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Rosewood Lodge Residential Home

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

The inspection took place on 17 and 25 October 2018 and was unannounced.□

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

The service is registered to accommodate 20 older people, some of whom may be living with dementia. There are two floors with the first floor having access via stairs or a passenger lift. There were 18 people living at the home at the time of the 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.

People living at Rosewood Lodge were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and the who to report this to if abuse was suspected.

Risks were appropriately assessed and mitigated to ensure people were safe. People received their medicines safely.

Staffing levels were sufficient to provide safe care to people. Recruitment checks had ensured they were suitable to work with people using this service.

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 received care and support from a staff team that was provided with continual learning that enabled them to carry out their role effectively. Staff told us they felt supported and happy in their work.

People and their relatives described the staff as kind and caring. People's privacy, dignity and independence was respected.

People were supported and encouraged to have a varied diet which met their needs. People had a choice of food and drink at each meal time.

People's care plans were detailed and staff were aware of people's needs.

Staff spoke positively about the provider and registered manager and felt supported.

People knew how to raise any concerns they had and were confident these would be responded to. There were systems in place to seek people's views about their care, and the management of the home.

The provider had systems to monitor the quality and safety of the service provided.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Rosewood Lodge Residential Home

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 site visit took place on 17 and 25 October 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the 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 the inspection we spoke with four people who used the service and two visiting relatives. We spoke with the registered manager and four staff.

We reviewed three people's care files, medicine administration records, policies, risk assessments, consent to care and quality audits. We looked at two staff files, the recruitment process, complaints, supervisions and training records.

We walked around the building and observed interactions between staff and people who lived at the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person told us about feeling safe, they said "Yes, I am safe here." Another person told us, "I am very safe."

The provider continued to protect people from avoidable harm, discrimination, and abuse. Staff had received training in safeguarding, and understood, how to recognise, respond to and report abuse. They told us they would immediately report any abuse concerns to the management team. The registered manager understood their responsibilities in reporting and dealing with any concerns to ensure people remained safe.

Risk assessments were in place for each person for all aspects of their care and support. The risk assessments were visible to staff in peoples care records. Where necessary, people had mobility equipment supplied to help them maintain their independence. Any accident and incidents were recorded and monitored so lessons could be learned and help prevent recurrence.

There were checks in place to ensure the environment and equipment in the home was safe. These included a fire risk assessment and regular testing of the fire alarm system. Each person had a personal emergency evacuation plan, detailing the support required if they needed to be evacuated in an emergency.

The service had enough staff on duty to meet people's needs. The registered manager told us that they regularly checked the staffing levels by auditing people's levels of dependency, and by speaking to staff. If staffing levels needed to change they told us they would adjust them accordingly. A relative told us, "There always seems to be enough staff." A staff member said, "Staff levels are okay. I do think there are enough staff."

The service followed a safe recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. The staff files we reviewed contained appropriate checks, such as references, identification, and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were very clear on their responsibilities with regards to infection prevention and control and this helped to keep people safe. All areas of the home we saw were tidy and clean. We observed staff hand washing and changing aprons and gloves throughout the days. The registered manager was aware of reporting procedures for outbreaks of illness and took infection prevention seriously.

Staff received training for the prevention and control of infection and could tell us their responsibilities when we asked. One said, "We use gloves and aprons. Anything soiled goes in separate bags for washing." A person using the service told us "My clothes are kept clean and my bed linen is changed regularly."

People we spoke with told us they always received their medicines and were happy for staff to support them

with these. One person told us, "The senior girls do my medicines. I check them myself as I know there should be six." We checked the provider's system of recording and administering medication. Some handwritten medicine records had not always been completed appropriately by staff. We discussed this with the registered manager who agreed and assured us they would address this.

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines, were all trained and had had their competency assessed annually by the registered manager.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff. One person said, "I am very happy with everything. I can trust them [staff]. Some of them have been here eleven and twelve years." A relative told us, "Me and my family are happy [name] is here. They are on the ball with their health."

The environment was suitable to meet people's needs. The home had two lounges where people could choose to spend their time. Corridors were wide enough for people who used mobility aids to move around freely without restriction. Peoples bedroom we viewed were of single occupancy and had been made homely by people's personal items. Some areas of the home had been updated with new plain carpets, dining tables and easy chairs.

People's needs were assessed prior to coming to live at the home, and their care was planned to make sure their needs were being met. The initial assessment considered the person's needs, and their level of ability. People's preferred names and religious beliefs were recorded.

Staff confirmed they felt supported in their roles. They spoke positively to us about the training they received to keep up-dated. One staff member said, "[Name of registered manager] is right on top of training." A relative told us, "The staff are always talking about going on courses."

A handover was completed between staff on each shift to make sure that they had up to date information on people and any changing needs. Staff told us they had received regular supervisions and staff meetings. From the records we reviewed we saw these offered the opportunity for staff to identify any further training needs.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We reviewed how the registered manager had ensured people's freedom was not restricted. We found DoLS applications had been submitted to the local authority in a timely manner. Staff told us, and records we reviewed confirmed they had received training on the principles of the MCA and DoLS. One told us, "MCA is about if the person has capacity to decide what they want to do and make their own choices."

People were supported to maintain their health and wellbeing and we saw had access to health and social

care professionals. People told us they had attended hospital appointment and seen their GP's as necessary. One person said, "The nurse comes in to care for my toe. I know all about my health." Staff were able to demonstrate the importance of seeking medical advice should they become worried if a person's condition changed.

The people we spoke with told us they liked the food, one person said, "Neither of us [pointing at another person] go hungry." Another told us, "I get enough to eat and drink. I get a choice and I eat everything. The meals are quite good." We observed on both days of the inspection that people were given a verbal choice of a three-course meal, with two choices at each course. We observed drinks and snacks being made available for people throughout the days. A relative commented, "They [staff] always give [name] lots of drinks. [Name] always has a cup of tea."

Good

Is the service caring?

Our findings

Everyone we spoke with during our inspection told us staff were kind and caring. One person said, " Everyone [staff] is nice. They will fetch you anything, and they know me well." Another told us, "They listen to me and they know my temperament well." Relatives commented, "[Name of relative] has known some of the staff all their lives as they came from this area" and "They always make [relative] comfy and wrap them in a blanket."

People were observed to be comfortable around the staff. We saw people linking arms with staff when walking, smiling, laughing, and hugging staff. Staff spoke to people in a friendly and respectful way.

We heard examples of staff's kindness during the inspection, for instance one staff member was talking to a person about certain foodstuffs they knew they liked. The staff member told the person they would bring them some in on their shift the next day. Another person told us how the gardener had made them a memorabilia box to store all their memories from when they were in the Royal Navy.

People were treated with dignity and respect. We observed respectful interactions during the inspection. Staff were very attentive to people when they asked them for support, or at times when people became upset and anxious. A person told us, "They always knock on my door [before entering]." A relative said, "If a doctor comes they always take [name] to their bedroom."

The care plans we viewed contained information that was individual to each person including people's life histories, likes, dislikes and religious and cultural preferences.

Staff considered any sensory impairment that affected people's abilities to communicate. There was clear information in people's care plans about any specific communication needs they had and support they needed from staff to ensure they understood. For example, details included how levels of alertness and mood could affect a person's abilities. Plans also contained information about aids people used, such as spectacles. A relative told us, "They [staff] get down to [name's] level. Write notes for them and use thumbs up and down [to communicate with them]."

People were involved in decisions about their own care and the running of the home. This happened through formal reviews, and daily contact with people which was less formal due to the size of the home. One person told us, "I have seen and signed my care plan. Everything is in there." Another said, "I signed some forms to agree, and they [staff] asked me some general information."

People's personal information was kept private. Written records which contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the quality of care they received. They appeared happy and comfortable in their surroundings, and when interacting with staff and the registered manager. Comments included, "I am happy. Everything you tell [name of registered manager] you want doing, they do" and "I am very happy living here." A relative told us, "The staff here are lovely. They communicate well with me. [Name] would not be here if I wasn't happy."

People were supported by a long-standing staff team who knew them well and understood how they preferred their care to be provided. The members of staff we spoke with demonstrated a good knowledge about the people they supported, and could tell us about people's likes, dislikes, habits, routines and life history. This knowledge helped staff to provide person centred care to people.

Care plans contained information about the person's needs and how these should be met. Information was recorded on managing risk, health, and people's preferences for their care. Each section of the plan was reviewed monthly which ensured the care the person received reflected their current need.

People could maintain relationships with those that mattered to them. During this inspection we saw relatives regularly visiting the service at all times of the day. One person told us their relative stayed in contact by telephoning them at the home twice each week. We saw them take this phone call during the inspection. People told us they regularly spent time with their family. This helped to ensure that people did not become isolated.

People gave us examples of how they were supported to maintain their independence and made choices about their daily lives. One person told us, "I like to be in bed by about 9.30pm, this is my choice. I wanted to go and vote and the staff took me to do this." People had a key worker who was an identified staff member who supported the person in making choices. People could use advocates if they chose to.

At the time of our inspection the home was not providing end of life care. People were encouraged to express their end-of-life wishes in discussions about their care plans and we saw these were included.

People told us they were satisfied with the regular activities available. One person told us, "In the summer we had a picnic in the garden." Another said, "There are a few things going on but I choose not to join in. Although I went to the last quiz and we had such a laugh."

People were supported to pursue interests that were important to them. One person told us, "I have been to the aerodrome at Lincoln, Royal Air Force bases in Elvington and Waddington, and the seafaring museum in Hull." People's rooms contained items which reflected their interests. For example, one person proudly showed us a book they had about the Princess of Wales. We saw other people had books, magazines, crosswords, enjoyed watching specific TV programmes and nursing a doll.

The registered manager was responsible for making sure people's complaints were acknowledged, fully

investigated and that people received a satisfactory response to any concerns they raised. There had not been any complaints since our last inspection. People knew how to report any concerns. We asked one person who they would speak to if they were unhappy with the care and support they received and they told us, "I would ask to see [name of registered manager] if I was upset about anything."

Good

Is the service well-led?

Our findings

All the people and relatives we spoke with told us they felt the home was well run. One person told us the registered manager was "efficient." A relative commented that the home was a "nice place that is managed fine." There was a calm and relaxed atmosphere during our inspection. Staff encouraged people to take part in exercise groups and some people enjoyed a general knowledge quiz with staff.

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

Staff were very complimentary of the registered manager. They told us they felt supported within their roles. One commented, "[Name of registered manager] does support us. If you can't do certain shifts they will try and help you out. They are approachable, and always there for us."

The registered manager was visible and involved in people's support, and had a good relationship with people and staff at the home. We observed them assisting people with one-to-one support in a friendly and familiar way.

People and relatives were involved in the service and were provided with the opportunity to share their views through quality assurance questionnaires and meetings. These were analysed and used to make any changes and drive improvement. For example, we saw people had expressed an opinion on the amount of a type of desserts offered on the menu. We saw at this had been addressed and the amount reduced. One person told us, "Occasionally they [staff] ask for my opinion. They have meetings. I have seen them listed but have never been to one." A relative said, "I have done surveys but there is nothing wrong. It's a nice home and everyone is pleasant."

Relevant areas such as care plans, risk assessments, data, hospital admissions, pressure care and health and safety had been audited to ensure people were provided with a quality service.

The registered manager understood the regulatory responsibilities of their role and kept themselves up to date with legislation changes and current best practice guidelines. They told us they felt well supported by the provider.

The registered manager had notified the Care Quality Commission of significant events which had occurred, in line with their legal responsibilities. They worked in partnership with a number of external agencies, including the local authorities and healthcare professionals.

We requested a variety of records relating to people living in the home, the management of the home and its staff. The records we reviewed were fully completed, up to date, and well organised.