

Oakwood Lodge Care Home Limited

Rosalee House

Inspection report

25 Argyle Road
Ilford
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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

About the service

Rosalee House is a care home registered to accommodate and support for up to 11 people primarily with mental health needs and dementia. At the time of the inspection, three people were living at the home.

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

Staff had not completed essential training to perform their roles effectively.

Care plans contained suitable and sufficient risk assessments to effectively manage risks and help keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. Staff were aware on how to safeguard people from abuse. There were appropriate numbers of staff to support people when required. Medicines were being managed safely.

Staff felt supported in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred and included people's support needs. People participated in activities to support them to develop and maintain relationships to avoid social isolation.

Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 April 2020 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Enforcement

We have identified breach with staff training. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Rosalee House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rosalee House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosalee House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was not available at the time of the inspection. We were supported by the home manager for the providers other home and a care manager, who was planning to register with the CQC to become the registered manager.

Notice of inspection

The inspection was unannounced and took place on 30 March 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we already held about the service. This included their registration report, notifications and inspection reports under the providers previous registration. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with a home manager, care manager, two people and one staff. We also observed interaction between staff and people. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments. We also looked at other documents such as medicine management, training and quality assurance records

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and supervision records. We also spoke to one staff on the phone to ask them questions about their role and to confirm information we had received about them during our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- There were risk assessments to ensure people were safe when being supported such as with self-neglect, falls and choking.
- Risk assessments had been completed in relation to people's health conditions such as with mental health and diabetes. Assessments included information on the action to take if people's health deteriorated with control measures to guide staff.
- Premises and fire safety checks had been carried out to ensure the premises was safe to live in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There were processes in place to minimise the risk of abuse and incidents. Staff we spoke with understood their responsibilities to protect people's safety. A safeguarding and whistleblowing policy was in place.
- People told us they were safe. One person told us, "I feel very safe. I like it here."

Learning lessons when things go wrong

- There was a system in place to learn lessons following incidents.
- There had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place. We saw the template that would be used if there were accidents or incidents. The management team told us if there were accidents or incidents, they would ensure they were analysed to learn from lessons.

Using medicines safely

- Medicines were being managed safely.
- Medicine Administration Records showed that medicines were administered as prescribed. Staff also recorded the number of medicine outstanding following administration, which we found was accurate. One person told us, "Always, medicines given on time."
- Staff had also been trained in medicines management. We observed the medicines were securely stored.

Staffing and recruitment

- There were appropriate numbers of staff on duty to support people safely. A staff member told us, "Yes, there is enough staff to look after them."
- The home had measures in place to mitigate the risks associated with COVID-19 related staff pressures, which included bank staff.

- We saw staff were available when people wanted them and they responded to people's requests quickly.
- Records showed relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the latest government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not completed mandatory training and refresher courses to perform their roles effectively such as with moving & handling, safeguarding and first aid. We also found some staff had not achieved an expected pass mark when their competency was checked when completing some training and no further training had been booked to refresh their knowledge. This meant there was a risk people may not be supported effectively.

We found no evidence that people had been harmed however, the above concerns meant that the home failed to ensure staff were trained and competent in essential areas to perform their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Regular supervisions had been carried out. A supervision matrix was in place, which gave the service oversight on when supervisions were due.
- Staff told us they felt supported. A staff member told us, "I am supported here."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- One to one reviews were carried out with people regularly to ensure people received support in accordance with their current circumstances. This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks. People's weight was monitored regularly to check if they were in good health.
- People were included in menu planning and staff asked them what they would like for meals. A person commented, "We chose what we want. We don't have same food every week. There is always variety."
- We observed that people were able to eat together and told us they liked the food. One person told us, "Food here is fantastic."

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.

- Records showed that people had been supported to access a number health of services such as to ensure they were in the best of health. A GP patient information file was in place with key information of people that can be shared with GP when required.
- People also had access to dental services. We observed that people had access to dental care products to ensure they were in the best of oral health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- DoLS applications had been made in a timely manner to deprive peoples of their liberty lawfully for their own safety.
- Consent forms were in place to evidence people had agreed to their care and support.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I always ask for people's consent." Our observations confirmed this.

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

- The premises and environment met the needs of people who used the service and were accessible.
- There were two communal areas with a dining area. There was a garden that was maintained if people wanted to go outside.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were caring. One person told us, "Staff are very friendly." We observed that staff had a positive relationship with people and spoke to them in a caring way.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that ingredients had been bought to make meals in accordance to people's culture and background. People's religious beliefs were recorded and information included the support people may require in this area.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. Care plans had been signed by people to evidence that they agreed on the support they would need. Weekly one to one sessions were also held with people to discuss their support needs. A person told us, "I got new pair of shoes. I wanted them."
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that people always had privacy. We observed that people went to their rooms for some private time without being disturbed. A staff member told us, "We knock on doors before going inside and make sure windows are shut, curtains closed when supporting them."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on certain tasks people completed independently. One person told us, "I am very independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. Care plans were personalised and included information on how to support people in a number of areas such as personal care, nutrition and activities. A staff member told us, "Care plans are very helpful."
- There was an oral health care plan, that included information on how to support people with dental care and encourage people to maintain their oral health.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported with activities. Peoples preferences with activities were recorded and they told us that they participated in activities such as playing games inside or going out in accordance to their preference.
- Activities were discussed during weekly one to one sessions and this was carried out where possible such as records showed one person wanted to go to the park and staff supported the person to go to the park. A staff member told us, "They do painting or I ask them what they want to do like drawing or exercising." A person commented, "I go to the park. I go for walks. We also do some games here." The management team told us that people also go out to the providers neighbouring home to participate in activities in order to maintain and develop relationships with other people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. For example, for one person their communication plan included to communicate slowly and use open questions to open a conversation with them. A person told us, "Staff communicate well with me."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. No complaints had been received since the service had registered with us.
- People told us they were aware of how to make complaints and that they would report to the manager.

- Staff were able to tell us how to manage complaints.

End of Life care and support

- At the time of inspection the service did not support people with end of life care. An end of life policy was in place. The care manager told us they ensured a policy was in place so they were prepared should they support people in this area.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Systems would need to be made more robust to ensure good outcomes for people.
- We found that staff had not been trained on essential areas required to perform their roles safely and effectively. Also, there was a lack of oversight as some staff fell below expected competency levels when their competency was checked following the completion of training. The management team told us they would ensure further training was booked as soon as possible and staff would be supported to ensure they were competent.
- Audits had been carried out on the running of the home. Audits had been carried out on infection control, health and safety and ensuring the premises was safe.
- Audits had also been carried out on medicines management to ensure medicines were being managed safely.
- Care plans were regularly reviewed for accuracy to ensure people received person centred care.
- People told us the home was well-led and liked living at the home. One person told us, "I love it here. They will do anything for me. Anything I want, I get."
- Staff were clear about their roles and told us the service was well led. One staff member told us, "I have no concerns, everything is good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team was aware of their duties in regard to notifications and notified the CQC of incidents such as safeguarding and serious injuries.

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

- There was an effective system to gather people's and staff feedback on the service.
- Resident meetings were held with people to gather their feedback about quality of the service. Records showed people discussed about activities, COVID19, concerns and food.
- Staff meetings were held to share information and updates. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.

- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

Continuous learning and improving care

- Quality monitoring surveys were carried out to obtain people's thoughts about the home. This was recently completed. The management team told us that they would analyse results to identify any areas for improvement. The results were positive.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health. Records confirmed that people had access to a number of health services.

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	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider did not ensure staff were supported to undertake training, learning and development to enable them to fulfil the requirements of their role. Regulation 18(1).