

Scosa Limited

# Rosewood Lodge

## Inspection report

9 Uphill Road North  
Weston Super Mare  
Somerset  
BS23 4NE

Tel: 01934644266

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Rosewood Lodge is a residential care home. It provides accommodation and personal care for up to 20 older people. At the time of the inspection there were 20 people living at the service.

People's experience of using this service: People were supported for by a consistent staff team who were kind and caring. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence.

Care plans and risk assessments did not always contain accurate and complete information, particularly in relations to people's specific health conditions. There was a lack of guidance in how risks should be managed safely. Recruitment procedures did not ensure all relevant checks were completed before new staff began work. Audits had not always identified these shortfalls.

Activities were provided which people enjoyed and engaged with if they wished. People spoke positively about the food provided at the service. Relationships were supported both within and outside the service. Visitors were welcomed. The service was clean and tidy.

Improvements had been made to how people's medicines were managed and administered. Feedback was sought from people, relatives and staff through meetings and questionnaires. Relatives said the service communicated well with them. People felt comfortable in raising any concerns or issues.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Requires Improvement (April 2018). This service has been rated as requires improvement at the previous two inspections (November 2016 and April 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made one recommendation into guidance for specific health conditions. Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We will review the report on actions the provider intends to take following the inspection. We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Rosewood Lodge

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, an assistant 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. The expert by experience's area of expertise was older people.

#### Service and service type:

Rosewood Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

We reviewed information we had received about the service since the last inspection in April 2018. This included details about incidents the provider must notify us about. We assessed the 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. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We used a number of different methods to help us understand people's experiences of the service. As part of

our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with 11 people living at the service and two relatives. We spoke with five members of staff, including the registered manager. After the inspection we received feedback from three other relatives. We reviewed seven people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider's policy and procedures was not being followed in regard to recruitment. This meant that new staff were starting work before written references and a full Disclosure and Barring Service check (DBS) were completed. The registered manager said the processes taken would be reviewed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said there was enough staff to support them safely. One person said, "I feel safe here." The service did not use agency staff, which ensured a consistent staff team supported people.
- We reviewed the rotas and staffing was kept at the level deemed safe by the provider. One person said, "There are not too many changes of staff." A relative said, "Many staff on hand at all times tending to people's needs."

### Assessing risk, safety monitoring and management

- Risk assessments were in place for people. However, there was a lack of detail around risks relating to people's specific health conditions. For example, three people who had diabetes did not have clear risk assessments in place in how their health condition should be monitored and managed safely. A lack of guidance for staff may mean concerns are not identified or actions taken when required. We also highlighted that risk assessments did not identify emollient creams that may present an increased risk of fire hazards.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment and the environment were regularly checked and assessed. A plan outlined scheduled improvements for areas identified. For example, the carpet being replaced on the top stairway.
- Fire systems and equipment were monitored and checked. Advice from external checks had been actioned or were in progress. For example, maintenance on the external fire escapes. . People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.

### Using medicines safely

- At the last inspection in April 2018 the service had been in breach of Regulation 12 in regard to the safe storage and recording of medicines. At this inspection we found improvements had been made in the management of medicines.

- Photographs and as required medicine protocols were in place. Temperatures of medicine storage areas were regularly taken and reviewed. Medicine Administration Records (MAR) were completed to document people received their medicines as prescribed. Handwritten entries on MARs were countersigned.
- MARs however, did not contain accurate information about people's allergies as they did not correspond to the recorded information in people's medical profiles. A senior staff member took immediate measures to address this.
- Topical medicines charts had been changed to include clear written and visual information around administration.
- People told us they were happy with how their medicines were managed. One person said, "Staff make sure I get my medicines on time."

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Referrals had been made to the local safeguarding authority when appropriate. Actions had been taken to safeguard people.

#### Preventing and controlling infection

- The service was clean and tidy. People told us staff adhered to infection control policies and this was observed during the inspection. A relative said, "The facility is clean and tidy."
- Systems were in place for laundry, cleaning and the kitchen area to ensure infection control risks were minimised.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. We highlighted to the registered manager that further details around the actions taken to prevent reoccurrence would be beneficial.

# 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

People's outcomes were consistently good, and people's feedback confirmed this. One person said, "Staff know what they are doing." A relative said, "It is very good here and they are meeting her needs."

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

- Staff were knowledgeable about people's health conditions and needs. However, guidance for staff was not consistently available in people's care plans about specific health conditions. This is further reported on in the well-led section of this report.

We recommend the registered manager refers to published guidance to ensure care plans and risk assessments contain sufficient information and direction for specific health conditions.

- Individualised information packs were in place to accompany people should a hospital admission be necessary.
- Appointments and outcomes were recorded of healthcare monitoring.

Staff support: induction, training, skills and experience

- New staff received an induction when they began at the service. This included orientation to the service and shadowing a more experienced staff member.
- Staff received regular training in subjects relevant to their role. Such as first aid, fire safety and equality and diversity. One person said, "Staff are properly trained."
- Staff had supervisions with their line manager where they review their performance and development.

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

- People spoke positively about the food provided by the service. One person said, "The food is very good." Another person said, "Like a restaurant, there is a choice."
- Mealtimes were sociable and relaxed. One person said, "I always sit with my friends."
- We observed that people could help themselves to drinks, snacks and fruit throughout the day and these were regularly offered by staff.
- A relative explained how an alternative was always offered to their family member if they did not want what was on offer at the mealtime or wished to eat later. They said, "I know they will always offer something else."
- We highlighted to the registered manager that the menu was only displayed in one place in the dining room and due to the print size may be difficult for some people to view. The registered manager said the menu display would be reviewed.

Staff working with other agencies to provide consistent, effective, timely care



- Advice and support was sought from other agencies such as the falls team, district nurse and mental health services. One relative said, "They were attentive to [Name of relative] health as it worsened and correctly accessed GP and mental health support."

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

- Pictorial and written signs were in place to orientate people through the building.
- People had access to outdoor spaces, such as the front garden. One person said, "Lovely to go in the garden in the summer, they take a table out and we can have sandwiches." However, we did highlight to the registered manager that access to the central patio area was partially obstructed by furniture and was therefore not safely accessible for people. The registered manager said this would be addressed.

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 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate. An overview monitored their status with the local authority.
- People's capacity to make specific decisions had been considered where appropriate.

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

- People were assessed prior to arriving at the service to ensure their needs could be met.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. One care plan said, 'Takes pride in her appearance. Likes co-ordinating clothes.'
- We observed that consent to care was sought before support was delivered. For example, people were asked when they would like to get up and where they would like to be within the service.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care. One person said, "Staff are very good, very polite." A relative told us they felt confident in the care and support their relative received. They said, "I am happy to leave her here."

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind and caring. One person said, "Staff are so good here, would do anything to make you happy, they are beyond words." A relative said, "The staff are awesome, caring people."
- Staff had developed positive relationships with people. We observed staff engage in conversation meaningful to individuals. Staff were happy and chatty. When one person became upset, staff spent time with them reassuring and comforting them. One person said, "I get on very well with the staff." Another person said, "Staff have got to know me, they can't do enough for me."
- We observed staff being attentive and responsive to people's needs. One person said, "Staff usually come quickly when you need them." Another person said, "Staff are as good as gold."
- The service had received several compliments. One compliment said, 'There are many elements that go to make a care home but none more important than the people who provide it and as far as we are concerned we can only thank you for all the wonderful care you have all provided.' Another compliment said, 'We were really impressed by your encouraging mobility programme and your professional approach.'

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

- We observed people being asked about their care and support. For example, one staff member came and gently woke someone and asked if they would like to come for their meal. The staff member asked which of their belongings they would like to take with them.
- People and relatives were consulted about their care. One relative said, "We did a care plan and we have been in to talk about it since."

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about maintaining confidentiality of information. However, there was limited space where staff and the registered manager could communicate confidentiality.
- Visitors were welcomed at the service and people were supported to maintain relationships that were important to them. One person said, "Staff welcome visitors." Another person said, "Staff are very welcoming, they make visitors cups of coffee."
- Staff respected people privacy and maintained people's dignity. One person said, "Staff knock on my door before they come in."
- People were encouraged and supported to remain independent. One person said, "I am fairly independent, when I shower, staff stay around." Another person said, "I get out my own clothes." A relative said, "Staff will help her if needed but they also support her to be as independent as possible."

- Staff had supported people to regain independent skills. For example, one person could now use the lift by themselves. Another person's continence care had considerably improved.
- We observed staff supporting people to mobilise around the service. Staff did this in calm and unhurried manner. Talking people through the process, reassuring them and giving clear instructions. Staff were gentle and ensured people were supported in a dignified way.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery. A relative said, "The people at the home always seem really happy with the service they are receiving."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection in March 2018 care plans were being moved onto an electronic system. This had been completed. An associated electronic device enabled staff to efficiently record daily care. Staff commented positively about the time this saved and that it could be completed at the point of care.
- Care plans contained person-centred information. For example, about people's past employment, family members and interests. However, we found care records were not always accurate or complete. This has been reported on in the well-led domain.
- Care plans described people's routines and preferences. Staff knew these well. For example, one care record said, 'Likes to get up between 06.30-7.00 and have a cup of tea once dressed.'
- We observed staff responded promptly when people used their call bell system to request assistance.
- Activities were facilitated. A board on the ground floor displayed upcoming activities such as chair exercises, hand massage, bingo and arts and crafts. One person said, "I like the activities." Another person said, "I like quizzes and other activities. They have different services for different beliefs." People told us there had been some changes in the staff leading the activities provision and said they were looking forward to this becoming settled and more activities provided.
- The service ensured they were responsive to people's changing needs. If people's care needs exceeded what the service could provide action was taken to support them into a more appropriate service.

Improving care quality in response to complaints or concerns

- The service had received three complaints since January 2018. Complaints were investigated and responded to in line with the providers policy.
- People and relatives felt comfortable to raise any concerns. One person said, "If I needed to I could talk to anyone about anything." A relative said, "Any issues we can talk to any of the staff or [Name of registered manager]."

End of life care and support

- People's wishes at the end of their life had been documented. This explained what arrangements people had in place and their preferences.

# 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found that care plans and risk assessments contained inaccurate information. For example, the type of diabetes a person had. Care plans and risk assessments were inconsistent in the guidance provided for staff. For example, we reviewed care plans where there was clear information and guidance around health conditions and how to deliver effective oral care. However, other care plans contained limited guidance on specific health conditions such as diabetes and Parkinson's. We reviewed a care plan for one person who had joined the service initially for respite care in November 2018. Their care plan was incomplete with limited information. On the second day of inspection further details had been included. This meant that staff may not have the information required to support people as required and in line with their care needs.
- Systems were in place to monitor and review the quality of the service. This included audits of areas such as accidents, complaints, care plans and medicines. However, care plan audits were not detailed and did not identify the inaccuracies we found and where further information was required to ensure staff could support people safely. We also highlighted to the registered manager that medicine audits did not details which MARs had been reviewed.
- The provider had completed a monthly audit which reviewed areas such as staffing, health and safety and maintenance. Care plans had been identified as requiring review, but no further information was recorded. The shortfalls we found in recruitment procedures and risk assessments had not been identified in these audits.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not fully considered staff work space to ensure confidentiality could be adequately maintained. For example, in handovers, supervisions, phone calls and meetings.
- The provider had displayed their assessment rating at the service and on their website. We provided further information to the registered manager on displaying this on their website.
- Notifications were submitted as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively about how the service was managed. One relative said, "The manager is always there when I attend and is always on hand with any questions and shows to be leading well with regards to the staff." Another relative said, "We have had nothing but professionalism from the

staff. [Name of registered manager] leads the staff well and expects high standards from the staff."

- Relatives told us there was good communication and they were kept informed. One relative said, "They communicate very well with me and my sister, they phone if they need to, they will let us know if they are calling the doctor." Another relative said, "Staff always give me an update, I love it, feels very friendly." Another relative said, "They all keep me updated about my mother even though I live abroad."

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

- Meetings were well attended by people and relatives. One person said, "They ask what we think. They do actually listen and things change."
- A monthly newsletter was displayed and copies were available for people and visitors. This communicated events, changes and news about the service.
- A survey was completed with people, staff and professionals. The results were positive and actions taken were documented. A health and social care professional had commented, 'Every time I visit Rosewood I am very impressed with the care and time that is taken with service users.' The registered manager said the way the information was analysed and the detail of actions taken would be developed.

Continuous learning and improving care

- Regular meetings were held with staff and senior staff.
- Systems were in place to ensure information was effectively communicated through the staff team. For example, verbal and written handovers, a diary with appointment, message book with actions to take.
- Staff and people said there was a positive atmosphere and culture. One person said, "We are like one family, it's a very good place, couldn't fault it." A staff member said, "It feels like home, everyone knows everyone, there is a good atmosphere."

Working in partnership with others

- The service had developed links with local organisations. For example, religious establishments, services for people with vision impairments, local schools and

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured risk assessments included sufficient detail to manage risks safely.  (2) (a) (b)

### The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not always ensured that care records were accurate and complete. Audits systems were not fully effective.

### The enforcement action we took:

Positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had not always ensured that recruitment procedures had been effectively operated to obtain complete information before staff began work.  (2) (3)

### The enforcement action we took:

Positive condition