

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?	Good 
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

Roseland is a residential care home providing personal care, diagnostic and screening procedures and treatment of disease, disorder or injury to up to 39 people. The service provides support to people over 65, some of whom live with dementia. At the time of our inspection there were 26 people using the service. Roseland accommodates all people in one adapted building spread over two floors.

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

People were not always protected from the risk of harm. Risk assessments were not always included in care plans and risks to the environment were not always safely managed to ensure a good level of safety in the home. Medicines were not always safely managed, this included two people sharing a prescribed medicine and various management records being inconsistently completed.

Quality audits had not always identified the concerns we found at this inspection. Staff meetings and resident meetings were not held regularly to ensure people had an opportunity to express their views.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received support to maintain a balanced diet.

Staff were kind and caring towards people. We saw interactions between staff and people that were respectful and dignified.

People were supported to take part in activities that were aligned with their preferences. There was a complaints procedure in place and people spoke highly of the management team and the staff approach to any concerns raised.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 27 January 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 Health and Social Care Act 2008.

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

The inspection was carried out by three inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for three months and intended to submit an application to register.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 10 members of staff including the manager, deputy manager, senior care workers, care workers, chef, activities co-ordinator, maintenance staff and housekeeping staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Using medicines safely;

- People were not always kept safe from the risk of harm. We found examples where people did not have risk assessments in place for known risks that had been highlighted in other areas of the care plan and assessments.
- One person was at risk of choking and was diagnosed with diabetes. This person had no risk assessment for either of these risks. This meant staff would not have access to guidance or advice to manage these risks. The person had only been a resident at the home for two weeks, however, no incidents had occurred regarding these risks.
- Another person was at risk of choking and required thickener in their fluids. This was documented in a speech and language therapist (SALT) report dated 15 August 2022; however, the care plan had not been updated. This meant new staff or agency staff may not be aware of this risk and know how to safely support the person. Permanent and regular agency staff were aware of this risk and were following the SALT guidance.
- People were also not always kept safe from environmental risks. There was a fire folder with people's personal emergency evacuation plans (PEEPs) included. However, there were plans for six people who no longer lived in the home and there were no PEEPs for five people who lived in the home. This meant that if emergency services arrived in the event of an emergency, they would not know immediately who required support as a priority.
- Weekly fire checks had not been recorded since 18 April 2022. This meant there were no official records to show how fire safety in the home was being checked to ensure its safety. We spoke with the maintenance staff who confirmed various checks that they completed regularly such as fire doors and fire alarm checks.
- Medicines were not always managed safely. We found various concerns with the management of medicine. For example, one person had moved in from hospital with a three-day prescription. This prescription ran out approximately 11 days before our inspection and another person's prescription was used instead. We spoke to the manager about this and the prescription was ordered and delivered before the end of our inspection.
- One person was prescribed a medication of Laxido once a day, however, staff were offering this twice a day. The medicine was refused in the afternoon, however, this left the person at risk of receiving double the prescribed dose in a day.
- Several bottles of eye drops were found to have expired due to being open for more than 28 days, which was not in line with manufacturer's instructions or pharmacist instructions on label. Medicine administration charts (MAR) noted these expired eye drops were still being administered to a person. This left people at risk of receiving ineffective medicines as a result of being expired.
- On some MAR charts we saw that running totals of tablets on stick were not recorded and when we stock

checked we found inconsistencies. It was not possible to establish if an error had occurred of a missed dose or if a member of staff had recorded incorrectly due to poor record keeping.

- On three occasions we saw people had no protocol in place for 'as and when' medicines. This meant staff would not have access to advice on guidance for when these medicines would be appropriate. People had records of having access to the medicines, however, the protocol was not recorded.
- People's topical MAR charts, which guided staff to where prescribed creams should be applied, were not completed consistently. This meant staff could not confirm whether people were receiving the right support with topical creams on a daily basis.

Risk assessments were not always in place to manage people's risks and the management of medicine was not consistently safe. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager ensured that immediate action was taken in relation to the risk around a person using someone else's prescription, outstanding risk assessments and fire safety.

- Other risks were managed well. We saw examples of falls risk assessments which offered advice and guidance for staff to follow. For example, one person's falls risk assessment detailed what support they required to minimise the risk of falls such as a walking aid.
- People told us staff supported them well with their medicines. One person said, "They do look after me. They give me my medicines when I need them."

Staffing and recruitment

- New starter files contained all relevant recruitment documentation such as references from previous employment and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, there was a lack of paperwork prior to July 2021 due to a previous management structure. This meant we saw some historic staff files lacked areas to ensure safe employment. Two historic recruitment files did not contain photograph IDs and references. The manager assured us this would be addressed in a timely way.
- People and relatives told us that there were always staff available whenever they needed them. One person said, "No, nothing is too much trouble for them (staff)."
- Rotas reflected the staffing levels required to meet the needs of the people living in the home. We observed staff had enough time to speak to people and take their time to ensure people received the care they needed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe being supported in the home. One relative said, "Absolutely, I know [person] is safe." One person said, "I've always been safe here."
- Staff were knowledgeable about ensuring people were protected from the risk of abuse. Staff could also identify different types of abuse and how this may appear.
- Staff confirmed they had received training in both safeguarding and whistleblowing. The provider had a safeguarding policy in place for all staff to refer to.

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 supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.
- 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 care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. One relative commented, "We had to complete tests when it was in line with the rules. They are always very vigilant and have been all through the pandemic, but they have always made sure we keep as much contact as possible. We have been able to visit whenever it has been possible."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the manager. Action was taken to address any patterns and trends identified.
- In addition, the manager completed a falls analysis. This ensured action was taken in a timely way to address any increase in falls. We saw an example where, as a result a person had been supported to obtain a walking aid and as a result the person's falls had decreased.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us staff were knowledgeable and appeared to have been trained well. One relative said, "Always been very, very impressed with Roseland – we have had a lot of experience of different care homes – they (staff) are very, very good here and very knowledgeable."
- Agency staff that were being used were subject to an induction. Agency staff spoke to us about how they found the induction informative and handovers every shift from experienced, permanent staff.
- Staff told us that they had completed E-Learning, however, the new manager was arranging face to face training which they all confirmed they would prefer. The manager told us they had not yet booked this training and was still in the costing stage.
- The manager did not have oversight of what E-Learning had been completed by staff as this had occurred before she had started the role. This meant that they were unaware of when this learning expired and when new training needed to be booked.

We recommend the management and oversight of training is reviewed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed prior to people moving into the home. These ensured people's needs could be met effectively by the staff.
- Care was delivered in line with relevant national guidance. People had been assessed in line with the widely recognised Malnutrition Universal Screening Tool (MUST). This supported staff to identify and support people at risk of malnutrition.

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

- People told us that they enjoyed the food they were provided with at the home. People said, "The food, I find it very satisfying. I enjoy it", "You get to choose what you eat, but every day there will be something you like" And, "I have choice over food and the food is very nice."
- The chef provided a range of food choices for people. Each lunch provided had choices if people did not like what was offered. There were also seasonal choices to ensure a variety for people.
- Staff offered people different drinks and snacks in between meals during the inspection to ensure people maintained a balanced diet. People's care plans detailed their preferences, likes and dislikes regarding food and various meals. This meant staff had a point of reference if they wanted to encourage someone to eat more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and relatives told us they could access a doctor whenever they required this support. One relative said, "I know staff would organise a health check if ever necessary, I know this would be done quickly."
- Another relative told us how a person's health had improved since moving to the home. They said, "Skin issues were not dealt with in the hospital. They got the doctor in to see [person] three times to manage it. Now the rash is improving."
- We saw evidence of the home working with social care professionals. This included at the assessment period and following respite stays to become permanent residents.
- Health appointments were being followed up by staff and guidance from health professionals added to care plans. This meant staff were aware of guidance to follow to support people effectively.

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

- People and relatives told us how staff supported them to ensure they felt at home when they moved into Roseland. One relative said, "All the furniture is [person's]. I went and spoke to the handyman and he was in here straight away putting things on the walls very quickly when [person] arrived."
- The design of the home was welcoming. The activities co-ordinator had introduced a Halloween art class where people had made decorations which were then hung around the home.
- The management team were striving to improve the décor of the home by refurbishing empty bedrooms. This was an extensive project that was occurring at the home with the goal to update the whole building.

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 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.

- Assessments had been completed for decision specific restrictions. These had then had best interest decisions prior to the DoLS application being made.
- There was a person who had recently moved into the home that did not have completed consent and capacity forms. However, the manager provided these to us within three days of the inspection.
- People told us staff always asked for their consent and staff showed good knowledge in this area when spoken with.

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 our last fully comprehensive inspection we rated this key question good. The rating for 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. One person said, "They're always kind and patient." Another person said, "Staff have always been so lovely and welcoming." One relative said, "No complaints about the carers, they are all jolly."
- Staff told us how they treated people with respect. One staff member said, "The way we talk in a caring way. We show that we care about them. You have to be patient."
- Staff treated people with care and attention. Staff took their time when supporting people and used hand over hand contact to reassure people if they appeared anxious or upset.

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

- Staff told us how they encouraged people to express their views as they would family members. One staff member said, "It's a family feel here which offers a unique perspective."
- Staff told us how they supported people to make choices every day. One staff member said, "We make it clear to the residents that they are free to request whatever they want."
- People told us how they always made decisions and staff supported them to do this. One person said, "Everyone gets to do exactly what they want to do."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to become more independent and involved with activities. One relative said, "At home [person] isn't interested in the TV, she sleeps and dozes at home. She is benefitting from the stimulation. (Staff) encourage independence and check she is doing well."
- Staff told us how they respected people's privacy. One staff member said, "I knock on the door (of people's rooms) first of all. I ask if it's okay if I clean their room. I always tell them when I'm putting the Hoover on."
- Staff respected people's privacy and dignity. One person required support from two staff with personal care in the middle of the day. The staff knocked on the door of the bedroom, waited for an answer, then entered explaining they were there to support the person and quickly closed the door for privacy.

Is the service responsive?

Our findings

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

At our last fully comprehensive inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There were personalised care plans in place. Most people living in the home had 'About Me' profiles. This detailed people's life histories, preferences, likes, dislikes and how they preferred to be supported.
- People and relatives told us that staff knew them well. One person said, "Staff know me well and they are good at making sure I only do things I like and eat things I like." A relative told us, "Staff know her so well, including her preferences and that really adds to the level of care."
- During the inspection staff started conversations with people with personalised detail such as asking people about specific members of their family, or their favourite activity that was occurring in the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Large fonts were used on notice boards to ensure people could read upcoming news and events that were going to happen in the home.
- People had communication plans within their care files. This detailed people's needs for staff to be aware of where they need support. For example, one communication plan detailed a person's need for support to have their glasses nearby always and how staff could communicate speaking clearly.

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

- Since the last inspection the management team had employed an activities co-ordinator. This meant there was an activities schedule for all people in the home. People that did not want to take part in group activities, had one to one activities organised in their rooms such as reading, knitting or just having a conversation.
- There was a wide range of activities that people had the opportunity to take part in at the home. This included a planned carol singing night and fireworks night.
- People told us that they enjoyed activities in the home and were encouraged to create their own activities in line with their hobbies. One person said, "I can play the piano and have played for the others and they like it."
- Relatives told us how they were always made to feel welcome at the home. Staff called relatives by their first names and have conversations with relatives as they arrived at the home.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident to raise any concerns or complaints. One relative said, "I would raise it straight away and I know they would deal with it."
- There was a complaints policy in place, however, there had been no recent complaints for the manager to have a log in place. The manager confirmed how they would deal with a complaint and this was in line with the provider's policy.

End of life care and support

- Staff were supporting five people at the end of their life during our inspection. During the inspection staff regularly visited these people and ensure they were comfortable.
- People had end of life care plans in their support files. These detailed people's wishes for if they entered this stage of their life.

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

- Quality audits had failed to identify concerns found during the inspection. There was a medicine audit that had been completed in September 2022 that had confirmed the home was 100% compliant. However, we found a number of concerns relating to medicine management.
- Care plan audits had not identified the lack of risk assessments in various care plans. This meant staff were not provided with advice and guidance on how to manage some risks.
- Overall quality audits on the home and environment had not identified concerns found regarding fire safety and personal emergency evacuation plans.
- There had been no recent recorded meetings. Resident meetings had not happened since 01 April 2021. There was also no record of any feedback being sought from people.
- Staff meetings were not in line with the staff meeting schedule that stated once a month. The last recorded meeting was dated 09 June 2021.
- There had not been relative meetings held for family members. One relative said, "It would be nice if a relative meeting was organised."
- The manager had no oversight of certain areas of essential staffing areas. For example, there was no training matrix in place for the manager to know when staff member's training had expired and who was due refresher training or new training.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported by the manager. One staff member told us, "I think [manager] does listen. We feel comfortable speaking to her." Another member of staff said, "[Manager] is very nice."
- People and relatives spoke highly of the manager. One person said, "[Manager] is very nice." A relative said, "She seems very approachable and kind and quick to respond to any questions."
- Staff told us that they were happy with the frequency of supervision sessions and felt comfortable to raise ideas, opinions and concerns if needed.

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

outcomes for people

- People and relatives told us how staff had improved their independence, activity, mobility and health issues as mentioned earlier in this report.
- Staff and people interacted in a positive way. Staff were respectful to people and we observed interactions where people thanked staff for their support.

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; Continuous learning and improving care; Working in partnership with others

- Where the manager had to notify CQC of an accident or incident in line with guidance and the law this had been completed.
- Records showed the manager had liaised with the local authority when required and acted on the duty of candour policy when sharing information with relatives in a timely way.
- The manager and staff worked well with health and social care professionals. This ensured valuable information was shared between professionals to provide a 'joined up' approach to care.
- The manager and nominated individual were keen to drive improvement in the home. An example of this was seen with the falls analysis to identify trends and patterns and put in preventative measures.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risk assessments were not always in place to manage people's risks and the management of medicine was not consistently safe. This placed people at risk of harm.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.
Treatment of disease, disorder or injury	