

K S Mann

# Rosewood 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 took place on 28 September 2017 and was unannounced. At our last inspection in 2 August 2016, we rated the service as Requires Improvement because we found shortfalls in safety and management. At this inspection, we found that improvements had been made and we have now rated the service as Good.

Rosewood Lodge is registered to provide care and accommodation for 19 older people some of whom may have dementia care needs. On the day of our visit, 19 people were using the service. The service offered support with end of life care. However, at the time of our inspection, there was no one who required this type of care.

There was a registered manager in post. 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.

The premises were clean. Regular maintenance and health and safety checks were carried out. Risk assessments were in place for people to ensure potential risks to them were known and managed, such as falls and any health care needs.

People and relatives commented the service was a safe place. People received their medicines on time from staff that were trained to administer them.

There were enough staff on duty to meet people's needs. The provider had made changes to the staffing structure to ensure there was suitable numbers of staff available at all times. Staff on duty had received training to ensure they communicated with people effectively and had the skills to respond to their needs.

The provider carried out the appropriate checks on all new employees before they started working at the service.

The provider involved staff, people and relatives in the development of the service. There was a relaxed atmosphere and people felt comfortable with staff and the management team.

Staff received training in safeguarding people and were able to describe the actions they would take if they had any concerns about possible abuse. The provider also had a whistleblowing policy which staff were aware of and said they were confident they could use.

Staff ensured people had access to appropriate healthcare when needed and their nutritional needs were met. The provider had systems in place to support people who lacked capacity to make decisions for themselves. Staff had an understanding of how to support people who lacked capacity and received training

in the Mental Capacity Act 2005.

Staff received regular support through supervision meetings with the registered manager. Their work performances were reviewed on a yearly basis.

People were treated with dignity and their choices were respected. Staff encouraged people to be as independent as possible.

People received personalised care and support, to ensure their individual needs were met. They were encouraged to participate in activities or pursue any hobbies and interests.

People and relatives were able to make complaints or raise concerns and have them investigated. Their feedback was obtained through questionnaires and surveys.

The provider had systems in place to monitor the quality of the service provided to people. Audits and checks were carried out by the registered manager to ensure the service was safe for people and staff.

## 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. There were enough staff on duty during the day and at night. The premises were clean.

Risks to people were assessed and managed to keep them safe.

The provider had an effective recruitment and selection processes in place.

Medicines were stored, administered and disposed of safely by trained staff.

### Is the service effective?

Good ●

The service was effective. People were supported to eat and drink sufficient amounts to meet their needs. Staff monitored people's health and wellbeing

Staff received training to help them in their roles. They were supported through regular one to one meetings.

Staff had knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and correct procedures were followed.

### Is the service caring?

Good ●

The service was caring. Staff knew people well and they provided care with dignity and respect.

People and relatives were involved in their care planning.

People were treated with kindness and equality. Their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care and their needs were assessed and reviewed.

People were encouraged to participate in activities and interests of their choice.

People and their relatives felt confident any complaints and concerns would be addressed by the management team.

**Is the service well-led?**

**Good** ●

The service was well led. People, relatives and staff felt the service was managed well. We made a recommendation about displaying information more appropriately.

Quality assurance systems were in place to monitor the service and the effectiveness of systems in place. The views of people and relatives were obtained through questionnaires and surveys.

The management team was available to staff for advice and support.

# Rosewood 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 unannounced comprehensive inspection took place on 28 September 2017 and was carried out by one inspector.

Before the inspection, we reviewed all the information we held on the service such as previous inspection reports and notifications. A notification is information about events that by law the registered persons should tell us about. In August 2017, the provider sent us a Provider Information Return (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who used the service, four relatives, the registered manager, the registered provider, an area manager, two care managers, two care staff and two domestic and kitchen staff. After the inspection, we spoke with two relatives by telephone to obtain their views of the service.

We looked at a range of records, which included nine care plans, accident and incident records, daily logs, menus, communication logs, healthcare appointments, capacity assessments, staff files and staff training records. We also looked at other records relating to the management of the service including health and safety records, staff rotas, audits, and medicine administration records.

# Is the service safe?

## Our findings

People and their relatives felt there were enough staff around and felt safe at the service. One person said, "Yes it's safe here. Nice place." One relative told us, "The staff are careful and safe."

We saw from staff rotas that three care staff were on duty in the morning and two staff were on duty at night. They were also supported by additional staff such as domestic and laundry staff. This enabled them to share workloads and relieve care staff of laundry and some domestic duties. Staff told us they were happy with the staffing levels.

The provider had a system in place to ensure only suitable staff were recruited to work with people who used the service. We looked at six staff files and found that checks were undertaken before staff started working at the service. This included, obtaining references, checking if they had any criminal records with the Disclosure and Barring Service (DBS), checking their identification and that they were legally permitted to work in the United Kingdom.

Medicines were administered, recorded and stored safely. The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. This included medicines and any controlled drugs (CD). Controlled drugs were safely managed according to the legislation for the administration and storage of CDs. All medicines were stored securely in a locked room and were disposed of safely and appropriately. There were regular checks to ensure people had received their medicines and that they had sufficient medicines. The staff responsible for administering medicines had received training and had their competency tested. There were protocols for the administration of PRN (as required) medicines, which gave information to the staff about when these medicines might be needed and specific administration instructions.

At our previous inspection, we noted that prescribed topical creams for people, such as antiseptics and soothing gels, were not signed for on the medicine administration record (MAR) charts. There were no comprehensive records of creams that were applied by staff. We found that this issue was addressed and there were records available on MAR charts to show when they were applied by staff.

We saw that all MAR charts were up to date and accurate. The staff undertook counts and checks of all medicines each day. Medicines were stored at the recommended temperatures to ensure they remained effective. The staff followed 'checkpoints' that were supplied by the pharmacist at the end of medicine administration, which was a list of checks staff needed to carry out after they had finished. This meant that medicines were consistently managed and people received their medicines in a safe and effective way.

There were policies and procedures to protect people from the risks of harm or abuse. Staff were able to recognise possible signs of abuse and knew who to report any concerns to. They received training in safeguarding adults. Where required, referrals were sent to safeguarding authorities as appropriate. Staff were also aware of the provider's whistle blowing policy and knew how to report issues of poor practice. One member of staff said, "We know that if we have concerns about the service we can whistleblow." There

was a system in place to record accidents and incidents within the service. We saw records of investigations and actions that had taken place following any incidents. We found measures were in place, such as floor sensor mats next to people's beds, to alert staff when people at risk of falls had risen from their beds or had fallen.

People in the service had risk assessments, which identified what the risks might be to them, such as with their mobility, personal care, hygiene and health care needs. Steps that were needed in order to reduce the risk were in place. For example, people that were at risk of having low blood sugar levels or were diabetic, had an assessment in place which detailed the symptoms they could present and what action should be taken by staff. They were advised to provide the person with "a glass of fruit juice, sweets and three to five dextrose tablets" in order to increase their blood sugar.

Risk assessments were reviewed and updated to reflect any changes in people's needs. For some risks, such as using bathrooms or taking lifts to other floors, we noted that the assessments for each person were generic. This meant they were the same for all people, despite the actual assessment being for an individual person. For example, one person's assessment said, "residents should use a bath seat to get in and out of the bath with staff support" and did not refer to the person whose risk assessment it was. We addressed this with the registered manager who told us that each person was assessed against each risk. However, as most people were mobile and independent, the risks to each person were the same. We were satisfied that these risks were re-assessed should the needs of the person change and additional support was required to manage specific risks.

The premises were cleaned daily to ensure the risks of infections spreading were controlled. A relative we spoke with told us, "Yes it's definitely safe and the care home is very clean and fresh." We saw environment and appliance safety checks were completed, such as fire safety and electrical equipment. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Each person had a personal emergency evacuation plan to ensure they were evacuated safely, according to their individual needs.

Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe. The temperature of the water was checked to ensure the water was not too hot or cold for people to use. Equipment, such as wheelchairs and hoists, were checked as per the manufacturer's recommendations to ensure they were safe to use. Records of refrigerator and freezer temperatures were available to ensure they were kept at suitably safe settings.

We saw the kitchen environment was clean and we saw the chef preparing lunch safely, using appropriate equipment. There was an outdoor facility in the garden for storage of household goods and items and a separate facility for the laundry service. The registered manager told us that recent refurbishment works were carried out to make the service more homely. They said, "We have renovated some areas such as putting in new flooring to reduce odour. It has made a big difference. We have painted some rooms in warm colours to freshen up the home."



# Is the service effective?

## Our findings

People were happy with the staff and the way that care was provided. Comments from people included, "Very good workers" and "The staff are helpful and excellent." A relative told us, "The staff are very good at what they do. They really know how to look after people."

At our last inspection in August 2016, we found further improvements were required to ensure there was a better balance of skills amongst the staff on duty to enable them to support people effectively. At this inspection, we saw that this was addressed as all staff on all shifts had received the necessary training and had developed their communication skills.

There was a training programme for staff to ensure they had the skills to meet people's needs. New staff went through an induction process when they started working at the service and received training on essential topics. The induction programme included the mandatory training and also covered areas such as the provider's procedures for communication, emergencies, meal times and people's personal care routines. From the training records, we saw staff completed training in areas such as dementia care, the Mental Capacity Act, moving and handling, first aid, challenging behaviour, infection control and person centred care. Staff told us the training that was provided helped them in their roles and gave them the skills to carry out their work effectively. One member of staff said, "The training was very supportive and helps with our work." Another member of staff said, "I am very happy working here. I have received the training I needed."

Staff had knowledge of the Mental Capacity Act 2005 (MCA). The 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.

We saw that applications for DoLS were made to the local authority when people were assessed as being deprived of their liberty. Where required, people's care plans contained mental capacity assessments and records from best interest decisions made. The registered manager was aware of when to make a referral to the supervisory body to obtain a DoLS authorisation. Records showed that the registered manager monitored the progress of people's applications to ensure current agreements did not go beyond their expiry date.

Staff received regular supervision meetings with their line managers to discuss their work and any issues they might have. Staff discussed their day to day duties, team working, key working with people, training and any performance improvements. They also received a yearly appraisal where their work performance

was reviewed and any areas for development were identified. Staff told us they were provided guidance and advice from senior staff.

People were supported to have sufficient amounts to eat and drink and their nutritional requirements were met. Daily logs were maintained to show that people were provided with meals and drinks. Staff were aware of people's likes and dislikes and if they had any special dietary requirements. We saw that menus were available for each day of the week, which people were made aware of. People chose what they would like to eat from the menu or they could have another meal of their choice. Menus were displayed in corridors and dining rooms for people and relatives to view.

During our inspection, we observed a lunchtime service on one of the units. Meals were served on tables that were set appropriately with cutlery, glasses and napkins. People ate their meals without assistance. A person told us they were happy with the choice of food and drink available and said, "Yes, I like the food. Not bad at all. I can have food that I like to eat." The chef told us, "I have worked here for seven years. I know people's preferences for what they want to eat. People love my food." A relative said, "Yes [my family member] enjoys the meals and the cooking. They get well fed." Another relative told us, "The manager made a cultural menu for my [family member] which was so good and helped. There is always tea and coffee provided for visitors and residents."

People's health was monitored and their weight was recorded weekly to check if the person had any significant weight loss or weight gain. Staff supported people to attend healthcare appointments and knew how to respond in an emergency. Records of visits and advice from health professionals were logged. Relatives told us the service ensured their loved ones were looked after by staff and health professionals. One person said, "They call a nurse or doctor when I need one." A staff member told us, "We check people for pressure sores and if someone has one that doesn't look good, we call the district nurse to have a look. They come straight away."

## Is the service caring?

### Our findings

People and relatives told us the staff were kind, friendly and caring. One person said, "Very caring. Nice people." Another person told us, "Yes they care. They always say 'hello' and make sure I am alright." Relatives told us their family members were treated with dignity and respect. One relative said, "Really good care home. The staff are patient and work hard."

We noted a calm and relaxed atmosphere throughout the service. We saw that people were appropriately dressed during the day and they were free to spend time in their rooms or in communal areas with any visitors they had. Staff were friendly and knew people's likes, dislikes and preferences. We saw staff being patient and considerate when supporting people with their needs. Written feedback we received from a relative stated, "My [family member] had a beautiful bedroom and this was arranged for me to visit and spend time in his bedroom. The care home was always clean. The time I spent with them was quality at Rosewood." Other comments from relatives were, "Staff very caring and supportive." We saw that senior managers who visited the service knew people well and engaged in friendly conversations with them and showed a good level of respect for the people who used the service.

People were able to call for assistance by pressing a call bell attached to their beds. The registered manager had recently updated and upgraded the system and we saw that call points were situated at various locations throughout the premises. The new system helped the registered manager see if a person was being assisted by staff and how long it took to respond. We noted that when staff were alerted, they responded to people promptly. This showed that staff were caring and did not wait too long before checking to see what help a person required. Staff knocked on people's doors before entering their rooms and addressed them by their preferred names. Staff treated people as individuals, respected their rights and allowed them to make decisions. One member of staff said, "When providing personal care, I make sure I close curtains and doors and give them privacy."

Each person had their own room with their name on the front door if this was requested. The bedrooms were clean, homely and personalised with people's photographs and any items that were important to them. A relative told us, "[Family member's] room is well decorated and always clean and tidy." Staff promoted people's independence as much as possible. Care plans described people's levels of independence and any risks associated with it. For example, one person's care plan described their levels of independence both inside and outside of the service. The plan advised staff that "[Person] need staff to escort them outside and encourage them to walk in the garden. Staff will encourage and assist [person] with hanging clothes outside."

People were supported to maintain relationships with family and friends. Records showed that relatives were involved in people's care and advocate on their behalf, where appropriate. Staff respected people's confidentiality. The management team and care staff had received training in equality and diversity. This helped staff increase their awareness of how to treat people equally, no matter their gender, religion or disability and respect people's human rights. Staff recognised the importance of people's personal details being protected to preserve confidentiality. Confidential information about people was kept securely in the

registered manager's office.

## Is the service responsive?

### Our findings

People and relatives told us the service was responsive to their needs. One person said, "The carers listen to me, definitely." Relatives were satisfied with how the service managed queries and concerns. One relative said, "The manager is helpful. They listen to any worries and try to resolve any problems if needed."

At our previous inspection, we had concerns some staff could not always understand what people were telling them because of language barriers. At this inspection, we saw that these issues had been addressed. Staff had the skills to work together and communicate with each other. They were also able to understand the needs and requests of the people living in the service. Staff for whom English was not their first language, were more confident and better able to respond to people's requests.

An initial assessment was carried out before people moved into the service and a plan of care was developed. We saw that care plans were reviewed and updated monthly to reflect people's changing needs in accordance with the provider's policy. Care plans were personalised and included areas such as the person's interests, support needs and preferences for their care. For example, one person's care plan said, "[Person] likes to read the newspaper, play cards, do puzzles and play ball games. They enjoy quizzes and trips out when sunny." This information was important as it enabled people to have a voice and inform staff about how they wished to be supported.

The provider offered a respite service for families, which meant short term care for a family member was available, if there was a room that was not in current use. We received feedback from people who used the service for respite and one relative said, "It was the first time I placed my [family member] in care. Once she was in respite at Rosewood, I visited every other day and I was so happy. [Family member] was interacting with others and looked so much better. They were sleeping better too."

Where people were not able to be fully involved in the planning of their care, relatives or representatives contributed. They attended care meetings when required to keep them informed of changes. Care plans were reviewed every 6 months or more frequently if people's needs changed so they were kept up to date. One relative we spoke with said, "I have no issues. I never have to worry about anything as the manager would keep me updated always."

People were allocated a member of staff to be a keyworker who took responsibility for arranging their care needs and reviewing their care plans. Keyworkers met monthly with people to review their care needs and discussed things they wanted to do. Staff completed daily records about people's day to day wellbeing and highlighted any concerns or issues. These were helpful for shift handovers so that all staff were kept up to date and were aware of any important information about people and what actions need to be taken.

The premises had a large outdoor space, which overlooked a local park. People were able to sit outside in suitable weather and go for walks in the park. We saw there was a programme of activities in the service. Some activities were designed to be suitable for people with mild dementia and included, baking, games, reminiscence afternoons, arts and crafts, coffee mornings and quizzes. Relatives said their family members

were able to decide what they wanted to get involved in and one relative told us, "My [family member] can't do much nowadays but there is always something happening and [family member] gets involved when they can." However, we found that monthly activity schedules on display had amendments written over them in pencil, making it unclear what was taking place on certain days. The registered manager told us that staff had added notes for the following month's activities and that the poster would be reprinted.

People's religious beliefs were respected and they were supported to practice their faith if they wanted. The service celebrated a number of religious festivals such as St George's Day, Rosh Hashanah, Diwali and Christmas. On Sundays, there was a church service provided and people were able to sing hymns if they wanted to. During our inspection, we saw people sitting together in the activity lounge singing songs and hymns. There was a relaxed atmosphere and people enjoyed socialising with other people and staff. People were provided with culturally specific meals if this was required. A relative said, "My [family member] was given her cultural meals and she enjoyed them."

The provider had a system in place for receiving and responding to complaints. The complaints procedure was available to people and relatives, who told us they knew how to complain. One person said, "I would speak to the manager probably." A relative told us, "I have no reason to complain. But I would know who to speak to if I needed to complain." We saw that three complaints had been received since the last inspection. They were logged, acknowledged and contained details of actions taken by the registered manager to address them.

## Is the service well-led?

### Our findings

At our previous inspection in August 2016, we found that although improvements had been made there were still shortfalls in the management of the service and more improvements were needed. Records were not always up to date or clear. For example, care plans with amendments written by a relative were not yet incorporated into the care plan, making it difficult to establish what the current care plan was. Policies did not always reflect current changes or cite the latest guidelines in relation to safeguarding adults and the Mental Capacity Act. The registered manager did not provide enough room for staff to use their own initiative or develop leadership skills.

During this inspection, we found that these issues had been addressed. Policies were up to date and were last reviewed in April 2017, to ensure that the latest guidelines were being followed. Care plans were up to date and if any changes were required, they were re typed to make them clearer. We saw evidence that staff were able to use their own initiative. For example, we noted from supervision meetings and team meetings that staff were encouraged to use their initiative when providing support to people with activities or key working. One record stated that "staff should try to be creative and various ideas were discussed."

There was effective communication between staff and people. Staff enjoyed working in the service and were confident they could meet any challenges and difficulties they faced. They felt supported and encouraged by the management team, including the registered provider, who visited the service regularly. One staff member told us, "It's a nice place to work. Everyone is friendly and it is a good group. The managers are very helpful and we discuss our performance in supervision. The owner [registered provider] is very nice and approachable too." Another staff member told us, "It is good here. I feel supported and there is a nice atmosphere and good teamwork. We can all accept feedback and criticisms."

A senior member of care staff told us they deputised when the registered manager was absent and this meant they were learning leadership skills. This showed that staff development was in progress and they were able to express their views. Any serious issues or concerns about staff performance were raised by the registered manager, who also took appropriate disciplinary action when necessary.

People and relatives told us the service was well led and were happy with the management of the service. One person said, "They are lovely people. Very friendly." A relative told us, "It's a great place for my [family member]. I was told it was one of the best care homes and I can see why." Another relative said, "From the day I met the manager, my stress was eased. They helped with arranging things for [family member] especially knowing money was tight. The manager went out of their way to help us." The registered manager was experienced and had managed the service for a long period. They told us how the service had changed and developed over time and said, "We have enough staff now and they are a good team. Things have been going well this past year."

The provider held monthly 'residents meetings'. People were able to suggest agenda items for what they wanted to discuss. They provided feedback on the home environment, menus, activities and staff. We saw that people were positive and we noted that each person's views were logged and minutes were written up.

Before our inspection, we received positive feedback about the quality of the service from people and relatives and staff. The provider also asked people and relatives to complete annual questionnaires and surveys. Questionnaires were split into sections covering people's opinions on aspects of their care such as medicines, care plans, infection control, human rights, meals, personal care and handling of complaints. Feedback received was generally positive.

Compliments were received from people's family members and one relative had written, "A very big thank you to all the care workers who made such a big effort with my [family member]. We are most grateful to all." Another wrote, "The manager is very much aware of residents' needs." Where there was negative feedback, efforts were made to address them. For example, one relative requested that staff help people change their clocks and watches in the spring and autumn, when they went back or forward by an hour. They also requested that water in flower vases is changed more regularly to retain their freshness. We noted that this feedback was acknowledged and action was taken to ensure the requests were met.

The registered manager understood their role and responsibilities. They had a system in place to check the quality and safety of the service people received. We looked at records of monthly audits and saw comprehensive audits of all medicines, incidents and health and safety checks. This meant the management team took action to drive quality improvements.