

Roseland Lodge Limited

# Roseland Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 9 and 21 January 2019 and was unannounced. We previously inspected this service in October 2017 when the provider was a partnership. In October 2018 the partnership was dissolved and one of the partners re-registered the home as a new provider, a limited company, of which he is a director and the nominated individual.. This was the first inspection under this registration.

Roseland Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Roseland Lodge is an adapted building on three floors with a lift to all floors. The service is registered to provide care and support for up to eight people. At the time of our inspection eight people were living in the service.

The registered manager left the service between our two inspection visits. We received contradictory information as to why they had left the service. The provider told us on our second visit that they intended to close the service in the next two weeks. We are aware that the local authority is working to provide people with alternative accommodation.

There were not sufficient staff available in the service to ensure that people received safe care. The toilet was on the first floor of the service and when people required the support of two staff to visit the toilet this did not leave any staff available to support people remaining on the ground floor. One person and their relative told us about an incident which had occurred on the ground floor when no staff were available.

The provider did not maintain an effective oversight of the service. They were unable to provide us with any quality audits they carried out to ensure that people were receiving a good service.

Care plans were detailed and contained information about peoples individual likes and dislikes and how they preferred to receive their care and support.

People were protected from risks relating to their physical and mental health and possible abuse. Risks to people had been assessed and action had been taken to minimise identified risks. Staff knew how to recognise possible signs of abuse.

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. Staff knew people well and displayed a caring attitude to people when providing care and support.

Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines was regularly checked.

The service had sought advice around infection control. This had been implemented and the service was clean with no unpleasant smells.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

We were not assured that there were always sufficient staff on duty to keep people safe.

Staff were not recruited safely.

Staff understood how to respond to suspected abuse.

People received their medicines safely, from trained staff.

Staff followed best practice with regards to infection control.

### Is the service effective?

**Good** ●

The service was effective.

People were supported in line with the Mental Capacity Act 2005 which meant their rights were upheld.

Staff received appropriate training and supervision.

People were supported to eat and drink enough and their dietary needs were met.

The service worked well with health professionals and people had access to services when they needed them.

### Is the service caring?

**Good** ●

The service was caring.

Care staff were kind, attentive and caring towards people.

Care staff treated people with dignity and respect and ensured that their independence was encouraged.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

People were not regularly involved with meaningful activities.

Not everybody felt able to raise a complaint.

Most care plans contained detailed information as to how people preferred to receive their personal care and support.

**Is the service well-led?**

The service was not well-led.

The service did not have an open and inclusive culture.

The provider did not have any formal audits in place to review the quality of care provided.

The local authority was working with the service to provide alternative accommodation for people due to the planned closure.

**Requires Improvement** 

# Roseland 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 was a comprehensive inspection. The inspection took place on 9 and 20 January 2019. The first inspection visit was unannounced but we made an appointment for the second visit. The inspection was carried out by an inspector and an inspection manager.

Before the inspection we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from stakeholders, for example the local authority and members of the public.

We did not request a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with the providers nominated individual (referred to in this report as the provider), the registered manager, the cook and two care staff. We spoke with four people living in the service and two relatives. We observed interactions between people and care staff. We reviewed three people's care records policies and procedures and records relating to the management of the service, training records and the recruitment records for one member of care staff.

# Is the service safe?

## Our findings

The building design meant that there was no toilet on the ground floor. For most of the day there were two care staff on duty. This meant that where a person needed to be supported by two care staff there was no member of care staff available to support people. One person told us about an incident where they needed a member of staff urgently in the ground floor lounge and there was no member of staff available to support them. They told us that following this incident they now felt unsafe when they were in the lounge.

We asked the provider how they arrived at the staffing level. They told us that this was determined by people's needs and the companies financial concerns. Care plans did not contain an assessment of people's needs. The registered manager told us that the budget the provider afforded them to pay care staff did not cover staffing levels and that this meant that they covered providing care to people on a regular basis. The provider was unable to tell us how they ensured that there were sufficient staff on duty to ensure people were safe. They told us that this was assessed by them when they were present in the service.

In the afternoons there were no kitchen staff which meant that the two care staff on duty also served the tea, and cleared up in the kitchen. Care staff were also responsible for cleaning the service. We were not assured that staffing levels were sufficient to keep people safe.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our previous inspection and recommendations from the fire service the provider had increased the number of night staff to two.

Staff were not recruited safely. We looked at the most recent staff recruitment file. The employment history for the person only went up to 2017. There was one reference from a friend of the person and one reference given by this provider. The provider had not carried out the appropriate checks to ensure staff employed in the service were suitable to work in a care environment.

Staff understood how to safeguard vulnerable adults and could explain what actions they would take if they had any concerns. They had received training in protecting vulnerable adults. The registered manager had made appropriate referrals to the local authority and CQC. Contact details for the local authority safeguarding service were displayed in the service.

People were protected from the risks of infection by staff's practice. The rooms, fixtures, fittings and equipment at the service were clean and there were no unpleasant smells. One person told us, "My room is nice and clean." The registered manager had worked with the local Clinical Commissioning Group (CCG) infection control nurse to ensure the service followed good practice. One member of care staff was the designated infection control lead and attended regular infection control meetings organised by the CCG. Care staff were responsible for cleaning the service with night staff cleaning communal areas. Staff had

access to protective personal equipment such as disposal gloves and aprons to reduce the risk of spread of infection.

Care plans contained risk assessments and clear guidance for staff on how to manage identified risks. For example, one person had been identified as at risk of developing pressure ulcers. A specialist pressure relieving cushion was in place and the care plan directed staff to check the person's skin regularly. Records and assessments of the risks to people were kept up to date and most reflected people's current support needs. Staff knew the type and level of assistance that people required to meet their individual needs and keep them safe.

There were environmental risk assessments in place. We saw that radiators were covered to protect people from injury should they fall against them when they were hot. Three radiators did not have covers but staff and people told us that these had been disabled as they could not be covered. Unfortunately, one of the radiators that had been disabled was in an en-suite bathroom and we noted that this room was cold.

People had individual personal evacuation plans in place which directed staff on how the person should be supported to evacuate the building in case of emergency. Fire evacuation equipment was in place and staff told us they had practiced using the equipment.

The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence. For example, one person had bed rails in place as they had had a number of falls from a low bed.

Medicines were managed and administered to people as prescribed. Relevant staff had completed training on the safe handling of medicines and their competencies to administer medicines were checked annually to ensure their practices were safe. Regular audits were undertaken by the registered manager to check on the management of people's medicines. This ensured that people's medicine administrations had completed accurately. Medicines were stored securely and the temperature of the storage area and fridge were checked daily to ensure they stayed within safe limits. However, we did note that some topical medicines were stored in people's rooms and were not secured. This presented a risk that they may be accessed by others living in the service. We received positive feedback from the local Clinical Commissioning Group pharmacist regarding liaison with the registered manager.



## Is the service effective?

### Our findings

The registered manager carried out an assessment of people's care needs before they moved into the service. They told us that this enabled them to ensure that the service was able to meet people's needs before they moved into the service.

The registered manager showed us a spread sheet which showed the training that staff had received. This covered a variety of subjects including safeguarding and the Mental Capacity Act. The registered manager told us that all training, except for manual handling, was done via computer learning. Manual handling was face to face training by a member of staff who was trained to deliver this. A member of staff said that the on-line training was good as it allowed them to go at their own pace and go back to check things. New staff undertook an induction and shadowed more experienced staff before carrying out care shifts.

People told us that they enjoyed the food. One person told us the food was, "Lovely," another said the food was, "Good." We observed lunch in the dining room. There was a pleasant atmosphere with staff supporting people as needed and people eating at their own pace. There was a choice of meal and where one person did not like what was offered the cook provided them with something else.

Care records contained information on people's individual preferences in relation to food. People's weight was monitored regularly and where required referrals were made to the dietician. We spoke with the cook who was aware of people's individual needs, for example if people required food to be liquidised. They told us that when new people moved into the service care staff would tell them if they required a special diet. They went on to tell us that as this was such a small service there was not a set menu and they could choose what to cook each day.

Records demonstrated that the service was working effectively with other health and social care professionals. There was information on records from dietitians and the local GP surgery. The registered manager told us that they had worked with the local CCG regarding infection control and we received positive feedback from the CCG pharmacist. People told us that if they needed to see their GP they would be contacted.

The service was located in a building which had been adapted to meet people's needs. It was located over three floors with a lift servicing each floor. Although there was no toilet on the ground floor. People's rooms contained items which were personal to them, such as photographs and pictures. Bed room doors were different colours which supported people to locate their own bedroom. There was also appropriate signage in the service which supported people to identify particular rooms such as the toilet. We observed one person sitting looking out of a large window at the front of the service. They told us how they enjoyed spending their day watching people and traffic going past.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications under these safeguards.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

We observed staff providing care and support during the day. They offered people choice and obtained their consent before providing support. For example, offering people a choice of where they wanted to sit in the lounge and if they were offering a drink asking what people would like.

## Is the service caring?

### Our findings

People, their relatives and professionals thought care staff were kind and caring. One person told us, "They look after us lovely." A relative told us, "Carers are lovely." Staff we spoke with demonstrated a caring and compassionate attitude to the provision of care. One member of care staff described the service as having, "A nice family atmosphere." However, one person and their relative described to us an incident where the senior management of the service had not treated them appropriately. They said they did not feel they could speak with the senior management saying, "I will not speak to [senior manager] unless I have to."

The service was small and staff worked the same shifts each week. Staff and relative expressed concerns that the number of staff on duty, combined with the layout of the service meant that on occasions staff were not able to respond to people's needs in a timely way.

Staff understood it was important to communicate with people so they were able to understand and express their wishes. For example, looking at the person while speaking, not rushing and observing body language. Staff felt they were making a difference to people's life in the way they provided such a caring and kind service. They understood their role was important to the people they supported. This helped to ensure people felt respected at all times.

The registered manager involved people in the service as much as they were able. There were monthly meetings for people and their relatives. Minutes showed that the majority of people attended these meetings. They showed that during the summer the registered manager had noticed that people were not eating much at tea time. They had brought this up at the meeting and asked people what they would like to eat at this time. This had resulted in a change of what people were offered at tea time. The registered manager had also used the meeting to demonstrate to people how much they should be aiming to drink during the summer weather. They had done this by showing them the amount in a jug. This meant that people were more aware of the amount they should be drinking to stay healthy. Other issues discussed included what people would like at the service Christmas party and what activities they would like.

People told us they were treated with dignity and respect. We observed many respectful interactions. Staff were attentive when providing support. One person said, "We do what we want to do. They [carers] are all lovely ladies."

## Is the service responsive?

### Our findings

People were not consistently engaged in meaningful activities. The service had one-part time member of staff who was responsible for organising activities. They were in the service three times a week. There was a plan of activities displayed in the service. Activities included bingo, singing and armchair exercise. The folder we looked at which recorded activities people had been involved in did not record any activities between 11 and 31 December 2018. We did not observe any activities taking place during our two inspection visits. The television was on in the lounge for all of our visit on the first day of inspection. Some people appeared to be watching the television but others were asleep. One person told us how they enjoyed sitting looking out of the home's large windows onto the street and watching the cars going past. Care staff told us that they tried to involve people in the activities of daily living such as folding napkins but that due to needing to carry out the cleaning and laundry for the service there was not always time to do this.

People received their personal care and support according to their preferences. The registered manager told us that since being in post they had re-written all of the care plans involving people and their relatives as much as they were able.

Most care plans documented people's care needs including their likes, dislikes and preferences. They included information about people's medical conditions, emotional wellbeing, cognition, physical and social needs. They contained detailed information about people's daily routines which ensured staff knew how people wished to be supported. However, one care plan for a person who had been admitted to the service recently was not as detailed. The person could display challenging behaviour towards staff and triggers for the behaviour and strategies for dealing with this had not been fully documented.

Care staff knew people well and how they wished to be supported according to their care plans. One care plan we inspected contained extensive records of consultation with their family demonstrating how their family contributed to their care planning. A summary of the care plan was available in people's bedrooms which staff could consult to check people's preferences and ensure they were providing care according to people's preferences.

The provider had a complaints policy and this was displayed in the entrance hallway. No formal complaints had been received since the service was registered. However, one relative told us they did not feel they could raise concerns with the senior management.

At the time of our inspection nobody was receiving end of life care. Care plans contained information about people's end of life wishes. People's decision as to whether they wished to receive cardio pulmonary resuscitation were recorded and available to staff. The registered manager had received training and demonstrated a compassionate approach in relation to end of life care.

## Is the service well-led?

### Our findings

The registered manager left the service between our inspection visits. We received contradictory information as to why they had left. On our second inspection visit the provider told us that they planned to close the service in two weeks. We are aware that the local authority is working to provide people with alternative accommodation.

We spoke with the registered manager on the first day of our inspection visit. They told us that when they first began managing the service they had received support from the provider but since they had registered with the Commission the support had diminished. They told us that they were working long hours and rarely had a day off, being on call on their days off. They told us that due to restrictions in the staffing budget they needed to work providing care and this restricted their ability to perform their management duties within their contracted hours. We spoke with the provider on our second inspection visit who did not agree that the registered manager had been working excessive hours. This contradiction did not demonstrate an open and inclusive culture in the management of the service.

The manager had quality assurance processes in place to check the quality of the service being provided. These included reviewing any accident or incidents for trends and any learning. The reason for a recent fall had been reviewed and the person's blood sugars were checked. Another person had fallen whilst getting out of bed and they had been reminded to use their call bell. However, the provider did not have any formal method to ensure the quality of the service. They were unable to provide any records of audits or quality assurance processes that were in place for them to assure themselves of the quality of the service their home was providing. When asked, the provider told us that this was carried out by observations within the service. We received contradictory information from the provider, the registered manager, staff and relatives as to how often the provider was in the service to carry out this task.

The service had policies and procedures in place relevant to the running of the service but these were all beyond their review date. One had a review date of 1 June 2012. One had the name of a previous partner throughout as responsible for various actions. We were not assured that the service reviewed the delivery of care and support against current guidance.

The above paragraphs represent a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People, relatives and staff we spoke with were complimentary about the registered manager. One member of care staff, "If I have any concerns I can speak with [name of manager]."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have any quality assurances processes in place to ensure the quality of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not always sufficient staff on duty to ensure people were safe.