Barchester Healthcare Homes Limited

Rose Lodge

Inspection report

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Date of inspection visit:
31 July 2018

Date of publication:
10 September 2018

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

Rose Lodge is a residential care home for older people. It is registered to accommodate up to 57 people who require nursing and/or personal care. At the time of the inspection, 51 people were living there.

At our last inspection in May 2016 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.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the home. 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 home is run.

People were kept safe and staff were knowledgeable about reporting any incidents of harm. Risk assessments were in place and reviewed regularly to minimise the potential risk of harm to people during the delivery of their care. People's care records were held securely and these records were reviewed and any changes to people's care and support needs had been recorded.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

People were helped to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

People were looked after by enough staff, who were trained and supervised to support them with their individual needs. Pre-employment checks were completed on new staff before they were assessed to be suitable to look after people who used the service.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. 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 had access to healthcare professionals and their healthcare needs had been met. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

People continue to be offered choices and were supported to eat and drink sufficient amounts of food and

drink.

Staff knew the people they supported and provided support in a caring way. Care plans gave staff information on how to support people with their care needs.

People participated in a range of activities within and outside the service and received the support they needed to help them to do this.

People were involved in the running of the service. Regular meetings were held for the people and their relatives so that they could discuss any issues or make recommendations for improvements on how the service was run.

People's concerns and complaints continued to be listened to and were acted upon.

Quality monitoring procedures were in place and action was taken where improvements were identified. There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result.

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**

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 checked 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 comprehensive unannounced inspection took place on 31 July 2018.

The inspection was carried out by two inspectors, 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.

Before the inspection, 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Prior to our inspection we reviewed the notifications received by the Care Quality Commission (CQC) and other information we hold about the service. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to ask for their views about the service.

We spoke with seven people living at the service and five relatives. We observed how staff interacted with people who lived at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

We spoke with ten staff; the registered manager, deputy manager, one nurse, the operations tutor, two daily activity co-ordinators and four members of care staff.

We looked at care documentation for five people living at Rose Lodge, medicines records, three staff files,

staff training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The service continued to be safe because people told us they felt safe. This was due to the care and support they received at the service. One person said, " I know I'm quite safe here." A relative told us, "I've got absolute peace of mind when I go home after seeing [family member] and they are in good hands here."

Staff continued to have a clear understanding of what may constitute harm and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. A member of staff told us, "I have done training on safeguarding and I know what action to take if needed."

Risks to people were identified using assessments. For example, there were risk assessments in place for people's lack of mobility, nutrition risks and other health needs. The assessments provided details for staff of how to reduce risks for people by following guidelines. Risk assessments at had been reviewed regularly.

The service was in the middle of a refurbishment programme and workmen were in the building undertaking building work and redecoration. There were appropriate health and safety plans and environmental risk assessments in place for the safety of all people, staff and visitors. Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were also checked to ensure they were safe for use

Everyone we spoke with confirmed people were supported by sufficient numbers of suitably skilled and knowledgeable staff to meet their needs in a relaxed and unhurried manner. The registered manager used a dependency tool which considered the individual needs of people. Staff were deployed in a way that was consistent with personalised care.
The provider continued to carry out robust recruitment practices that ensured new staff were suitable for the role. One member of staff said, "We work well as a team and ensure we have enough time with everyone."

Systems continued to be effective and ensured medicines were stored safely and administered in line with the prescriber's instructions. People who had medicine that was given covertly (hidden within food or drink), had this done as a last resort. We saw that there were protocols in place to show staff the steps to take to support this. Frequent checks of medicines took place and ensured errors or discrepancies had been investigated and action taken to reduce the risk of future occurrences. This showed us that people were supported to safely receive their prescribed medicines.

Staff continued to receive training in relation to the prevention and control of infection, including food hygiene. We found that the service was clean and hygienic and staff understood their responsibilities in relation to infection control and hygiene.

Major incident contingency plans were in place which covered disruptions to the service which included fire, severe weather, or the loss of electricity. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP) which staff referred to in the event of such an emergency.

Staff had clear guidelines for reporting and recording accidents and incidents. All incidents such as falls continued to be discussed at staff meetings so that staff could learn from what had happened and look at strategies to prevent the situation recurring.

Good

Is the service effective?

Our findings

The service continued to be effective because staff met people's assessed needs. Staff used guidance from social and healthcare organisations that was based upon current practice to support people with their care needs. Staff continued to have access to a range of training to develop the skills and knowledge they needed to meet people's needs. The operations tutor confirmed that staff completed e-learning and face to face training. There were different induction packs for individual roles such as care, housekeeping and cooks. The operation tutor told us that staff were encouraged to undertake training that would support them in their role but also expand their knowledge and expertise.

Different technologies were available throughout the service. For example, every room was linked to the call bell system so people could summon staff's help. External doors were alarmed so that staff were alerted when the alarm was activated. This meant they could monitor when a person left the home. Other technology, such as pressure mats to alert staff if a person had entered or left a room, or got out of bed, was available for people whose needs indicated they would benefit from this type of assistance.

Staff told us they continued to feel supported by the registered manager and senior staff. Staff received regular supervision and an annual appraisal. All staff said they felt the registered manager and senior staff were approachable and that they could raise areas of concern with them. All were confident they would be listened to and any concerns addressed. A staff member said, "We have supervisions which are useful to express ourselves."

People were always given choices of food or drink. At lunch time the two choices of meals were plated and shown to people with a verbal explanation of the food. For people who did not want the menu choices, staff told us they ensured that an alternative would be found. People were regularly encouraged and provided with hot and cold drinks. Staff confirmed this was because of the rise in temperature and to ensure people were hydrated. One person said "The food's very nice, lovely soup. I drink lots of water and apple juice at lunch time, [name of friend] usually has lunch with me in the dining room – it's served nicely with proper napkins. [Staff] come around every morning and tell me what's on the menu."

People's care records continued to show relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People we spoke with all told us the staff were very good at getting a doctor or nurse practitioner to see them if they were unwell.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation 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.

Staff had received training relating to the MCA and DoLS and understood how the legislation related to their everyday work. They gave people choices in as many aspects of their lives as possible and asked people's consent to carry out care tasks. Assessments of people's capacity had been carried out and recorded in their care records. Best interest decisions had also been recorded. Applications had been made to the local authority for DoLS authorisations and the registered manager confirmed that an application had been submitted for every person whose liberty was being restricted. This meant that people's rights in this area were being upheld.

Good

Is the service caring?

Our findings

The service continued to be caring. Positive feedback about the service provided was received from all the people we spoke with. One person said, "The staff are very kind, they make me feel special – a smiling face and hug always cheer me up. They treat me as me, not just another person on the corridor." A relative told us, "[Family member] wouldn't be back to where they are now if it weren't for the kindness of the staff. They talk to them, not at them, even though sometimes they are not sure where they are."

We completed a SOFI in Memory Lane, which mainly houses people living with dementia. We saw that some staff had missed opportunities to interact and support people, which were discussed with the registered manager. They informed us they would discuss this further during one to one and the staff meeting. However, overall there were good interactions between staff, people living in the service and their visitors.

Staff knew each person well, including their likes and dislikes. However, we saw one incident where a member of staff approached a person that was not initially in line with their care plan. Although the person reacted badly the member of staff then followed the care plan to de-escalate the issue and ensured the person was left calm before moving on. We fed back to the registered manager who would ensure this was addressed with the member of staff,

Staff supported and treated people with respect. One person was asked if they wanted to attend the entertainment downstairs. When they said they did not the staff member said, "That's OK. I respect your wishes." Where people needed to leave the room for their personal care to be attended we saw that this was done discreetly and quietly.

Staff respected and maintained people's privacy and dignity. They knocked on bedroom doors and waited for a response before entering. They described to us how they made sure curtains were closed and people were kept covered as much as possible during personal care. A member of staff said, "It's important to put yourself in their position and then do the things you would want, like knocking on doors."

Confidential information was only discussed in private and people's personal records were stored securely. Information in one person's file showed that their relative was to be told of any incidents/accidents. The relative confirmed that the staff phoned "immediately when accidents with injury occur", but other minor issues were discussed when they came into the service.

People told us that their relatives and friends were always made to feel welcome when visiting the service.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Comprehensive and individualised care plans detailed people's needs. For example, the methods of communication for each person so that their choices were promoted and respected. We observed how staff interacted with people in a positive way and provided appropriate choices in line with the person's care plan. Staff demonstrated they knew people well. One person said, "[Staff] quickly got to know me and what I like – tea with milk and no sugar – I don't have to tell them every time." Records were up to date and relevant to peoples care needs.

The service had an activity coordinator who had the knowledge, skills and resources to support people in a range of activities. The activity co-ordinator told us that the activities were based on people's past hobbies and interests. One staff member said, "One person loves to run and was an avid runner in the past so we arraigned for this person to go on a local fun run." An activity plan detailing group and individual events, was placed on the notice board so people knew what was happening and could make a choice as to whether to take part. The activity co-ordinator offered individual time for those who had complex needs for example reading a book or a hand massage. One the day of the visit an external entertainer was performing on keyboard, guitar and banjo for a group of residents. Those who took part showed enjoyment through singing along and there were lots of smiles.

Each person had a call bell in their bedroom so that they could call staff if they needed to. The registered manager told us they were looking into the use of skype (a way to communicate with families over the internet) for people to keep in touch with their family.

Complaints and concerns continued to be fully investigated and responded to. One person told us, "I have no complaints. I'm very happy here." Another person said, "The place is great, there are no complaints from me."

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health staff had clearly identified these in people's care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. There was one person at the time of the inspection receiving end of life care. The registered manager told us they had sought the advice from other healthcare professionals to ensure that the person would receive a dignified and pain free death. They told us that they would always try to enable people to remain in the service at the end of the life if that was their wish.

Good

Is the service well-led?

Our findings

Rose Lodge continued to be well managed. People, relatives and staff told us the registered manager was approachable, listened and acted on information that was presented to them. One person said, "She regularly out helping on the floor." A relative told us, "I would recommend the home yes." One member of staff said, "Management is very approachable, friendly and there is an open-door policy."

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and all members of staff understood what was expected of them. For example, clinical governance was the responsibility of a nurse. The registered manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

The provider continued to monitor the quality of the service staff delivered to people. Senior staff and the registered manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis. Areas for improvement had been noted by the registered manager and actions were underway to address these. For example, further development was needed of some people's care plans to ensure they included all information relevant to the persons care and support needs.

People, relatives and friends had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend. One relative said, "Yes I've been to the meetings." Another relative told us, "Yes, I always attend."

The registered manager worked in partnership with other organisations to make sure they were following current practice and provided a quality and safe service for people. These included social services, district nurses, GP's and other healthcare professionals.

Staff meetings took place regularly for all staff. These continue to provide the opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.