

Rose Villa Care Limited

# Rose Villa

## Inspection report

138 Brook Lane  
Sarisbury Green  
Southampton  
Hampshire  
SO31 7EW

Tel: 01489885323

Website: [www.rosevillacare.co.uk](http://www.rosevillacare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection visit took place on 24 and 25 October 2018 and was unannounced.

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

Rose Villa is registered to provide accommodation and personal care for up to 20 people. The service does not provide nursing care. At the time of our inspection 15 people were living at the home. The home provides a service for older people and people living with dementia. Accommodation at the home comprises six double rooms and eight single rooms, provided over two floors, which can be accessed using stairs or passenger lifts.

The service had two registered managers. 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.

Staff had not received appropriate supervision and support to enable them to carry out the duties they are employed to perform.

The provider did not fully understand the legal requirements of the MCA 2005 and its associated Code of Practice and how these should be used to protect and support people who do not have the ability to make decisions for themselves.

The provider did not fully understand their responsibilities in relation to their registration with the Care Quality Commission (CQC) and the reporting to the Commission of accidents and or incidents.

The provider had a robust and effective recruitment procedure that ensured people they employed were of suitable character and background.

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

Medicines were managed in a safe way.

People, their relatives and staff told us the registered managers were supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

People and their relatives told us they enjoyed the food served which considered peoples individual dietary needs and preferences.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

Safety and maintenance checks for the premises and equipment were in place and up to date. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found one breach of the Care Quality Commission (Registration) Regulations 2009.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 remains safe.

Good ●

### Is the service effective?

The service was not effective. Staff had not received appropriate support through regular supervision.

The provider was not always working within the principles of the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and received on-going healthcare support.

Requires Improvement ●

### Is the service caring?

The service remains caring.

Good ●

### Is the service responsive?

The service remains responsive.

Good ●

### Is the service well-led?

The service was not consistently Well Led.

There were not effective systems in place to monitor all aspects of the care and treatment people received.

The registered managers worked in partnership with other organisations to make sure they were following current practice and to improve and ensure sustainability in the service.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

Requires Improvement ●

# Rose Villa

## Detailed findings

### Background to this 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 was planned to check 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.

This inspection took place on 24 and 25 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one 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.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

During the inspection we spoke with eight people living at the home and two relatives. We also spoke with the registered managers, deputy manager, the provider [owner] and six members of staff.

We looked at the provider's records. These included 10 people's care records, six staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and procedures. We also pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care.

We also reviewed the information we held about the service, which included previous inspection reports for this provider, correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We last inspected the service in October 2016 and rated the service as Good.

# Is the service safe?

## Our findings

At the last inspection we found the service was safe and awarded a rating of good. At this inspection, we found this section remained good.

People told us they felt safe living at Rose Villa. One person told us, "I feel very safe, I am prone to falling but they support me very well". Another person told us, "Oh yes I feel very safe. Couldn't wish for better". Relatives also had no concerns and were confident their loved ones were safe and well cared for. One relative told us, "They have a pressure mat for my Mum in her room so they know if she gets up at night and they make sure she is safe". Another family member told us, "My mum has only been here for a couple of weeks but I feel that all of her identified needs have been met and she is safe". One member of staff told us, "Safety is a priority for us. Many of our residents are frail and disorientated which can make them vulnerable. We let them take risks like walking on their own but we ensure we are there to support them and keep them as safe as possible".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place. One member of staff told us, "I would not hesitate in reporting anything that I felt was abuse. I know that the management would deal with it".

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

We received positive feedback from people regarding the number of staff deployed to support people and meet their needs. Most people we spoke with told us staff were 'busy' most of the time but always available if they needed assistance. One person told us, "It's a bit frantic in the mornings but everything gets done in a kind and caring way". A relative told us, "Whenever I come to visit, there is always a member of staff around. They have good staff ratios especially during the week". Another relative told us, "It's great that they have a lot of regular staff who can get to know the needs of people".

During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. One member of staff told us, "It gets a bit frantic some mornings first thing but the managers come onto the floor to help us if we need them. I think we have enough staff for the day to day things, it just gets a little tight if we have anything untoward happen, but generally it's ok".

There was a medicines policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that were secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in appropriate locked refrigerators and temperatures were monitored and recorded daily.

Weekly checks and audits had been carried out by the registered or deputy manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. We reviewed four people's medicines administration records. They had been completed accurately with no gaps or omissions. This indicated the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Risks to people's health and safety were managed appropriately. Care records included risk assessments relating to keeping people safe. This included risks due to pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed.

There were safe infection control practices in place. The provider had an infection control policy in place which provided guidance to staff on actions to take to prevent or minimise the spread of infections. The home was clean and free from odour. The domestic team were responsible for maintaining the cleanliness of the home and cleaning products were stored securely.

The environment and equipment used within the service was maintained to ensure it was safe. The provider employed a maintenance person at the service who monitored all aspects of the environment and the equipment. Environmental aspects such as the fire alarm, fire extinguishers and emergency lighting were tested regularly. Records showed that there were also systems that ensured gas appliances and portable appliances were serviced and checked at regular intervals.

There was a business continuity plan in place that directed staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers. Each person had a personal emergency evacuation plan (PEEP) should this become necessary. These were individual plans for each person and gave guidance to staff and the emergency services on the safest way to evacuate people in an emergency.

# Is the service effective?

## Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found that improvements were needed.

Staff had not received appropriate support through regular supervision. Supervisions are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. At our inspection in May 2015 we commented, 'The registered managers were aware this was an area which needed to improve. They told us they were planning supervision and appraisals for all staff which would be completed within the next two months'. At our inspection in October 2016 we found this had improved however at this inspection supervision records we viewed did not evidence that staff had continued to be supervised regularly. For example, three members of staff told us they had received supervision 'regularly' however the registered managers could not provide documentary evidence to support this. There were no records to support that either of the two registered managers of deputy manager had received appropriate support through supervision from the provider since our last inspection in October 2016. Staff did not receive such appropriate support, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA 2005) 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For those people who were unable to express their views or make decisions about their care and treatment, the provider had not always used the MCA 2005 appropriately to ensure their legal rights were protected.

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment, the provider in consultation with the person or their appointed person had produced a plan of care for staff to follow. People or their representative had signed to agree their consent to the care being provided whenever possible. However, we found a number of examples where people's family members had been asked to sign documents, such as those giving permission to share information, on behalf of their relative without the relevant legal authority being in place to support this. We could not therefore be assured that the provider fully understood the legal requirements of the MCA 2005 and its associated Code of Practice and how these should be used to protect and support people who do not have the ability to make decisions for themselves. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). Relevant applications for a DoLs had been submitted by

the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs.

There was an on-going programme of development to make sure that all staff were up to date with required training subjects. We looked at the staff training records for the service and found that training for all staff was up to date with planned refresher courses such as moving and handling, record keeping, safeguarding, dignity and respect diarised for when they were due to be updated. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

People who were able to speak with us told us they were involved in making decisions on how they wanted to be supported. Staff were observed seeking people's consent prior to any care being delivered. Staff understood the importance of people being involved in their care and clearly described how they supported people. Staff respected the decisions people made. For example, where personal care was refused this was respected. They told us they would try again later or another member of staff may offer assistance. A relative told us, "Mum came here recently from another home and this one is so much better. The girls (staff) here actually communicate with mum and treat her as an individual. They always ask her what she wants to do and although a little slow in answering sometimes they are patient and let her make her own decisions".

We observed lunchtime on the first day of our visit. People were encouraged and supported to eat and drink sufficient amounts to meet their needs. Most people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. People were given a choice of meals and drinks. The chef told us people were asked every morning what their choice from the menu was and if people did not like what was on offer an alternative was provided.

Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. One person told us, "The food is very good here. I enjoy lunchtimes as we all get together and have a good old chat". Another person told us, "The food is disgustingly lovely". A third person added, "It's all home cooked and fresh. It is really good and is always tasty". One relative said, "The food looks good, my loved one says she doesn't like it but she always eats well". Another relative told us, "Mum loves the food and has actually put on weight since being here".

People had access to a range of healthcare professionals such as GPs, opticians, dentists, chiropodists and when required arrangements were made for people to attend outpatients' appointments at the hospital. People also had access to community nurses and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. One person told us, "The nurse comes in every day to see me to give me my injection because the girls here are not allowed to do it. I'm very happy that I get the care and treatment I need from either the staff here or the visiting nurses".

Although the home was an older building the provider had ensured people's individual needs were met by the adaptation, design and decoration of the home. The home had both stairs and lifts to support people to move around the home freely. There was a secure garden to the rear of the property which included a patio area where people could spend time away from the main building if they wished to do so. Some people's bedrooms were decorated with their own personal furniture, photographs and ornaments of importance to

ensure the environment was suitable to them.

## Is the service caring?

### Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection, we found this section remained caring.

Throughout our inspection people were treated with kindness, respect and compassion. One person told us, "I have only been here a short while but so far it's been good". Another person told us, "I've been in here a long time. I like it here with my friends. The carers are lovely they are very kind to me". A third person added, "I am part of the furniture here and am very well cared for", whilst a fourth commented, "I couldn't get a better place to live"

The service had received many compliments from people who used the service and their relatives via a national website. People visiting the service were also able to leave feedback whilst signing in as visitors to the service. Comments from the national website we viewed included, 'I enjoy living at my care home. I feel safe and I am well looked after. I have a lovely room and I enjoy spending time in the garden. All my visitors are made to feel very welcome', 'She settled immediately and is thriving here. It is a wonderful home. The carers are amazing and truly dedicated', 'I have found the care home very helpful and the staff kind to the residents. My mother did an initial part-time visit to the care home which prepared her for staying full time' and 'The staff are very friendly and nothing is too much trouble. They really try to do all they can do to make residents as comfortable and happy as they can'.

Staff interacted with people in a positive and caring way. There was a light-hearted atmosphere and staff found time to stop to chat with people as often as they could.

Staff knew the people well. They were able to tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. People's privacy and dignity was maintained. For example, when people required support to use the toilet, this was offered and provided discreetly and respectfully. Personal care was provided behind closed doors and people's care needs discussed in private. Information about people's care was kept confidential and only shared appropriately with people's permission.

People told us people's privacy and dignity was respected. Staff knocked on people's doors and asked them if they would like to be supported. People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person-centred way.

When staff talked with us about people, they did so in a respectful manner and protected their privacy. One person told us, "The staff treat you very well here. If I want some privacy, I go to my room and the staff always come and check I'm okay".

People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. The care plans included people's usual routines, likes, dislikes, and preferences.

## Is the service responsive?

### Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found this section remained responsive..

People and their relatives told us their care was tailored to their individual needs. One person told us, "The staff understand my needs very well and are always there for me". Another person told us, "I have asked not to be checked every hour throughout the night when I am here for respite as it wakes me up and they have stopped doing that now". A third person told us, "I make my own decisions here and that's fine by me and them. The staff will do anything for you". A relative told us, "They always involve me in my mum's care planning. They always have done". A member of staff told us, "I love this job, it can be stressful sometimes, but it's very satisfying and rewarding to help someone and maybe make them smile".

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. People's care plans were developed from the initial assessment process and reviewed every month or as the persons needs change. Although some people we spoke with could not always recall being involved in the planning of their care, it was evident from the information we reviewed that they and their relatives had been involved in the assessment of their needs and the development and review of their care plans. People who were able to talk with us and their relatives told us that they had been involved in developing the care plan. Care plans we reviewed were person centred, informative and provided staff with enough information to care for people in the way they preferred.

There was a dedicated activity co-ordinator employed by the service. Most people we spoke with told us activities were varied and enjoyable. One person told us, "There are always activities going on but you don't have to do them". Another person told us, "The activity person is very kind and understanding. She does her best to keep us all active and busy. However, one person told us, "There is no life in here. It feels a bit dead. Everybody sleeps all the time". The activities co-ordinator told us, "Most of the activities I undertake are short and varied depending on what people would like to do. Because of peoples differing levels of dementia most are on a 1:1 basis for short periods of time where people will engage and find the activity meaningful. We do have regular group activities and these are displayed on the notice board and people can make a choice of taking part or not". The home is also visited by a local bird of prey centre, dog agility display team and a local school. Rose Villa also holds a monthly church service to ensure peoples spiritual needs are met. Throughout our inspection the activities co-ordinator interacted with many of the people and understood the needs of the people very well.

People and their relatives knew how to complain and they told us they would inform staff if they were unhappy with their care. People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. Peoples comments included, "If I had a complaint I would go straight to the manager" and "I've no complaints at all; they look after me very well". A relative told us, "Yes, I would go to one of the managers with any concerns, they are both approachable". When complaints

had been made these had been investigated and responded to in a timely way and in accordance with the providers complaints policy.

People told us they could receive visitors at any time. Relatives told us they were made to feel welcome at the home when they visited. This helped to ensure people kept in touch with their family and friends and others that were important to them. Comments included, 'I can visit anytime' and 'I am made very welcome always no matter what time it is'.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, information in large print and picture menus. The chef told us, "We use picture menu's so that residents can point or touch the picture to express choice. We also ask relatives as part of our assessment process how their loved ones like to receive information in a way that they can understand". The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

# Is the service well-led?

## Our findings

At the last inspection we found the service was well-led and awarded a rating of good. At this inspection we found that improvements were needed.

Accidents and incidents were recorded, investigated and analysed to look for any trends and to put measures in place to prevent further accidents. For people who had fallen the provider followed a Post Falls Protocol flowchart which covered such events where either no injury was sustained, or a minor or major injury sustained. The flowchart directed staff on the actions they should take to keep people safe. For example, observe resident for 24 hours using 24-hour observation log, complete body map and document on care plan Inform relatives and document all actions. However the provider did not fully understand their responsibilities in relation to their registration with the Care Quality Commission (CQC) and the reporting to the Commission of accidents and or incidents. For example, two people has sustained injuries following accidents within the home in April 2017 and February 2018. One injury was described in the accident record as 'Poured cup of tea over legs. Red / scald to upper and lower left thigh'. Whilst the second was described as, 'Bruising to back and back of head. Skin flap left elbow'. Whilst appropriate actions were taken to ensure peoples injuries received the appropriate intervention we asked the registered managers if they felt these should have been reported to the commission and one answered, "Yes but I must have forgotten". The provider had failed to notify the commission of injuries that could have exposed service users to experiencing prolonged pain. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During the inspection we found that some quality assurance processes were not in place to monitor and improve the service. We identified shortfalls which the provider and registered manager had failed to recognise. At our inspection in May 2015 we identified that the provider was not following relevant guidance when assessing whether people had capacity to consent to key decisions about their care. We also reported that neither the registered managers or staff had been receiving regular formal supervision or appraisal. At our inspection in October 2016 we reported that improvements had been made, however at this inspection we have again identified concerns in these two areas which can be found in detail the Effective section of this report. We also identified concern in respect of reporting accidents and incidents to the Commission when required to do so which can be found in this section of the report. The provider told us they visited the service daily and verbal discussion would take place in relation to any current issues but these discussions were informal and not recorded. The provider or registered managers did not conduct regular checks or record them to monitor the quality and safety of the service in these areas. The registered manager and provider did not have adequate systems or processes in place to establish and operate effectively to ensure compliance within the requirements of Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities). This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulation 2014).

On the 29th October 2018 we gave the provider written feedback relating to our inspection where we outlined the concerns we had together with what we had identified the service was doing well. Feedback was given in writing via e mail and a telephone discussion was held with one of the registered managers.

The provider responded by sending us a copy of a 'de-brief' meeting document held with both registered managers on 29th October 2018 following our inspection. In the de-brief document, the provider writes in relation to the concerns we identified, 'I conclude the above points do need addressing but do not believe our standards have drop (sic) to deserve any drop in ratings'.

Two registered managers were in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People, relatives and staff were positive about the registered manager and provider. One person said, "We see them [registered managers] and the owner most days. They both come around during the day to ask if we are ok". Another person said, "The manager is always about. She talks to me every day". Staff also felt they were well supported by the registered managers and the deputy manager. One staff member said, "[name of registered manager] is good, very fair, trusting and listens to you; they encourage you to speak up".

Staff told us that there was a clear expectation by the management team for them to deliver high quality care and support. People knew the management team and staff very well and told us that communication was good. Staff were very positive about the registered managers and told us there was good communication within the team and they worked well together. Staff told us that morale was good and that they were kept informed about matters that affected the service. One staff member said, "It's really good working here, lovely residents". Another staff member told us, "I love working here, I feel like I belong here".

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered managers and provider and said that they enjoyed working in the home.

People, their relatives and staff we spoke with were complimentary about the quality of the service and told us they participated in meetings to enable them to express their views. We reviewed the minutes from team meetings held in October 2018 and topics discussed included dignity and respect, activities and food choices. Staff told us the meetings were valuable and gave both themselves and management the opportunity to 'look at themselves' in how they deliver care at the service.

Meetings were held for people using the service and their relatives. We reviewed minutes of the last meeting held in September 2018. People and their relatives were involved in discussions about the food at the home, how to make a complaint and how the new General Data Protection Regulations (GDPR) impacted on the service regarding people's privacy. One person said, "I like to attend the resident's meetings. I like to be involved in what's going on".

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection of Rose Villa was displayed prominently in the home for people to see and on the provider's web

site.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider had failed to notify the commission of injuries that could have exposed service users to experiencing prolonged pain.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not fully understand the legal requirements of the MCA 2005 and its associated Code of Practice and how these should be used to protect and support people who do not have the ability to make decisions for themselves.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager and provider did not have adequate systems or processes in place to establish and operate effectively to ensure compliance within the requirements of Regulations 4 to 20A of Part 3 of the Health and Social Care Act 2008 (Regulated Activities).</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not receive such appropriate support, professional development, supervision and appraisal as necessary to enable them to carry</p>

out the duties they are employed to perform.