Banstead, Carshalton And District Housing Society

Roseland

Inspection report

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Ratings

Overall rating for this service	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Roseland is a care home which provides accommodation and personal care for a maximum of 39 older people, some of whom may also be living with dementia. The service does not provide nursing care and the provider was in the process of removing the regulated activities associated with nursing care. There were 35 people living at Roseland at the time of our inspection.

The inspection took place on 4 May 2017 and was announced.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 7 December 2016. At that inspection we found one breach of legal requirements. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to maintaining appropriate records. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This inspection found that the provider had taken the action they told us they had. This report only covers our findings in relation to the leadership of the service. 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".

The management team had worked hard to improve the standard of record keeping across the service. As such, we found that records were now a much better reflection of the support provided to people. Care plans and risk assessments now provided more information to ensure that new and temporary staff were able to deliver care in the same way as those staff who worked more regularly at the service.

The service was well-led and people praised the way the service was managed. The culture was open and person-centred. People and their representatives were encouraged to share their views and were routinely consulted about proposed changes and developments for the service.

There were systems in place to regularly audit and improve the service delivered. The provider had taken on board the recommendation from our previous inspection to adopt more formal systems for monitoring events within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good

The service was well-led.

The documentation in place now better reflected the high quality care and support that was being provided.

The culture within the service was open and positive and care was provided in a way which ensured the person was always at the centre.

People benefitted from a leadership team who were committed to maintaining the quality and the safe running of the service.

Roseland

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Roseland on 4 May 2017. We gave the provider 24 hours' notice to ensure that they were available to meet with us and provide access to the records we needed to see. We inspected the service against one of the five questions we ask about services: Is the service well-led? This is because the service was not meeting some legal requirements in this area at the time of our last comprehensive inspection.

The inspection was carried out by one inspector with experience in the regulation of services for older people living with dementia.

Before the inspection, we reviewed records held by CQC which included notifications received from the service. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because this was a follow-up inspection and therefore we only looked at one specific domain.

As part of the inspection we spoke with four people who lived at the service. We also spoke with two members of staff and met with the registered manager and the chairman for the charity who provided the service.

We reviewed a number of documents relevant to the management of the service. These included the care plans for four people, the business continuity plan and a variety of audits and records relating to quality assurance.

Good

Is the service well-led?

Our findings

At our comprehensive inspection in December 2016 we identified that whilst people received appropriate support, the standard of documentation did not always reflect the high quality of care provided. As a result we made a legal requirement to ensure improvements were made. Following that inspection, the provider wrote to us to tell us that they had taken immediate steps to ensure care plans were properly reviewed and updated. At this inspection, we also found that the standard of record keeping had improved across the service and as such this requirement had been met.

People were once again positive about the management team and said that they felt able to talk to them about any issues they had. People told us the registered manager and the Chairman for the Charity worked well together to provide a good service. One person told us, "I was originally dreading coming into care, but I'm really happy here. The home is so well-managed and you can just live as you wish." Likewise another person informed us, "I have always lived in the local area and knew this is where I'd come when I needed care. It's always been known for being well-run."

The culture of the service was open and inclusive. People, relatives and staff were continuously encouraged to express their ideas and thoughts. The registered manager and provider were visible in the service and always seeking people's feedback. Roseland had an active residents' group who were regularly consulted about people's experiences and views on life in the service and how to improve it. Minutes from these meetings showed that the service had made changes to menus, activities and the decoration of communal areas based on feedback shared in these meetings. The most recent satisfaction questionnaire sent to people highlighted a high degree of satisfaction across the service.

Staff reported that they felt that the management culture was an open one in which they could raise any issues. Staff told us that the management team had worked hard since the last inspection and that care records were now working documents which were useful to them.

Staff were involved in the decisions about the service and their feedback was regularly sought. There were daily handovers and staff meetings to facilitate the effective communication of information across the service. We read in staff meeting and supervision minutes that practice issues were discussed and expectations for care standards explained.

The registered manager was a good role model and understood her legal responsibilities as a registered person. For example sending in notifications to the CQC and making safeguarding referrals where necessary. Records relating to the management of the home were now well maintained and confidential information was stored securely.

There were a number of systems in place for auditing and monitoring the service provided. These included regular checks on medicines, health and safety and food hygiene and cleanliness. Following the requirement from the last inspection, there had also been an increased emphasis on the monitoring of care records to ensure these accurately reflected the care provided. We found significant improvements to the

information documented in care plans, risk assessments and daily records. In response to our previous recommendation about adopting a more strategic oversight of falls, the provider had introduced a new electronic system which enabled them to identify themes and trends in respect of accidents and incidents.

The provider had also developed a more robust contingency plan to ensure the continuation of the service in the event of an emergency such as fire or power outage. The availability of this information enabled staff to feel confident in the event of an emergency situation.