

RV Care Homes Limited

Roseland Care Limited

Inspection report

23 Fore Street
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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service:

Roseland Care provides accommodation with personal and nursing care for up to 55 people. There were 36 predominantly older people using the service at the time of our inspection.

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

Infection control measures were in place to prevent cross infection. The service held good stocks of Personal Protective Equipment (PPE) and staff had been trained in the safe use of this. The service had implemented regular testing for people and staff in accordance with Public Health England guidance. The service had experienced a significant impact from the Covid-19 virus. At the time of this inspection all people and staff had tested negative.

Since the last inspection improvements had been made to the cold storage of medicines. People received their medicines safely and on time from staff who had received training in medicines administration.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. Staff were well supported by a system of induction, training and supervision. Staff told us they felt well-supported by senior staff and the management team.

Staff understood risks to people and how to help reduce them. Systems were in place to safeguard people. People and relatives told us of the negative impact of the necessary visiting restrictions due to the Covid-19 pandemic. Some told us that technology had not been utilised as a way of keeping in touch, such as Skype. Some relatives told us that it was often difficult to get through on the telephone. Visiting in person was being offered outside with social distancing and full PPE was in place. The provider was planning inside visiting in line with current guidance. There were plans in place to allow families to see people in a relaxed convivial environment in poor weather.

Some relatives told us they felt they had not been kept informed of the extent of the outbreak of Covid-19 at the service. Whilst families were made aware of the outbreak, it was not possible for the registered manager to give continuous updates during the unprecedented pressure at that time. This unfortunately led to families hearing information for the first time through the media.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation

of Liberty Safeguards assessments and records. People were able to make choices about their life and how their care and support were provided.

People and relatives agreed the staff were kind and caring. Staff respected people's diverse characteristics and were clear that each person's individual needs were their priority. People told us they felt listened to and their privacy and dignity were respected. Families told us, "We are very happy, Mum seems to have settled well" and "I cannot praise them enough, they are so good with Dad. They are straight on to everything and nothing is too much trouble for the staff."

Everyone had a care plan which was regularly reviewed and updated. Since the last inspection improvements had been made to how changes in people's needs were managed and recorded. Care plans provided staff with guidance and direction to enable them to meet people's needs. People's preferences were sought and respected.

A programme of activities was provided for people. Wellbeing co-ordinators supported staff to provide activities for people. Whilst the Covid 19 pandemic had restricted people's movements around the service, staff held games and quizzes in the corridors, which people could join from their room doorways.

Since the last inspection action had been taken to improve the effectiveness of the audit process. Audits were carried out regularly to monitor the service provided. Actions from these audits were being followed up to further improve the service.

Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to. People and relatives told us they were confident that any issues raised would be addressed.

People and staff told us the service was well led. People were given various opportunities to provide feedback about the service.

Staff told us they enjoyed working at the service and that the team worked well together.

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:

At the last comprehensive inspection the service was rated as requires improvement (report published 24 February 2020). Requirement notices were issued.

This was a focused inspection carried out to review the enforcement action taken following the last inspection. We found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a scheduled inspection /to review the action taken by the provider following our previous inspection.

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?

Good ●

The service was safe.

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service well-led?

Good ●

The service was well led.

Details are in our Well led findings below

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 as part of our regulatory functions. This inspection checked 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team:

the inspection team consisted of two inspectors 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 is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present at this inspection due to being on leave.

Notice of inspection:

The inspection was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection We reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with the deputy manager, a representative of the provider and two staff. We reviewed the care records of two people and medication records for all the people who used the service. We reviewed the supplementary care records and the recruitment process.

After the inspection:

We reviewed records of staff rotas, DOLS records, staff training and support as well as audits and quality assurance reports.

We spoke with seven relatives. We met with three people on a video link and spoke with three more staff on the telephone.

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement.

At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm

We reviewed this key question to follow up on breaches from the last inspection.

Using medicines safely

At our last inspection the provider had failed to ensure safe management and storage of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the requirements of the regulation had been met.

- There were systems in place for the storage, ordering, administering, and disposal of medicines. A new refrigerator had been installed since the last inspection. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- There were improvements in the process to help ensure the position of a pain-relieving patch on the person's body was rotated, in accordance with guidance.
- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice. People told us, "I know what my medication is for and they (staff) wait while I take it" and "I know what my tablets are for and I refused to take one lot as they made me want to go to the toilet all the time. Staff got the lady doctor in to visit me and she agreed that I didn't need to take them."
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. There were improvements in the medicine care plans which included protocols detailing the circumstances in which these medicines should be used.
- Some people required their medicines to be given covertly (without their knowledge or consent). We found there were improved arrangements in place to ensure staff knew how to administer these medicines appropriately.

At the last inspection the provider had failed to ensure there were robust and effective medicines audits in place. This was a repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the requirements of the regulation had been met.

- There were improvements in the effectiveness of medicines audit processes. These audits identified errors that may have taken place and helped ensure safe medicines management and administration.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that people were not placed at potential risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the requirements of the regulation had been met.

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained improved detail and guidance for staff on how to protect people from known risks while maintaining their independence. For example, when people required re-positioning.
- Some people had been assessed as requiring pressure relieving mattresses to protect them from skin damage. There was an improved process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight.

At our last inspection the provider had failed to ensure records always contained accurate and up to date information. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the requirements of the regulation has been met.

- Staff recorded care and support provided in a timely manner in accordance with the guidance in the care plans.
- Where people's needs had changed, this had led to a review of the care plan so that staff were directed to meet those specific needs.
- Where people presented with behaviour that challenged staff and other people, there was guidance and direction for staff in care plans on how to help reduce the risk of this behaviour.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Staffing and recruitment

- People were supported by suitable staff. All pre-employment checks were carried out by the provider such as criminal record checks and references. One personnel file, held at the service, did not contain full details of new staff recruitment processes. We discussed this with the deputy manager who assured us the registered manager held information which they could not access at this time. We will follow this up with the registered manager on their return.
- Staff told us they felt they had enough time to support each person. Staff were happy working at the service and we were told morale was good.

- There were some staff vacancies at the time of this inspection. Agency staff were covering these posts. The agency staff used were consistently the same individuals and knew people well. Agency staff were being tested for Covid-19 along with permanent staff at the service. The staff rota showed the assessed number of staff required were present on shift in the last two weeks.
- People had access to call bells to summon assistance when needed. People had mixed views about how quickly staff responded to them when they called. Comments included, "If they can they are quick to respond to the call bell but sometimes have to wait a while", "It depends on the time of day as to if I have to wait for staff to respond to call bell. During the day is better" and "I've only been here about 4 weeks; the staff are good but low in numbers."
- The deputy manager told us that call bell waiting times were regularly monitored. We recommend the provider reviews the call bell waiting times audit to help ensure people are always responded to in a timely manner.

Preventing and controlling infection

- The provider had reviewed the Infection, protection and control policy to take account of the Covid-19 pandemic. The policy covered use of PPE, handwashing, cleaning protocols, testing and the visiting policy: which had been recently reviewed to help visitors to see their families safely.
- Visitors had their temperature taken and were asked to sign to state if they were well and symptom free. Hand sanitiser was available at the entrance and around the premises for visitors to use. When visiting people inside the home, families were provided with the appropriate PPE.
- The service appeared clean and was free from malodours. There were cleaning schedules in place which were regularly completed.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing personal protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections. Staff had been provided with training on the safe use and disposal of PPE.
- People and relatives were struggling with not being able to visit with their relatives in person due to infection risks. Some told us that technology had not been offered as a way of keeping in touch. We had been told this was due to poor wi fi signal in parts of the service. Others told us that it was often difficult to get through on the telephone. Relatives comments included, "I can only see my mother through a window, and she gets anxious and depressed over this, it is so difficult to see how they can communicate through a window when they have a hearing or sight loss". People told us, "They (staff) keep me safe here and even my solicitor had to be outside the window when she came to see me" and "The other day she (relative) came but it started raining so she had to leave. I don't know what will happen in the winter months. I have to sit under the gazebo and my one visitor is outside the fence." The provider was planning visiting arrangements inside the service, in line with current guidance. There were plans to allow families to see people in a comfortable relaxed convivial environment in poor weather.

Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced. One person had made a determined effort to leave the building and had found an unsecured door. The provider took immediate action to ensure the specific door the person had used was now secured.
- The registered manager reported all incidents and accidents in an audit. This was monitored by the provider.
- Notifications were sent to the Care Quality Commission when appropriate.
- People were invited to share their experiences and views at regular opportunities. Issues raised were dealt

with by the registered manager as needed. However, the delays some people reported to us, in staff responding to them when they called, had not been entirely effective.

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 the last inspection this key question was rated as requires improvement.

At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that care plans always contained accurate up to date information for staff to meet people's needs. This contributed to the repeated breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the requirements of the regulations had been met.

- Care plans contained sufficient guidance and direction for staff to meet people's needs. Changes in people's needs led to a timely review of the care plan.
- Staff provided and recorded care and support in accordance with what was stated in people's care plans. For example, repositioning people in bed in a timely manner.
- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods were currently restricted, due to Covid-19, to online programmes and in-house competency assessments.
- Relatives told us they found staff were competent and were able to converse with them about their family members care and support needs. They told us, "We are very happy, Mum seems to have settled well" and "I cannot praise them enough they are so good with Dad. They are straight on to everything and nothing is too much trouble for the staff."
- Staff were given regular opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held, and staff told us they felt able to speak and be heard. Daily 'flash' meetings were held with staff and management to help ensure effective communication and sharing of information.
- People were mostly positive about the staff. Comments included "The staff are very polite and respectful here," "I need assistance to get in and out of bed, at my previous home they didn't bother to get me out of bed but here they encourage me to get up and dressed"

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

- Staff were aware of people's dietary needs and preferences. No one living at the service had been assessed as requiring staff to monitor their food and drink intake at the time of this inspection.
- Staff monitored people's weight, where concerns were identified. This information was communicated to other records, such as records for pressure relieving mattresses to help ensure these were always set correctly for the person's needs.
- People were offered a choice of food and drink. Vegetarian meals were available.
- Menus were displayed to help people with meal choices. People told us they enjoyed the food provided. People told us, "I can't fault the meals here, we have a menu and a choice. We have got drinks brought round during the day. We sometimes have a glass of white wine" and "The food here is marvellous, really first class. Soup, main and a pudding. On my first morning here I had some coco pops and told staff how much I liked them. I was offered another bowl and now they always offer me two bowls of coco pops each morning. I like a drop of whisky most nights and I keep it in the bottom of my wardrobe and staff help me when I want a drop."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged and supported to have their medical needs met. People could access their GP via a video link when needed. Some healthcare professionals were physically visiting the service, wearing PPE, when appropriate.
- Health and social care professionals were provided with information and advice was shared with staff to help ensure people's needs were met.
- Relatives told us, "My father was sent to the home straight from hospital, we haven't been able to go in and see him but we were contacted to say that a doctor had been into the home to see him" and "I believe that the home would get a doctor to go in and visit if she needs someone. I did notice that she had a new bandage on her leg ulcer and this was dated. I have to stay outside when I visit."

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

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Some people had their pictures displayed on their door to help them identify their own rooms. There was pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside.

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- There were processes for managing MCA and DoLS information and there were records held of which people had DoLS applications in process.
- There were no authorisations in place at the time of this inspection. Any changes in restrictive practices were highlighted to the relevant authority.
- Staff had received specific training about the requirements of the Mental Capacity Act 2005 and understood their responsibilities regarding it.
- People were supported to make choices for themselves where possible. One relative told us, "My dad has a glass of whisky and he is able to keep that in his room."

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 requires improvement.

At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure effective governance and oversight of the service provided. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the requirements of the regulation had been met.

- Regular medicine audits were now more effective and identified any errors or omissions. Actions were taken where issues were identified. Daily 'flash' meetings were held where the Medicine Administration Records (MAR) were reviewed. This had led to an improvement in the day to day management of medicines.
- Senior staff, the registered manager and the provider completed regular checks on the quality of the supplementary records completed by staff. These checks were now effective, and action was taken where improvements were identified.
- Regular management meetings were held to support shared learning and share information about the organisation.

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

- The management team and staff were clear about their aim of providing person-centred care. They had comprehensive oversight of the service and understood the needs of people they supported.
- Residents meetings had been held to share information with people and seek their views of the service provided. One person told us, "I'm chairperson of the monthly residents meeting. If people can't come, they can write down any issues they have on paper and I'll read it out. Residents said that they would like a tv in the dining room and the home sorted one out. I feel that they do take notice."
- Relatives views about the communication between them and the management team was mixed. They told us, "I've had a letter through the post to say they want to set up a zoom meeting regarding my mother's care plan" and "We were not fully informed about the extent of the impact of the outbreak of Covid-19. We were told there had been a death. We found out from the TV there had been many more than that. It was

very stressful when we could not see them." Whilst families were made aware of the outbreak, it was not possible for the registered manager to give continuous updates during the unprecedented pressure at that time. This unfortunately led to families hearing information for the first time through the media.

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

- Staff and the management team took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.
- The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The management team were aware of the need to report to CQC, any event which affected the running of the service, including any deaths, as they are legally required to do.
- People told us they were happy to raise any issues with staff or management. They told us, "If I complain they sort it out and I'm happy to talk with staff" and "If I had a complaint I would happily speak with the nurse." Relatives told us, "The registered manager is very good" and "The administrator has been wonderful, helping me."

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

- The registered manager was supported by the deputy manager and senior care staff. The registered manager was on leave at the time of this inspection. The deputy manager was running the service at the time of this inspection.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management. A representative of the provider was present at this inspection.
- The management team were very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service.

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

- Staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They told us, "We have a lovely manager" and "Everything is very well organised. It makes me happy to work for this place and I would recommend it to anyone."
- We were told communication between management and staff was good. People told us they regularly spoke with the staff at the service and they had been helpful. However, some families of people living at the service did not feel they were kept well informed of the situation at the service during the height of the Covid-19 crisis when people sadly died from this virus.
- A survey was being planned to send out to families in the next month. The provider had suspended the usual survey of people at the service due to the pressures of Covid-19 at this time. People were regularly given the opportunity to share their views with staff and management.

Working in partnership with others

- The service communicated with commissioners and DoLS teams appropriately about people's care.
- Care records held details of external healthcare professionals visiting people living at the service as needed.
- The service had recently begun working with a trusted assessor at the hospital with a view to admitting people on the Discharge to Assess (D2A) programme. This service admitted people from hospital beds, who needed further support or were waiting for a package of care.
- People's needs and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.