since then, they have gained their mobility back, with support, and has both male and female carers. The care is fault-less" and "I see (Person's name) frequently, and I have nothing but praise for the staff. I am made to feel welcome and the attention to detail, particularly if you ask for something, is very welcome."
- The new manager and provider were open and transparent. There was a commitment to further improve the service for people. Some concerns identified during this inspection were resolved immediately by the new manager.
- The provider and the new manager had improved the service and staff were happy with improved morale. Staff were positive about the management support provided to them. They told us, "(Manager's name) is very approachable and visible, first thing he does every day is walk around the service checking all is well and that everyone is ok. It's what you want isn't it. All good now, much better than it was" and "(manager's name) is very amicable and keen to improve things, he has energy and that has helped us all to improve."

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 new manager understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- The manager had notified CQC of any incidents in line with the regulations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their views regularly in informal chats with staff and the manager. The last survey was conducted by the provider in May 2022, and another was planned to go out soon.
- People commented, "Yes, I feel safe, staff are kind, it's a home from home," "I have been made to feel welcome" and "The manager knows I like to play scrabble and offered me a game last week."
- Staff told us that they felt valued and supported by the manager. They told us they enjoyed working at the service. Staff meetings and resident/relatives meetings had been scheduled to take place in the near future.

Working in partnership with others

- The service had established good working relationships with health and social care professionals and commissioners of care to ensure good outcomes for people.