

## Countrywide Care Homes (2) Limited

# Rose Lodge

### Inspection report

Carers Way  
Cobblers Lane  
Newton Aycliffe  
County Durham  
DL5 4SE

Tel: 01325304156

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16 February 2017

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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 16 February 2017. The inspection was unannounced.

Rose Lodge is a residential care home based at Cobblers Hall in Newton Aycliffe, County Durham. The home provides personal care for older people and people living with dementia. It is situated close to a wide range of local amenities and transport links. On the day of our inspection there were 52 people using the service.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

We last inspected the service in February 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

The atmosphere of the service was lively with lots going on but at the same time homely. Relatives told us the service was very welcoming. People who used the service and their relatives that we spoke with told us they felt the service had a friendly approach.

Without exception we saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff being considerate and communicating with people well.

We saw that people were encouraged to enhance their wellbeing on a daily basis to take part in activities that encouraged and maximised their independence and also contributed positively to the atmosphere of the service.

We spoke with a range of different team members; care, kitchen staff, activity staff, domestics and volunteers who told us they all felt well supported and that the registered manager was supportive, and they were all polite, receptive, open and approachable. We also spoke with the registered provider's visiting quality assurance manager and a student who was on their placement at the service.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other.

From looking at people's care plans we saw they were written in plain English and in a person centred way and they were in the process of including a 'one page profile' that made use of personal history and described individual's care, treatment and support needs. These were regularly reviewed and included family members and people in the process.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, community nurse or optician.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes in a person centred way.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training and development opportunities were accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicines and we found that the administering process was person centred and safe.

People were actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including the use of volunteers and regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were supported to go out regularly too.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and homemade treats and snacks. The daily menu that we saw was reflective of people's dietary needs, likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were very complimentary to the care staff, management and the service as a whole. People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys.

We found that the registered manager ensured that the service made good links with the local community and public resources across the county to benefit the people who used the service.

## 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 ●

This service remains safe.

### Is the service effective?

Good ●

This service remains effective.

### Is the service caring?

Good ●

This service remains caring.

### Is the service responsive?

Good ●

This service remains responsive.

### Is the service well-led?

Good ●

This service remains well- led.

# Rose 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 took place on 16 February 2017 and was unannounced. This meant that the service was not expecting us. The inspection team consisted of one Adult Social Care inspector and one expert by experience that had a professional background in dementia and supporting older people.

At the inspection we spoke with 9 people who used the service, one visitor, two volunteers, five relatives, the registered manager, the quality assurance manager, seven care staff, two kitchen staff, one health and social care student and activity staff.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, medication records, safety certificates, four care plans and records, four staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings and policies.

# Is the service safe?

## Our findings

The people who used the service that we spoke with told us they felt safe and that there was enough staff to meet their needs safely. People felt that the home was a safe and secure environment for them. One person who used the service told us; "I have no concerns at all about management, carers or the building itself" and "Yes I'm safe the staff keep me well."

Relatives we spoke with confirmed that they felt their relatives were safe at the service, one relative told us; "If I thought for one minute that [name] was not safe then they wouldn't be here, it's that simple."

We saw staff interacted with people on a one to one basis and helped people to take part in activities. Staff were not rushed and had time to talk with people and their relatives. People who used the service told us there were enough staff available to them. One person who used the service told us; "The staff come quickly when you need them." And another person told us; "It doesn't take long for someone to come but it can take a while to solve the problem if they are busy."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us; "Yes we know all about safeguarding. I have never had to raise anything but I know how to." Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed us that staff knew how to recognise and report abuse.

We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had not used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. One staff member told us, "I have been here a long time; I came as a stop gap and just stayed."

We looked at four staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and their preferences regarding how they liked to take their medicines. We watched staff administer medicines. Staff carefully explained what they were doing and asked the person's permission. They offered people drinks to take with their medicines. Where people needed medicines as and when we required we saw that these were offered and protocols were in place.

Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medications had received training and had their ability to administer medicines was assessed.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as hoists were checked regularly to ensure they were working safely. Any faults or maintenance issues were recorded in a maintenance book and we saw that action was taken in relation to any issues identified.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and, hand sanitizer and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when dispensing medicines.

We saw records that showed the service undertook regular cleaning, including deep cleaning when required. When we spoke with the registered manager they explained how cleaning tasks were delegated to the domestic staff and how these were recorded and also audited. People and relatives we spoke with told us they thought the home was maintained to a high standard of cleanliness. One relative told us; "There are never any bad smells, the place is always clean."

# Is the service effective?

## Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "Yes – I get on well with staff, they have a nice way with them and they have lots of patience" and "Yes they are good – all of them. Yes they do as I ask" One relative told us; "Yes 100% the staff know [name] and due to her situation the staff have learnt to recognize what she indicates and deal with it effectively" and another told us; "I have never noticed anything being done the wrong way so yes they are well trained."

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments.

Supervision and appraisals took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. Staff members told us; "I went on Dementia awareness training. I think Dementia is the saddest illness." And "Yes we get a lot of training."

The service had made some environmental changes to make the service more accessible for people living with dementia. The service had clear signage on bathroom/toilet doors. People all had photographs of themselves on their bedroom doors to help them identify their room. The service had clearly defined areas in the home, separate coffee shop areas, meeting areas and a choice of lounges.

During our inspection we saw that bright and colourful murals had been painted on the walls and these included local focal points from Newton Aycliffe and these had been done in a modern way. There were also photos on display from across the town that were a talking point for people who used the service.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers follow in their daily working life. We saw evidence of how this was monitored in the staff supervision files.

We saw the training matrix and this showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; diabetes, mental health awareness, moving & handling, infection control, safeguarding, food hygiene, fire safety, mental capacity and first aid. All staff we spoke with were aware of the Whistleblowing policy in place.

We saw people enjoying their lunch in the dining rooms. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. People could



have their lunch in their room if they wished. The atmosphere in the dining area was relaxed and not rushed.

Throughout the inspection we observed people being offered a selection of drinks and homemade snacks and support to have them if needed. Drinks were also available in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal. We could see that if a person didn't want what was on the menu or even changed their mind, this wasn't a problem and other options could be arranged. One person who used the service told us; "Good food" "There is a choice and I would ask if I didn't like what was on menu." And another told us; "Anything you don't like they would say what do you like? And I have asked for something different and been given it." And "Plenty of choice, spoiled rotten we are."

People who had special dietary needs were catered for. Food that was soft or pureed was presented in a dignified way. Homemade snacks were also pureed if required, we saw that fruit scones on the afternoon tea trolley had been pureed and were presented as a mini dessert with cream and jam.

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 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. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals.

# Is the service caring?

## Our findings

When we spoke with the people who used the service and their relatives they told us about the staff and that the staff were; caring, supportive and professional at all times. One person who used the service told us; "The staff are relaxed, plenty of laughs, natural flow of joy." another told us; "Good, friendly and happy" and "Staff are very good, caring, well trained and happy."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm homely atmosphere. Relatives we spoke with told us they were always made to feel welcome. They told us; "There is a family atmosphere, everyone lives together, no segregation"

We saw staff interacting with people in a positive, encouraging, caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness. Staff we spoke with were able to clearly demonstrate how they promoted people's independence, we observed staff offering people support and encouraging people to be independent.

People who used the service and their relatives told us how they were encouraged to make choices for themselves and be more independent. One relative told us; "Yes [name] usually deals with her hearing aid herself, they encourage independence." Another told us; "Yes the staff will encourage [name] to read."

We saw that people were encouraged to maintain relationships and this was evident in people's care plans and from speaking with people's relatives. One relative told us; "[name] came here as an emergency following a fall. We really didn't know what to expect we were unsure. Now it feels like it was meant to be. [Name] is the staff's priority but they are guiding the family all of the time we are learning about dementia together, we are learning from the staff." Another told us; "We have a relative in Australia too who rings every week and this is supported." This showed us that staff had a good relationship with relatives and people were also supported to keep up their relationships.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. We met with visitors during our inspection and people told us their family and friends were able to visit them at any time.

We observed that the staff respected people's dignity and the people who used the service we spoke with told us how the staff maintained their privacy and dignity. One person told us; "Yes they keep the door and curtains closed while getting dressed or showering." And another told us; "Yes if the door is closed they will knock." One relative told us; "Yes they do the best they can with [name] and their care needs."

People who used the service had access to advocacy services and when we spoke with staff and the registered manager they were knowledgeable and knew who to contact if anyone needed advocacy.

People who used the service, who wanted, had end of life care plans in place we could see this in the care

plans and when we spoke with the registered manager they confirmed this.

## Is the service responsive?

### Our findings

People who used the service told us that they took part in the activities arranged when they wanted to and some were aware of what was planned. They told us; "A notice goes up and if you want to be involved you can go to things" and "The girl that runs it will come and ask me to join in" And "Very therapeutic and you get to have a chat and socialise" and "I can get a hand massage"

The service had an activities co-ordinator and a programme of planned events and activities. During our inspection there was a hand massage activity taking place. The activity was provided by visiting volunteers from the neighbouring organisation that promoted wellbeing.

We saw that people were involved in planning the activities. We could see that there was a range of activities planned for people to choose from including; weekly outings and social events such as coffee mornings and a recent Burns night event had taken place. There was also a bar area, games area, nail salon and hairdressing salon for people to access in the building.

The care plans that we looked at were person centred and gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. People's histories were also recorded in the care plans and included documents that were easy to follow and included photographs. When we spoke with the registered manager they told us that they were in the process of introducing 'one page profiles' to include in the care plans. These captured all you need to know about a person at a glance and they showed us some that had been done already.

People were supported in a person centred way and relatives confirmed this with us. One relative explained to us that their family member's dementia led them to believe that they worked at the service. They told us; "[Name] thinks they are at work every day and the staff support this. The staff give them little jobs to do to make them feel happy and the staff respect this."

When we asked the people who used the service and their relatives if they knew how to make a complaint or raise issues everyone we spoke with was aware how to raise concerns or make a complaint if they needed to. People told us; "If I had any complaints I would write a good letter to the manager" and "Had no need to complain." And "Tell the staff or the management." One relative told us; "We were given information on admission; I would know what to do but haven't had any cause to complain."

This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

We asked people's relatives for their views on the management of the service and people told us; "Yes it is well managed because there are that many commodities to see to, things run smoothly so why disrupt them." And "Yes the home is well led and I know the management." One relative told us; "Yes 100% - the manager is brilliant, efficient, approachable, well liked and extremely good at her job. A nice person."

We asked the registered manager if they did any partnership working with other organisations and they gave us a most recent example of how they worked together with the Local Authority and local voluntary organisations regarding dementia care. They told us; "As part of the 'dementia friendly town' project we get to know what activities were happening and we arrange transport and go along once a month to the swimming sessions. The other activities we go to are singing and games for the brain."

The registered manager explained to us how they maintained links with the local community and they told us; "We have the Pioneering Care Partnership next door and people go in there with their relatives or the staff. We have volunteers from there coming in here to do activities. We make use of the local shops and the pub. One of our ladies goes to the Indian take away every week." This showed us that people had access to the community to help prevent social isolation.

The registered manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service and external management arrangements with the registered provider. We saw quality monitoring visits were also carried out by the registered provider and these visits included the; staffing, health and safety and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in, harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare and safety.

During the inspection we saw the most recent quality assurance survey results. Relatives and people who used the service could attend meetings to raise issues.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and a very high standard and were maintained and used in accordance with the Data Protection Act.

