

Abivue Limited

Rosemary Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 11 December 2018.

Rosemary Lodge is registered to provide accommodation and personal care for up to 32 people. Care is provided over two floors and there is a choice of three communal areas for people to use. There were 28 people living in the home at the time of our inspection.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff knew how to recognise abuse and understood the actions they should take to report concerns. There were risk assessments and management plans in place to support people safely. Medicines were stored, recorded and administered correctly to ensure people had the medicines which were prescribed for them. There were sufficient suitably recruited, trained and supported staff who were aware of infection control requirements to protect people from harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were provided with food and drinks which met their needs and preferences and enjoyed a sociable mealtime experience. People's health and wellbeing needs were monitored and other healthcare professionals contributed to their care whenever necessary.

Staff provided kind, compassionate and thoughtful care which promoted people's dignity and recognised their right to privacy. Relatives were warmly welcomed and involved. People were given opportunities to take part in social activities inside and outside of the home. Staff knew people well and care was reviewed with people to ensure their support reflected the level of care and assistance they required.

People were complimentary about the management of Rosemary Lodge. People and staff and were given opportunities to share their views of the service. There were audits in place to review the quality of care and identify shortfalls. The registered manager was fulfilling the requirements of their role.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 unannounced comprehensive inspection visit was completed on 11 December 2018 by 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 we looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We also reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with eight people who lived at Rosemary Lodge and two relatives to listen to their views. We also observed the care provided in communal areas to see how staff interacted with people. We looked at two care plans to see if the planned care reflected how people were supported.

We spoke with the registered manager, the deputy manager, three carers and the housekeeper. We looked at two staff recruitment files to oversee the employment process and records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure. One person said, "I feel comfortable here and safe too. All of the staff are very pleasant. If I had any worries then I could talk to any of them. I have never seen anyone who is at risk." Another person told us, "I feel very, very, very safe here. I have been here 10 years and I feel safe because there is always someone on hand if I need anything at all. There is always someone with you. I couldn't be anywhere better. At night, they pop in to check on you so I hardly need to use my buzzer." Staff demonstrated an understanding of their role in protecting people from harm and preventing poor care. Staff we spoke with knew the internal and external reporting routes available. One member of staff told us, "I'd report any concerns I had to the managers. If we have any worries about anyone we pass it on to each other at handover."

People's risks had been assessed to ensure their care was provided safely. For example, we saw that when people had fallen their mobility assessments had been revisited to ensure the management plans in place still met their needs. One person told us, "I did have a fall recently, which was my own fault. I am not supposed to go into the garden on my own, but I did. I fell and had to get myself up, but the staff were very good and I was checked over."

We saw risk assessments were undertaken before an external trip which most people were involved in. Staff had assessed people's support needs, including mobility, meal and medicine support during the outing which demonstrated the importance they attributed to maintaining people's wellbeing whilst they were away from the home.

The registered manager told us they investigated incidents and used their findings to learn lessons for the future. They explained that following the theft of an employee's vehicle from their car park, they looked at how internal and external security could be improved. Staff were involved in the discussions to ensure they understood what had led to the incident. Staff views about their safety had been listened to and control measures implemented to reduce the risk of further incidents.

There were sufficient staff to support people. We saw that people did not wait for personal attention as staff anticipated their needs. One person told us, "There are always enough staff to cope even at night. If I use my buzzer there is never any delay." Another person said, "In the lounges there are pull cords which we can use if we need to call anyone. They always come quickly if we do use it." Staff agreed and told us there were adequate staff and no temporary or agency staff were required. One member of staff told us, "We've always enough staff, always have what we need." There were arrangements in place to check that staff were suitable to work with people which were completed before they could start working in the home.

People's medicines were managed safely to ensure they received the treatments prescribed for them. People told us they were supported with their medicines. One person said, "I have my medication when I need it and can ask if I need painkillers." Staff received training in the administration of medicines and their competency to continue doing so was reviewed. We saw that medicines were stored according to their requirements to maintain their efficacy. There were audits in place which provided an overview of the

accuracy of recording and stock control to ensure there were sufficient supplies for people.

The home was well maintained and there were cleaning processes in place to ensure the risks of cross infection were minimised. One person said, "It is lovely here and very, very clean." The house keeper showed us the systems they had developed and implemented, such as regular deep cleaning, to protect people from harm. Staff were provided with protective equipment and we saw that staff wore both new aprons and gloves whenever they provided personal care or handled food.

Is the service effective?

Our findings

People told us staff understood their needs. One person said, "The staff seem to be well trained. You really could not fault them." Staff received training to support them to provide care effectively. One member of staff told us, "We have training. Some like moving and handling is done by staff trainers. Most of the staff working here have done level three [external recognised courses in health and social care]." Staff told us they were well supported. Staff were provided with supervision sessions which gave them opportunities to discuss their personal and professional progress. One member of staff told us, "If you have any problems or queries, management are always there to deal with it there and then."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Staff understood the importance of gaining consent from people. Where there were concerns about a person's understanding, their capacity had been assessed. We read that one person had fluctuating capacity and sometimes needed to be supported with their choices. One member of staff told us, "It's important that we notice if people need more help with their decisions on a day to day basis because it can change."

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 Safeguarding (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. Staff were able to tell us who had deprivations in place and the reason these had been applied for in people's best interests.

People were supported to enjoy food of their choice in a sociable environment. People told us they enjoyed the food presented to them. One person said, "The food is very good and there is always a choice and even then if you didn't like something, they would offer another alternative." Another person agreed and said, "The cook is very good as she has patience for anyone who is a bit fussy or who changes their mind. I have a particular type of porridge and they go out of their way to get it for me. They very much cater for people individually." We saw this in action, with one person eating fish which had not been on the menu. Another person had their meal replaced after changing their mind when they were served their lunch. Once people's meals were served, staff sat with them to eat. We heard people chatting with staff and each other whilst Christmas music played softly in the background. Drinks were offered frequently during the day and we heard people asking for additional drinks or visiting the kitchen to request another. People had access to fresh water and there was a drinks station for visitors to use. People's weight was monitored according to need and when necessary, additional supplements were requested for people whose appetites were poor.

People were supported by other health care professionals to maintain their health and wellbeing. People confirmed they were able to see their doctor whenever necessary. We saw people's care plans recorded people's visits to their dentist and other professionals visited the home to offer support. For example, we

saw people had the opportunity to book an appointment with the podiatrist who was due to visit soon. Staff told us they maintained a positive professional relationship with the doctors who cared for people in the home which made them feel supported.

The home and the surrounding gardens were well maintained and provided people with alternative areas to spend their time in. One person told us, "It is a beautiful home and I can sit quietly if I want to."

Is the service caring?

Our findings

People told us they enjoyed the company of staff. Everyone we spoke with praised the staff and were complimentary about the care they received. We received comments such as, "The staff are very, very good. Everyone, without exception is lovely" and, "All of the staff are pleasant, they make the time and chat to me. I feel at home here and truly cared about. If you need attention, they are there." We saw staff and people enjoyed each other's company and had developed positive caring relationships together. People chatted and engaged in light hearted banter with staff. Staff reciprocated by engaging with people, demonstrating their knowledge of them and their families. One person said, "They are all very friendly and most helpful. It feels like home as far as it can do, and everyone has got to know me really well." Staff demonstrated an interest in people and provided thoughtful support. For example, we saw one member of staff had purchased a special comb for one person and another had taken a person's cardigan home with them to do a repair, and then came in on their day off to return it and spend time chatting with the person.

People's dignity was promoted by staff and people were supported to maintain their privacy when they wanted time on their own. Staff ensured people's personal care was delivered in a timely manner to protect their dignity. One person told us, "I like to have a shower every day and it's never a problem." Staff complimented people on their appearance to enhance their self-esteem. People told us they could spend their time wherever they preferred. One person said, "I can go to bed and get up when I want. They are very respectful of my privacy, for example, when I've got to make personal phone calls or want some quiet time." Another person told us, "I like to have a shower every day and it's never a problem."

Relatives told us they could visit whenever they wished and always felt welcomed by staff. One relative told us, "I have experience of care homes, this is excellent." Another relative said, "They have been fantastic, the staff are brilliant and they have helped us as a family so much."

Is the service responsive?

Our findings

People's care plans provided information about them including their likes and dislikes, family relationships and previous life experiences. Staff knew people well and provided people with care and support which responded to and met their preferences. People we spoke with confirmed they were aware of their care plans and had been involved in reviewing their support needs. We observed staff interacting with people. Staff demonstrated they knew people well, for example, their food and drink preferences and how people enjoyed spending their time. One person told us, "The staff know me very well and what character I am."

People's communication needs had been considered. One person's sight was failing and activity staff had adapted some playing cards to enable them to continue playing. Staff respected people's diversity and beliefs. There were regular, multi denominational church services in the home which people could attend if they wished.

People were supported to spend their time as they preferred. We saw in one communal room that people were having an animated discussion about a television programme. One person was sitting in a corner with a small television and headphones to watch the news coverage which they preferred. People sitting in the quiet lounge were reading or chatting together. One person said, "The other lounge is busier than this one so you can choose depending how you feel. I use it more of an evening but I can sit quietly here if I want. It is beautiful here. We have had some carol singers which was lovely." There was an activities planner and photographs displayed which showed a variety of entertainment that people could be involved in if they wished. People told us staff were mindful of their preferences. One person told us, "There are activities going on but I like my quiet time really so I don't always want to join in. I am often happy to watch rather than participate. Staff respect my wishes if I don't wish to take part."

No one living in the home at the time of our inspection was receiving end of life care or support and therefore we have not reported on this. However, when appropriate, people had been asked if they had any particular wishes they would like to share.

There was a complaints policy and procedure which was displayed for people's information. No complaints had been received since our last inspection. People and relatives, we spoke with told us they would be happy to raise any concerns. A person said, "I have never had any reason to complain, but could approach anyone if I did want to." One relative told us, "I can talk to any staff member at any time with any concerns. I can go to the office and sit and talk to them too."

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager was aware of their responsibilities and was informing us of significant changes affecting the home and people living within it. As required a copy of the last inspection report and rating were prominently displayed in the home and on their website. This is to ensure people; their visitors and members of the public can read about the home and our findings.

There was an open and transparent approach to care which was person centred and inclusive. Everyone we spoke with, including people, relatives and staff were complimentary about the home and its leadership. People were familiar with the registered manager and the deputy manager and chatted with them in a friendly manner. One person told us, "Everyone says that it is the best home ever and I agree. My sons feel safe knowing that I am here." A relative said, "This is more like a five-star hotel than a care home." We saw that staff worked well together and were considerate to each other. Staff said they enjoyed working in the home and portrayed a positive approach to caring for people to ensure they received good quality care and positive outcomes. One member of staff told us, "It's a good management team, in tune with people and their needs. It's a good caring team approach. Both the [registered] manager and the deputy will come out of the office and help us whenever necessary."

People were given opportunities to discuss their care and support through regular meetings and were provided with satisfaction surveys to complete. We saw that action was taken following the meetings and satisfaction surveys and people were updated. One person told us, "We do have residents' meetings which is an opportunity to raise things and when you do, they listen and respond. For example, I raised an issue and it was dealt with." A member of staff said, "Communication here is excellent."

There was an audit programme in place to monitor the quality of care and identify shortfalls. The registered manager monitored the accidents and incidents which occurred to identify any trends or patterns which needed further investigation or action taken. Regular checks were made on the safety of the environment including general maintenance and fire safety procedures.

The registered manager told us they worked well with other agencies to ensure people received the correct level of support. For example, one person had been admitted to another home following a spell in hospital. The person and their relatives were keen for them to return to Rosemary Lodge. We saw from the person's care plan, that there was liaison between the homes to improve the person's health so their wishes could be fulfilled.