

Roseland Lodge

Roseland Lodge

Inspection report

48 Wellesley Road
Great Yarmouth
Norfolk
NR30 1EX
Tel: 01493 302767
Website:

Date of inspection visit: 17 July 2015
Date of publication: 14/09/2015

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 

Overall summary

Roseland Lodge is a residential home that provides care, support and accommodation for up to seven older people. At the time of our inspection there were seven people living in the home.

The home had a registered manager 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 and associated Regulations about how the service is run.

People were safe and lived in a safe environment because there were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the home. The premises were well maintained and any safety issues were rectified promptly.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Summary of findings

Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed. Nobody living in Roseland Lodge was currently subject to DoLS.

People had enough to eat and drink and enjoyed their meals. When needed, people's intake of food and drinks was monitored and recorded and prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity.

Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible and were able to follow pastimes or hobbies of their choice.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was individual to their needs. Risk assessments detailed what action was required or had been carried out to remove or minimise the risk.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

The service was being well run and people's needs were being met appropriately. Both of the owners were approachable and open to discussion and communication between the owners and the staff was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out by the manager in order to identify any areas that needed improvement.

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.

Maintenance and health and safety checks were carried out regularly and any issues were addressed and resolved promptly.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home and prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Good



Is the service caring?

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

Relatives were welcome to visit as and when they wished and people were encouraged and supported to be as independent as possible.

Good



Is the service responsive?

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do and where they wanted to spend their time.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Good



Is the service well-led?

The service was well led.

The service was being well run and people's needs were being met appropriately.

Both of the owners were approachable and open to discussion. Communication between the owners, staff and people living in the home was frequent and effective.

Good



Summary of findings

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out to identify any areas that needed improving.

Roseland 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 was carried out by one inspector on 17 July 2015 and was unannounced.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During this inspection we met and spoke with six of the seven people who were living in the home and a relative. We also spoke with both of the owners, two members of staff and a person who visited the home on a regular basis to engage people in reminiscence sessions. In addition, we looked at five reviews of Roseland Lodge that had been completed by people's relatives on a public 'care home' website.

We looked at care records for all seven people and a selection of medical and health related records.

We also looked at the records for three members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Is the service safe?

Our findings

People told us they felt safe living in Roseland Lodge. One person said, “Absolutely, I have no concerns about my safety here, we are all very well looked after thank you.”

A relative told us, “It’s such a relief to know [Name] is being looked after so well, I have nothing to worry about there at all.”

The owners told us that they had an ‘absolute zero tolerance’ in respect of abuse or bullying. The manager demonstrated that they understood clearly what constituted abuse and would follow the correct reporting procedure if and when necessary. They also told us that they believed that all the staff were equally as confident and would report anything they were concerned about straight away. A member of staff said, “We’re all very open here and we’re certainly not afraid to speak up if we’re concerned about anything.” The staff records showed that staff had been trained in protecting vulnerable adults.

Individual and ‘person centred’ risk assessments had been completed in respect of people’s everyday lives, such as eating and drinking, bathing and washing, protection from pressure ulcers, the use of bed rails, falls, mobility and socialising. Where risks to people’s safety had been identified, we saw that these were recorded on an individual basis, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed and updated on a regular basis. For example, one person’s risk of acquiring a pressure ulcer had recently been identified as having increased from low to medium. We saw from the person’s records that appropriate action was being followed by staff to keep this risk to a minimum.

Maintenance and health and safety checks were carried out regularly by a specific member of the staff team who also took overall responsibility for cleaning the home. We saw that where any issues were identified, these were addressed promptly and appropriate arrangements made to have the issues resolved.

All these measures helped ensure that people were kept safe and able to live in a safe environment.

We saw that there were consistently enough staff on duty to support people and safely meet their needs. As a small, family run home, one or both of the owners were in the home virtually every day and were available ‘on-call’ at all other times.

The manager explained that people’s dependency was continually assessed, to ensure that the staffing levels remained sufficient and appropriate. Our observations during this inspection showed that there were enough staff to respond to people’s needs in a timely fashion. It was also evident from our discussions and observations, that one of the main priorities in the home was to ensure that people were able to safely carry out their daily routines, activities, attend appointments or have one-to-one staff support, as they required.

The manager also confirmed that staff sickness levels were minimal and, where staff were away from work on planned leave, these shifts were always covered by other members of the regular team. This meant that people using the service were continually supported by a stable team of staff, whom they were familiar with, and that had a good knowledge of each person’s individual needs.

The staff files we looked at and a discussion with both of the owners, confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the DBS (Disclosure and Barring Service), previously known as the Criminal Records Bureau, and appropriate references were obtained before they started working in the home.

Medicines were managed and administered safely in the home and people received their medicines as prescribed.

The manager told us that either they or a specifically designated and appropriately trained member of staff administered people’s medicines. We observed the manager giving people their lunchtime medicines and noted that this was done in a professional, caring and engaging way. We heard one person ask, “Do I need any tablets now?” the manager replied, “No, not at lunch time.” To which the person smiled and said, “Oh, that’s good!”

We saw that people’s medicines were appropriately stored in a trolley that was kept locked when not in use and people’s records, including the medicine administration records (MAR), were clear, up to date and completed appropriately.

Is the service safe?

The records we looked at, together with a discussion with the manager also confirmed that people had regular reviews of their medicines, to ensure they remained appropriate for their clinical needs.

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, “They’re all very good here you know, they certainly know what they’re doing.” A relative we spoke with also felt that staff had the necessary skills to do the job required.

All new members of staff completed a ‘home specific’ induction process, which included completing essential training courses that would be relevant to their roles. We noted that most staff had many years’ experience of working in the care sector but continued to be willing to undertake additional training to refresh and further enhance their knowledge and ability to effectively meet people’s needs.

Some recent training that we noted staff had undertaken included infection control and ‘using the correct fire extinguisher’. Training in understanding and managing continence was scheduled for the end of 2015.

Staff told us that they felt ‘very well’ supported by the owners and that they could talk with them at any time. The staff records we looked at showed that staff received formal one-to-one supervisions with the manager and we saw that some staff had received an appraisal, whilst others were noted to be prepared and scheduled to take place in the coming months.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using the service by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed.

The deputy manager told us that nobody living in Roseland Lodge was currently subject to DoLS. One person had bed rails in place to keep them safe and we saw that this had been discussed with them and a consent form signed by the person. We met with this person and also noted that their call bell was attached to their bed covers to ensure they could reach it and use it if they needed to.

People told us they had enough to eat and drink and said that they enjoyed their meals. One person said, “It’s always very good, can’t fault it at all.” A relative told us, “The food and the care is excellent!” The comments we reviewed on a ‘care home’ website that had been left by other relatives of people living in the home were also all very positive. One person stated how much their relative enjoyed the food and said that they had begun eating and drinking properly again since moving into the home.

One of the owners explained that they had been in the catering business for many years and said they took great pride in providing people with good quality, wholesome and nutritious meals that were freshly cooked on the premises each day. They also demonstrated their knowledge and understanding of people’s individual dietary needs and preferences, as well as any allergens.

We observed the lunch time meal and noted that the dining room had a comfortable, good quality restaurant feel to it, whilst still remaining homely. People were relaxed and were enjoying their meals in an unhurried fashion. We saw staff sitting with people during the lunch period, engaging in conversation and also encouraging people or supporting them to eat, if needed. We heard one member of staff ask, “Would you like me to cut that for you?” to which the person replied, “Yes please.” We noted that the member of staff waited for the person to answer before acting, which ensured the person’s dignity and independence was not compromised.

We noted that, when needed, people’s intake of food and drink was monitored and recorded, showing clear measures of the amounts people had actually eaten, drank, or refused. This information was also audited, so that prompt action could be taken when people were not eating or drinking sufficient amounts, to help ensure they stayed well. The records we saw for one person were completed properly and up to date.

We also saw information in people’s care records that showed that referrals were made promptly to healthcare specialists such as the dietician and speech and language team, when any concerns were identified regarding people’s weights and nutritional intake or if people had any difficulties with swallowing.

People’s general health and wellbeing was reviewed on a daily basis and their care records were kept up to date

Is the service effective?

regarding their healthcare needs. We noted that people were able to access relevant healthcare professionals as needed, such as the GP, district nurse, dentist, optician, podiatrist and audiologist.

We also saw evidence, by way of observations and information in the care records, that staff worked in accordance with guidance provided by external professionals to ensure people continued to be supported and cared for effectively.

Is the service caring?

Our findings

People told us that the staff in the service were caring. One person said, “[The owners] are very kind. Yes, they [staff] are all very caring and kind.” A relative told us, “They [staff and owners] are all so thoughtful and kind, I feel so privileged to have found a home for [relative] with such a family feel.”

This relative also gave us some specific examples of how caring the owners and staff were. One instance was at Christmas, shortly after their relative had moved in. They said that they were ‘quite torn’ regarding how their relative would cope with the travelling to have Christmas dinner with the family, as they were still quite poorly. When they discussed their concerns with the manager, their immediate and cheerful response was that it was not a problem and that they were very welcome to bring the family to Rosedale Lodge for Christmas instead. This relative told us that they and everybody in the home had a lovely Christmas day and added, “I can’t explain how much that meant to us.”

The comments we reviewed on a ‘care home’ website that had been left by other relatives of people living in the home were also all very positive. One person stated that the staff, including the owners, were all lovely and caring and that they were happy their relative was receiving a high standard of care. Another person expressed that they were grateful for the level of care and quality of life their relative was receiving and that their relative was ‘clearly happy’ living there. Other comments included that the home was ‘warm and friendly’ and that people were ‘lovingly’ cared for.

We saw that staff interacted with people in a natural, warm and friendly manner and observed a lot of joviality and light hearted ‘banter’ throughout our whole inspection. We saw that people were comfortable in the presence of all members of staff and we noted that staff listened to people properly and gave their full attention, when being spoken to.

Discussions with the owners and observations of staff demonstrated that they all had a good knowledge and understanding of each person. It was evident from the information we looked at in people’s care records that people living in the home and, where appropriate, their families had been fully involved in planning their own care. All the care records we looked at reflected people’s personal histories and preferences, which meant that staff could support them with their preferred lifestyles.

Where possible, people had regular contact with family members or friends and if people did not have any family, we noted that they would be supported to access an independent advocate if they wished.

Through observations and our discussion with a relative, we were assured that people were treated with respect and that staff preserved people’s dignity. For example, doors were knocked upon before staff entered and people were assisted to their own room or bathroom when they needed supporting with their personal care needs. The relative told us, “When I visit, we usually sit in the lounge and all chat together but if I want to talk about anything personal or private with [Name], we either go to their room or we can sit in the ‘snug.’”

This person also told us that all the staff really did respect people’s dignity. One example they gave was that their relative was quite reluctant to be hoisted, as they felt it was quite undignified, although they understood that it was sometimes necessary. However, they said that the staff always asked if it was okay to use the hoist and made a point of trying only to use it when no one else was around to see. They said, “That’s really helped [Name] feel better about being hoisted when they needed to be.”

People were also encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising or eating and drinking, being able to choose how and where they wished to spend their time, joining in the activities they wanted to and, in some cases, choosing to fold the clean laundry.

Is the service responsive?

Our findings

People were involved in planning their care and received care and support that was individual to their needs.

During this inspection we heard staff asking people what they wanted to do, where they wanted to be and checking whether people required any assistance. We also saw that when anybody did request assistance, staff were quick to respond.

When one person returned to the lounge after a period of 'bed-rest' they told us with a smile, "I like to have a lie down after dinner."

A discussion with the manager and information in people's care records showed that, prior to admission, each person completed an assessment with the manager, to ensure their needs could be met within the home. We also noted that these assessments were used to form the basis of people's care plans and risk assessments, before they moved in.

The contents of the care plans were personalised and gave a full description of need, relevant for each person. For example, one person needed support from two members of staff when mobilising, whilst another person required assistance from staff to cut their food into manageable pieces. We noted for one person's night time routine that they liked to have their light off but their door left open. Another person had indicated that they liked a hot milky drink at bed time.

While we were in the lounge with people, one person had been looking through their care folder. As they returned the folder to staff, they raised a query about one particular section. They were given their folder back to read, while the manager highlighted the relevant information, at which point the person said, "Oh yes, I remember now." This showed that people could have access to their care records if they wished and could openly raise queries and discuss their contents.

The manager told us that, due to the size and nature of the home, organised activities and entertainment tended to be

generally 'ad-hoc'. However, during the afternoon of this inspection a person came to engage people in a reminiscence session, which we understood was a regular occurrence. This person and their dog were both greeted cheerfully by all the people living in the home. One person said, "He [the dog] is so gentle and he does like his biscuits – you watch this..."

We were also told that a 'prize bingo' event was held every fortnight, which people looked forward to and enjoyed. We looked at some photographs together with people, of trips out and 'fun' occasions that had taken place in and around the home. Most people had frequent visits from friends or family throughout the week, which also sometimes included trips out with them.

Information in people's care records clearly showed what their hobbies and pastimes were. For example, one person liked listening to Radio 2, watching television and doing puzzles. Other people enjoyed reading, knitting, sewing and socialising. Our observations and discussions with people confirmed that what we had read in their care records was an accurate reflection of the person as an individual.

People told us that they could make a complaint if they needed to. One person said, "Of course I can, I just tell them [staff and owners] what's wrong and it gets sorted out." A relative told us, "Communications are very good and they are very open to receiving any comments. If I have any concerns, they are very receptive – I noticed [relative] seemed a bit breathless so I mentioned it to [manager] and they listened to me and took prompt action by calling the GP..."

The manager explained that, being a small family style home, formal 'residents' and relatives meetings were not usually held but group discussions and one-to-one 'chats' were constant. This meant that any issues could be identified quickly and, if action was needed this would be taken without delay. We observed this situation, exactly as the manager had described, during the course of our inspection.

Is the service well-led?

Our findings

People told us that Roseland Lodge was a 'home from home with a real family atmosphere'. They also told us that both of the owners were approachable and open to discussion.

We observed that people living in the home, their family and friends, visitors and staff were all considered to be a vital factor in the way the home ran and any suggestions for improvements were clearly welcomed, listened to and action taken, where appropriate or necessary.

A relative told us, "I honestly can't fault anything. Everybody is welcomed equally and the whole ethos is, "Let's have a quality of life." Even if it's only a short life – it's all about the quality and it is good quality."

The comments we reviewed on a 'care home' website that had been left by other relatives of people living in the home were also all very positive. One person stated that since their relative had moved to Roseland Lodge, their quality of life and health had improved so much that they had become their 'old-self' again.

Although the home had only been registered since August 2014, the owners had consistently sought feedback from people regarding the quality of the service provided, by way of daily discussions and quarterly quality assurance surveys. Where action for improvement was identified, this was taken appropriately and with the involvement and inclusion of all the relevant people.

Communication between the owners and the staff were seen to be frequent and effective and formal staff meetings were held on a regular basis. We noted that these meetings were well attended and covered aspects such as training, company policies, housekeeping and other service specific topics. In addition, staff held detailed handovers at the end of each shift, during which each person's health and wellbeing was discussed and any concerns, issues or requirements highlighted, to ensure people had continuity of care.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings.

Both of the owners also held a daily 'management meeting', during which they discussed all aspects of the home including finances, staffing, maintenance, catering and the general welfare of people living in the home. The manager carried out regular audits covering areas such as medicines, falls, accidents and incidents, in order to identify and reduce any negative trends by taking relevant action where necessary.

This confirmed to us that the service was being well run and that people's needs were being met appropriately.