

Abivue Limited

Rosemary Lodge

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

This inspection visit took place on the 12 May 2016 and was unannounced. At our previous visit on the 17 April 2015, the service was meeting the regulations that we checked but we did ask the provider to make some improvements. This was because people were not always supported by staff to maintain their dignity and privacy and the systems in place to gather people's feedback required improvement to further develop the service according to people's preferences. At this inspection visit, we saw that improvements had been made.

Rosemary Lodge provides accommodation and personal care support for up to 32 older people. There were 27 people who used the service at the time of our visit.

The service had a registered manager. 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.

The registered manager determined the staffing levels following an assessment of people's needs. People told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Systems were in place and followed so that medicines were managed safely and people were given their medicine as and when needed. The registered manager had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

Staff understood people's needs and preferences and were provided with training and supervision, to support and develop their skills. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity in certain areas, capacity assessments had been completed to show how people were supported to make those decisions. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and supported people to maintain their dignity and privacy and were supported to maintain and develop their social interests. There were processes in place for people to express their views and opinions about the home and were confident that they could raise any concerns with the registered manager. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

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.

Staff understood their responsibilities to keep people safe and were confident any concerns they raised would be listened to, and appropriate action would be taken by the registered manager. There were sufficient staff to support people safely. Risks were identified and managed to ensure staff could minimise the risk for people. People were supported to take their medicine in a safe way. Recruitment procedures were thorough to ensure the staff employed were suitable to support people. There were arrangements in place to support people's safety in relation to the premises and equipment.

Is the service effective?

Good ●

The service was effective.

People were supported by suitably skilled and experienced staff who received training, support and guidance, which was appropriate for people's needs. Assessments were in place to demonstrate that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. People's nutritional needs were met and monitored and they were supported to maintain good health and access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

People's privacy was respected and staff supported people to maintain their dignity. There was a positive relationship between the people that used the service and the staff that supported them. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People were supported to maintain relationships with their relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in discussions about how they were cared for and supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives and complaints made were addressed.

Is the service well-led?

The service was well led.

There was a registered manager in post. Quality monitoring systems had been improved to gather people's views and to identify areas that required improvement. Staff and people who used the service were positive about the management of the home and found the registered manager approachable and friendly.

Good ●

Rosemary 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 visit took place on the 12 May 2016 and was unannounced. The inspection team consisted of one 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 provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke with 15 people who lived at the home and two people's visitors. We also spoke with the head of care, one senior carer and two care staff, the cook, the registered manager and the manager's personal assistant.

We observed how staff interacted with people who used the service and looked at two people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for four people to check that people were given their medicines as prescribed and in a safe way. We checked two staff files to see how staff were recruited, trained and supported to meet people's needs. We reviewed management records of the checks the registered manager and provider made to assure themselves people received a quality service.

Is the service safe?

Our findings

People confirmed they felt safe at the home. One person told us, "I feel very safe. I've got people around me to help me." Another person told us, "Yes I feel safe. There's always someone around. I like to have company around." One person's visitor told us, "My relative is safe because of the level of staff, the response times and their ability to deal with the situation." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm and were aware of the signs to look out for that might mean a person was at risk. One member of staff told us, "It's our duty of care to know how to protect people." Staff we spoke with knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I don't think I would need to contact social services as the manager would do that if any of us reported anything to her."

The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. For example, one person required continuous monitoring to ensure their safety and well-being and we saw that staff were recording this as required. One member of staff said, "It's just a check that [Name] is safe as they prefer to spend time in their bedroom." The care plans we looked at demonstrated that assessed risks to people's health and wellbeing had been undertaken. Where risks were identified, care plans directed staff on how to minimise the identified risk. We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

The premises and equipment were maintained to a good standard to keep people safe and meet their needs. We saw there was a refurbishment plan in place to ensure the home was kept in good repair and equipment was serviced as required to ensure it was safe for people to use. Since our last inspection an orangery had been built and a bathroom to provide additional facilities to people. We saw and people told that the housekeeping standards were good. Comments from people included, "Spotless." And "Very clean, extremely clean." And "They clean the windows. They've done this room at dinner time. They're always cleaning somewhere."

We saw the provider had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) check in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place, which demonstrated the provider, checked staff were suitable to work in a caring role.

Discussions with the registered manager confirmed that due to staff vacancies agency staff had been used over recent months. The registered manager told us, "We use the same agency staff for continuity. We are just waiting for all the checks back for two new starters." The majority of people that we spoke with told us there was enough staff to meet their needs. One person said, "Oh yes, there's always someone here. You're

never on your own." Another person said, "You've only got to push your button and they'll come. They check on us as well." A visitor said, "There always seems to be enough staff when I visit." We saw staff were attentive to people and were available to support them as needed. The registered manager confirmed they were in the process of providing additional staff hours in the morning as this had been identified as any area for improvement. This showed us that the staffing levels in place were monitored on an ongoing basis to ensure they were sufficient to meet people's changing needs.

People told us they received support to take their medicines. One person told us, "There's no hanging about waiting. They just give them to you." Another person said, "I get them morning, dinner time, tea time" We observed people being supported to take their medicine at lunch time and saw that people were supported by the staff to take their medicines in a safe way. Medicines were stored safely. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people's prescriptions and available when people needed them. Staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "I've found the staff very good and they've had to do a lot for me." Another person said, "I am very happy with the care; the staff are lovely. We are very lucky here it's a nice place to live." We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff were able to tell us about people's mobility needs and the level of support they needed to make decisions. Staff told us that they received the training they needed to care for people effectively. Staff confirmed they received regular supervision and an annual appraisal, and we saw a plan was in place to ensure supervision was provided on a regular basis. Staff told us they were supported well by the management team. One member of staff said, "The manager is very good and very supportive." Another member of staff told us, "The managerial support here is amazing; the manager is all about person centred care. We have supervisions where we discuss training needs and our professional development and the well-being of the residents and our well-being." This showed us that staff were supported to meet people's needs.

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. Where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and asking them if they wanted to go outside for a walk in the garden area. This demonstrated staff respected people's rights to make their own decisions when 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. At the time of our visit, the manager confirmed that no DoLS authorisations were in place and confirmed that an application had been made to the Supervisory Body for one person that used the service. Staff we spoke with were aware of this application and the reason for this and supported this person in their best interests regarding this. This showed the registered manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The meals are very nice, choices are provided and alternatives offered." We observed the lunchtime meal and saw that people's dietary needs and preferences were met. We saw people that needed help to eat were supported by staff in a respectful and unhurried way. For example, we heard staff ask one person, "Do you want any help cutting it up or will you be alright?" And another person, "Are you alright? Are you struggling?" We saw that staff checked throughout the meal that people were

satisfied and enjoying their meal. This showed us that staff were attentive to people's needs.

We spoke with the cook who was knowledgeable about people's dietary needs and their likes and dislikes. People were supported to maintain their nutritional health. Nutritional risk assessments were in place and people's weight had been monitored regularly. Referrals had been made to health professionals when risks were identified. For example, one person received a soft diet following an assessment from a health professional. We saw and people told us that drinks were provided on a regular basis throughout the day. One person said, "The drinks seem to be very often, staff encourage us to drink." Another person told us, "Yes, we have drinks all the while. They make us drink up." The registered manager confirmed that on each shift a member of staff was allocated the task of 'drinks buddy' to ensure people received adequate fluids throughout the day to maintain their hydration needs and promote their wellbeing.

We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "They'd see to you and ask if you'd rather be in bed. They'd get the doctor if I needed it." Another person told us, "They'll always call for one (a doctor)." People confirmed that they accessed health care services in the community. One person told us, "I went to the doctor the other day. My son takes me. I've got one appointment due for the optician. I go out and get it done." Another person said, "They will make appointments from here." This showed us that people were supported to maintain good health.

Is the service caring?

Our findings

At our previous inspection visit, improvements were needed because we saw that one person was not supported by staff to maintain their dignity and privacy when they were visited by a health professional. At this visit, we did not observe anything to suggest that people's dignity was not maintained. People told us that staff were courteous and maintained their privacy. One person said, "They do as much as they can. They do knock but my door's always open." Another person said, "We are treated very respectfully as you can see." People's visitors told us they felt their relative's privacy and dignity was promoted. One visitor said, "It is, definitely." Another said, "My relative speaks very highly of the staff and I haven't seen anything to suggest that the staff aren't respectful, in fact they always knock on [Name's] door, they don't just walk in."

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "I feel very happy here." Another person said, "The staff are extremely kind and I am glad I came here." Another person said, "I've got no worries. I'm just sitting back and relaxing." We saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, jewellery and accessories of their choice. This showed us that people were supported to maintain their individuality.

People told us staff supported them to maintain as much independence as possible. One person told us, "I am quite independent and the staff know that and let me get on with it, but they are here if I need them." Another person said, "I don't feel restricted, I do what I want and it's very relaxed here. I have the security of knowing the staff are available if I need any help." People told us their relatives and friends could call at any time. One person told us, "My friend calls to see me which I enjoy." Another person told us that they went out regularly with their family. Visitors confirmed that staff made them feel welcome when they visited. One person said, "Everyone is friendly and I am offered a drink, it's a nice place."

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs and the staff's descriptions of how they cared for and supported people matched what we read in the care plans. One person said, "The staff here know what I need help with and what I can do myself." Another person told us, "I get all the help I need but am free to spend my time how I want, it's very good here." This showed us that staff understood and respected people's individual wishes and routines. People and their visitor's confirmed they were involved in their relatives care. One visitor said, "We have been fully involved in [Name's] care and I am very happy with the care provided."

We saw that opportunities were provided for people to participate in recreational activities. One person told us, "We had the exercise lady today and we have quizzes, which I really like." Another person said, "There is no obligation to join in but I do, I enjoy it." We saw that people were supported to spend time as they wished, such as reading the daily papers, magazines and books and sitting chatting to each other. One person told us, "I am really happy here, there is good company and I have made some good friends." Another person said, "You really enjoy every day you get up. You get to talk to people. There's always somebody here to help you." This showed us that people felt at home and relaxed, and were enabled to spend their time, as they preferred. People told us that their faith needs were met. One person confirmed that the local vicar provided a communion service and told us this was important to them. This showed that people's spiritual needs were considered.

People and their visitors we spoke with did not have any complaints about the service and told us that they would speak to the registered manager if they had any concerns. We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

At our previous inspection visit, improvements were needed, as it was not possible to analyse people's views as the questions asked within satisfaction questionnaires were unclear and did not offer people the opportunity to express their views clearly. We saw that improvements had been made to enable people to express their opinions on the service provided, as the questions asked were clear and easy to understand. The questionnaires also provided space for people to make comments. The registered manager told us that questionnaires had recently been sent out to people and their visitors and said that the information returned would be analysed to produce a report and action plan for any improvements suggested. People confirmed that their views were sought, one person said, ""They have sent forms round a few times." Another person told us, "We are asked to give our views and I don't mind doing that but I am quite happy with things the way they are."

At our previous inspection visit, improvements were required to ensure people's confidential records were kept securely and were not accessible to unauthorised persons. This was because we saw reports written by night staff were stored on top of a filing cabinet and a note from a person's doctor with private information was accessible for people to view. We saw that improvements had been made. Care records and people's confidential records were kept securely so that only staff could access them. Staff records were kept securely by the management team, which meant they were kept confidentially.

People knew who the registered manager was and told us that they were confident that the home was managed well. One person said, ""I think its run very well"." Another person said about the registered manager, "She's very good." Another person said, "It's very good really. For some people it's better than being in your own house." Staff confirmed that the registered manager was available and easy to talk to. One member of staff said, "This is the best job I have ever had, the manager is so supportive and helpful." Another member of staff told us, "The manager is very supportive and we have a really good staff team, we all support each other."

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. The head of care was undertaking an audit of all care plans to ensure they were up to date. The management of medicines was audited, to ensure medicines were stored, administered and recorded correctly. The registered manager analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action, such as referrals to the relevant health care professionals to minimise the risks of a re-occurrence.

We saw that consistent leadership and direction for staff was in place. Staff we spoke with were clear about their roles and responsibilities. One member of said, "We have a really good staff team; we all work together and support each other." The manager confirmed that staff supervision sessions were being restructured to provide staff with more opportunity to be reflective on their practice and personal development. Staff confirmed that they were provided with opportunities to develop their knowledge. One member of staff told us, "I have just completed a dementia awareness training course over three days, it was so interesting. The manager is so supportive of any training or development we ask for."

Visitors we spoke with confirmed that the culture of the home was open and transparent. One visitor said, "The manager is very good and if there are any problems we are always contacted." Staff confirmed that meetings were held on a regular basis to inform them and provide an opportunity for them to give their views and opinions.

The provider understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.