Abivue Limited

Rosemary Lodge

Inspection report

191 Walsall Road
Lichfield
Staffordshire
WS13 8AQ
Tel: 01543 415223
Website: www.rosemarylodgecarehome.co.uk

Date of inspection visit: 17 April 2015
Date of publication: 22/07/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected this service on 17 April 2015. The inspection was unannounced. At our previous inspection in March 2014, the service was meeting the regulations that we checked.

Rosemary Lodge provides accommodation and personal care support for up to 32 older people. There were 25 people who used the service at the time of our visit.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always supported by staff to maintain their dignity and privacy and the systems in place to gather people's feedback required improvement to further develop the service according to people's preferences.

Staff understood how to protect people from abuse and were responsive to their needs. The staff employed were

Summary of findings

suitable to support people and sufficient numbers of staff were available to meet people's needs. The provider checked that the premises were well maintained and equipment was regularly serviced. Staff received appropriate training to make sure people's medicines were stored, administered and disposed of safely.

People were supported in a safe way because the manager had undertaken risk assessments and developed care plans which provided staff with information on how to minimise the identified risks. People had equipment in place when needed, to enable staff to assist them and support them to move, safely.

Staff had a good understanding of people's needs and abilities and the training and support they received supported them to meet the needs of people they cared for. Staff were kind and caring and people were relaxed and chatted easily with staff.

Risks to people's nutrition were minimised because staff understood the importance of offering appetising meals that were suitable for people's individual dietary requirements.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions.

People knew how to make a complaint if they needed to. They were confident that the manager would listen to them and they were sure their complaint would be fully investigated and action taken if necessary.

The provider's quality monitoring system included checks of people's care plans, the premises, equipment and staff's practice, to make sure people received care and support safely. Accidents, incidents and falls were investigated and actions taken to minimise the risks of a re-occurrence.

Summary of findings

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 safe.

The staff employed were suitable to support the people that used the service. There were sufficient staff to support people safely. Safe medicine management procedures were in place and staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and their care records described the actions staff should take to minimise risks. There were appropriate arrangements in place to support people's safety in relation to the premises and equipment.

Good

Is the service effective?
The service was effective.

People were supported by suitably skilled and experienced staff who received training, support and guidance which was appropriate for people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and obtained people's consent before they delivered care. People were supported and encouraged to maintain an adequate diet to minimise risks to their nutrition. People had a choice of meals. People were supported to maintain good health and to access other healthcare services when they needed them.

Good

Is the service caring?
The service was not consistently caring.

Staff did not always support people to maintain their dignity and privacy. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences for how they should be cared for and supported. People's visitors were made to feel welcome by staff.

Requires Improvement

Is the service responsive?
The service was responsive.

People's care plans were regularly reviewed and updated. Complaints were responded to appropriately. People were confident any complaints would be responded to appropriately. The provider's complaints policy and procedure were accessible to people who lived at the home and their visitors.

Good

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

Quality monitoring systems were in place but improvements were needed in the methods used to gather people's views to ensure people's preferences were met and drive improvement. The manager investigated issues, accidents and incidents, which resulted in actions to minimise the risks of a re-occurrence.

Rosemary Lodge

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 the 17 April 2015 and was unannounced. The inspection team consisted of one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events which the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke with 17 people who lived at the home and two people's visitors. We also spoke with three care staff, the cook, two staff that supported people with activities, the manager and the manager's personal assistant.

We observed how staff interacted with people who used the service and looked at two people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for four people to check that people were given their medicines as prescribed and in a safe way. We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs safely.

We looked at evidence of staff supervision to see if staff were provided with support in their jobs. We looked at the recruitment records of three staff to check that the staff employed were safe to work with people.

We looked at the systems the provider had in place to monitor the quality of the service, this included satisfaction questionnaires, audits and the maintenance and servicing of the equipment.

Good

Is the service safe?

Our findings

People confirmed that they were comfortable with the staff team and felt safe. One person said, "It is very good here, I am well looked after." Another person told us. "I feel very safe here." People were relaxed with staff and spoke confidently with them, which demonstrated that people trusted them. Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy during their induction. This is a policy to protect staff if they have information of concern. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. One member of staff told us, "I would report any concerns to the manager, I am confident they would be taken seriously." Information sent to us by the manager demonstrated that they knew how to refer people to the local safeguarding team if they were concerned that people who used the service might be at risk of abuse.

We saw the manager assessed risks to people's health and wellbeing. Where risks were identified the care plan described how care staff should minimise the identified risk. Care staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. One member of staff said, "We have two people who need support to move using the hoist, this is done with two staff to make sure they are safe. Most people can walk with a frame, although some need staff supervision as they are at risk of falls."

The premises and equipment were maintained to a good standard to keep people safe and meet their needs. We saw there was a refurbishment plan in place to ensure the home was kept in good repair and equipment was serviced and repaired when needed to ensure it was safe for people to use.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information about the level of support a person would need to be evacuated from the home in an emergency. The information recorded was specific to each person's individual needs and was sufficiently detailed to ensure staff knew how to evacuate people safely.

People's comments and our observations showed there were enough staff available to meet people's needs. One person said, "I am quite happy and satisfied. I manage here because staff help me." Relatives we spoke with told us there were enough staff. One relative said, "I visit most days. The staff seem friendly and there seems to be enough of them." Another relative told us, "There are enough staff and they seem knowledgeable about everyone." We saw staff were in attendance in the communal areas and were supporting and engaging with people. Staff also spent time with people who chose to stay in their own room. The staff we spoke with confirmed the staffing levels in place met people's needs. One member of staff said, "Due to staff vacancies we have used agency staff to maintain the staffing levels, but we have had the same agency staff so there has been consistency in care." We saw that a skill mix of staff was provided to enable people's needs to be met; each shift consisted of a senior care assistant and care staff. We spoke with a senior carer who told us. "I administer medicines and lead the shift, which means allocating staff duties, although I do this with staff input because it's important that we work as a team."

We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The records seen demonstrated that all of the required recruitment checks were in place before the staff began working with people. However the provider's application form only requested the last five years employment history. This meant the manager did not gather a full work history on new staff. The manager advised us after the inspection, that full employment histories would be gathered on all new staff employed.

People told us they were supported to take their medicines as prescribed. We saw that medicines were managed safely as the provider had processes in place to store, administer and control stock levels appropriately. We saw that trained staff supported people to take their medicine, as records showed that all the signatures were of senior care staff, who had received the appropriate training.

Good

Is the service effective?

Our findings

People we spoke with told us the staff were good and offered their support when they needed it.

Staff told us that there was an induction process in place to help them understand their role which included reading care plans, training and shadowing experienced staff. One member of staff told us, "New staff always work with experienced staff until they get to know people and understand their needs One member of staff told us, "The manager organises the training for us, I am doing level two medicines training and then I am going to start my level three diploma in health and social care." Staff confirmed they received regular supervision and an annual appraisal from the manager. One staff member said, "I have had a couple of supervision sessions with the manger and I can speak to the manager whenever I need to, I don't have to wait for supervision." This demonstrated that people received care from staff who were supported by the manager to be effective in their role.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. We found the provider had trained their staff in understanding the requirements of the MCA. Staff understood the requirements of the MCA and respected people's rights to make their own decisions

We saw that staff gained people's verbal consent before supporting them with care and encouraged them to make decisions, such as choosing their food and drinks and participating in activities. One person said, "You can have breakfast in bed if you want. It's very relaxed here."

The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. The manager confirmed that no DoLS authorisations were in place or needed, as none of the people that used the service were deprived of their liberty.

One person said, "The food is good, there are usually two choices." Another person told us, "If I want something different I expect the kitchen would do it." We saw that alternatives to menu choices were provided for people that wanted them. Several people told us that the quality of food varied dependent on who the cook was. We observed the lunch time meal. Staff prompted and encouraged people to eat when this was required and this was done in a respectful and unhurried way. We heard staff offering drinks to people throughout the day to ensure they maintained hydration.

The care plans we looked at included an assessment of the person's nutritional requirements and their preferences and staff were aware of people's dietary needs. We spoke with the cook who told us, "I have spoken to everyone about their likes and dislikes so that I can plan the menus according to people's preferences and I have a list of people's dietary needs and any allergies people have." The cook explained how they amended the menu to minimise risks to people's nutrition, they told us " [Name] requires a diabetic diet, so I make low sugar desserts that are suitable." The cook told us they were able to order whatever was needed. They told us that fresh produce was purchased from local farm shops. We saw that fresh fruit was available for people in the dining area and we observed staff encouraging and supporting people to eat fresh fruit.

People saw a doctor, dentist and optician when they needed to. One person told us, "They call the doctor when I need them and I can get medication if I feel unwell". Another person said, "My own GP visits when needed and the optician also comes in." One person's visitor told us, "The staff are quick on getting a GP in, there is a chiropodist and optician who visit here." Care records we looked at included information regarding visits and advice from health professionals. We saw that where a person had been identified as a high risk of unplanned hospital admissions, their GP provided additional support to them and were involved in developing and reviewing their care plan.

Requires Improvement

Is the service caring?

Our findings

We saw that people were not always supported by staff to maintain their dignity and privacy. We observed one person being examined by visiting professionals in a communal area where other people were present. This person told us they had consented to this, however no privacy screen was available to ensure they were supported to maintain their dignity.

People were relaxed in the staff's company and we observed that staff were, for most of the time attentive to people's needs. We did see one occasion during lunch time meal when one person told a member of staff they were cold. No action was taken to rectify this, such as bringing this person additional clothing, to ensure their needs were met.

The majority of our observations showed that staff were attentive to people. We observed a member of staff supporting a person to sit in a wheelchair. They explained every part of the process to the person as it was carried out, so they understood what was happening. When staff changed shifts in the afternoon we saw that they spent time saying hello to everyone and asking them how they were. This enabled people not only to know who was on duty, but also demonstrated that staff took the time to acknowledge people.

People told us the staff were caring and supportive. One person told us, "The best thing is the staff, nothing is too much trouble. I can't think of any improvements that could be made". Another person said, "Whatever you ask for you get from anybody, the carers or the domestics. I am very happy here."

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One person told us, "Visitors can come anytime." One person's visitor said, "I visit every day and have done for nearly two years. This place is amazing, the staff are very kind."

Discussions with people showed that the manager supported people to celebrate their lives and maintain their sense of self-worth. One person told us, "Everyone gets a cake on their birthday and there is entertainment put on, even if there's several birthdays in the same week". Another person said, "It's a nice place to be. I chose to come here as I had previously visited a friend living here." People told us that they made decisions about how they spent their time. One person said, "I get up and go to bed when I like. You can join in what you like. I go out with my family and I enjoy watching TV."

People told us they liked living at Rosemary Lodge. One person said, "I've always been happy. I've got a large room with a TV and a lot of my own furniture. I have a unit with locked drawers where I keep precious items. All my washing is done and ironed nicely. I enjoy knitting, crosswords, jigsaws, word searches. It's very relaxed here." Another person told us, "The best thing about this place is the helpful staff, they always smile and chat. Sometimes that lifts you up if you're feeling a bit down".

Good

Is the service responsive?

Our findings

We found staff's descriptions of how they cared for and supported people matched what we read in the care plans. One member of staff told us," Communication is really important, we have a staff handover and the communication book as well as the daily logs. We all know if someone is unwell or if there's a change in the support they need." Care plans we looked at included information about people's interests, likes, dislikes and preferences. People's preferred name was recorded in their care records and we heard staff addressing people by their preferred name. This demonstrated that staff understood people's needs and preferences.

Two staff were employed to support people in meeting their social needs. One member of staff provided group leisure interest for those people who were able and chose to participate. The other member of staff spent time on a one to one basis with people. One person said, "Sometimes there is bingo, skittles or quizzes". Another person said, "I don't really do activities but there's an occasional trip out. Sometimes I read or watch TV." We saw two people playing snakes and ladders who were supported by a member of staff, a group participated in a game of bingo and one person was seen knitting. We saw that people who spent time in their bedrooms were provided with social interactions to reduce their isolation from others.

The PIR stated a monthly service from the local vicar was provided plus any other religious needs as required. People told us their faith needs were met. One person said, "We have a religious service every month in the other lounge."

The support people received was personalised to meet their needs. Specialised cushions were used for people who required relief to their pressure areas and footstools were used to reduce the risk of swelling. We heard staff prompting people to keep their feet raised on foot stools. Aids were available to support people as required to maintain their independence, such as walking aids and plate guards which were used to support people to maintain their independence.

We saw the providers complaints policy was accessible to people as it was on display within the home. People we spoke with told us they felt comfortable speaking to the manager about any concerns or complaints. One person said, "If I have any concerns I can go to the manager and any changes will be made." One person's visitor said, "If I had any complaints I would speak to a member of staff but I've never needed to." Records were kept of complaints received and we saw that complaints had been responded to promptly and appropriately.

Requires Improvement

Is the service well-led?

Our findings

Discussions with people showed that improvements were needed to the methods used to gather people's views. Clear information was required to ensure changes were implemented to drive improvement. One person told us, "We don't get to contribute to menus." Another person said, "It takes a long time to make changes round here." Another person said, " There are no residents meeting's we were given some leaflets, like a survey, two or three months ago but nothing changes." The manager confirmed there were no residents meetings and told us that they were going to implement these.

Satisfaction questionnaires were sent out to people. It was not possible to analyse people's views as the questions asked were unclear and did not offer people the opportunity to express their views clearly.

People and their visitors told us they were not involved in reviews of care. One person told us, "I think there is a care plan but haven't had any discussion about it." One person's visitor said, " I have no involvement with any care plan but they notify me if [Name] is unwell. Although we saw reviews of care were undertaken, the records we looked at had no evidence to demonstrate that people or their representatives were involved in these reviews if they chose to be, to ensure their opinions and preferences were being met.

We saw that improvements were required to ensure people's confidential records were kept securely and were not accessible to unauthorised persons. In this area reports written by night staff were stored on top of a cabinet The staff workstation was accessible to people. We saw that on the notice board there was a note from a person's doctor with private information about a referral to health care services.

People and their visitors told us they liked the manager. Staff we spoke with understood their roles and responsibilities and said they were supported by their training and by their manager's leadership.

Audits for monitoring, medicines management, housekeeping standards and food hygiene standards were undertaken on a regular basis. This showed the services provided was monitored on a regular basis to ensure action could be taken as required. The home had achieved a five star food hygiene rating in February 2015.

The manager analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action to minimise the risks of a re-occurrence, by referring people to the falls prevention team for assessment.