

Roseland Lodge

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Roseland Lodge is a residential home that provides care, support and accommodation for up to eight older people, some living with dementia. At the time of our inspection there were eight people living in the home.

There was not a registered manager in post at the time of the inspection. 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. At the time of the inspection, the owner of the organisation was at the home every day acting as manager whilst organising a new management system and recruiting management staff. Throughout the report, the owner will be referred to as the 'manager'.

We last carried out an inspection at Roseland Lodge on 17 July 2015, when we found that all five key domains were good. At this inspection in August 2017, we found that the home required improvement in the domains of Safe and Well-led with two breaches of regulations, but that it was good in Effective, Caring and Responsive.

The appropriate pre-employment recruitment checks had not always been completed for new staff, such as references and a DBS (Disclosure and Barring list check) before staff began working in the home.

Assessments carried out had not always identified risks to people's safety on an individual basis and there was not always enough guidance for staff to be able to know how to support people safely and effectively. Risk assessments had not always been updated as needed.

There had been a recent and sudden change in management whereby the registered manager had left the service, and there were not established systems in place to fully monitor the running of the service, identify areas for improvement and take action. However, this was acknowledged and plans were in place to develop these systems.

The premises and associated equipment were well maintained and any safety issues were rectified promptly. People received their medicines as they had been prescribed, and staff administering them had received training to do so.

There were enough staff to meet people's needs and they had received training. New staff had been employed with existing qualifications and further training was planned to be completed within the organisation. Staff worked as a team and felt supported by their seniors and the manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. These safeguards protect the rights of adults using the services by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess

whether the restriction is needed. Nobody living in Roseland Lodge was currently subject to DoLS.

People were supported to eat a healthy balanced diet and specialist diets were catered for. People did not always receive a choice of meals.

People and their families were involved in planning their care and spoke regularly with staff. People had visitors whenever they wanted. Staff supported people in a kind and compassionate manner and knew them well. People were supported to access healthcare when they needed.

People were supported by staff who had time to spend with them, doing activities if they wished or having conversations. Some people were also supported to go out to the shops. Care records contained guidance about people's needs and their preferences.

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 always safe.

Risks to individuals were not always accurately reviewed and updated with action to further mitigate risk where possible.

New staff were not always subject to checks when they were recruited.

People received their medicines as prescribed, and there were enough staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff were competent in delivering care to people, and they were supervised adequately.

Staff supported people with their meals and drinks when required, and to access healthcare.

Staff asked people for consent and were aware of their capacity to make decisions.

Is the service caring?

Good 

The service was caring.

Staff were compassionate and kind to people. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

People were involved in making decisions about their care and their views were acted upon.

Is the service responsive?

Good 

The service was responsive.

Staff responded effectively if people's needs changed. They met people's preferences when providing care.

There were clear plans for people's care with guidance for staff on how to meet people's needs.

People were confident to raise any concerns should they have any, and knew who to contact.

Is the service well-led?

The service was not consistently well-led.

There were not sufficient systems in place to identify all concerns.

Staff worked as a team and were well-supported, and there was a positive atmosphere in the home.

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 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 inspection took place on 15 August 2017 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people living in the home. We also spoke with five members of staff including the manager, a senior, and two new care staff and the cook, who also had a care staff role at times. We checked three people's care records and all medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as surveys and recruitment records.

Is the service safe?

Our findings

New staff had not always been subject to appropriate checks before commencing employment. They had been employed without references or a Disclosure and Barring Service (DBS) check in place. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. This meant that checks contributing to people's safety, and that staff were deemed suitable to work with people, had not been completed and this may have put people at risk. The manager told us they had mitigated the risk by employing only new staff who had been working in care and therefore had previous DBS checks completed, along with qualifications in care. For two new staff members, the manager was still awaiting references and up to date DBS checks, but they had already commenced employment. There was a three month probation period throughout which the manager said they would check if staff were suitable for the role.

These concerns constituted a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety had not always been managed safely. Risks to individuals had not been fully identified so that the records did not always contain full guidance for staff to mitigate risks to individuals. For example, we saw for one person they did not have a full and detailed care plan and risk assessment in relation to their risk and development of pressure ulcers. Staff told us how they supported the person, and there was guidance in place for which creams to use on pressure areas, as well as regular communication with the district nurse. However, full guidance was not always recorded in the care plan. For another person, there was not an updated risk assessment and care plan in response to their risk of falls, as the person had fallen several times this year. There was not an updated assessment of risks associated with this person not eating enough, or some risks associated with their diabetes. Staff told us how they were managing the person's diet and encouraging them to eat more, however no further referrals had been made in relation to the person's weight loss. We discussed these concerns with the manager and they told us they would review all care plans and risk assessments for each person to ensure they had the most up to date and relevant guidance.

People we spoke with said they felt safe. One person told us, "You always feel safe here." The manager and the staff we spoke with understood their responsibilities with regards to keeping people safe and reporting any concerns. The environment was kept safe for people and we saw that lifting equipment had been serviced regularly, and there were systems in place to mitigate risks in relation to fire, water and electricity.

People received support with their medicines when they needed it. Staff received training in medicines administration. We saw that staff recorded medicines given on the medicines administration charts (MARs). These were checked weekly by a senior member of staff. We checked through the MARs and did not find any errors or missing signatures. We found that medicines given 'as required' (PRN) did not have specific care plans attached to them, for example, medicines used for pain relief. This is advisable to minimise the risks of medicines being administered inappropriately. Staff were able to tell us when people would have their PRN medicines, and we discussed this with the manager. They told us they would develop PRN protocols to provide staff with detailed guidance of exactly when and how these can be given.

People and staff told us there were enough staff to meet their needs. During our inspection visit, we saw there were sufficient numbers of staff to meet people's needs and to keep them safe. The manager told us they used agency staff and existing staff at times to cover leave and whilst they were recruiting. They said they used the same staff members from the agency who knew people well and this helped provide consistency. Some members of staff and the manager explained that the home had been through a recent period of difficulty with staff leaving, and said they had recruited new staff quickly.

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. Although not all new staff had received training within the organisation, they had received training in areas such as manual handling, pressure care and health and safety in their previous organisations. Staff were also supported to undertake further qualifications in health and social care. The manager told us they were investing in an external training package to ensure staff received relevant and up to date training.

There was an induction process which included shadowing a more experienced member of staff. There were competency checks to be completed with new staff within their first six weeks. Staff told us they had received supervisions and had opportunities to discuss how their role was developing and if they had any further training requirements.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using the service by ensuring that, if there are restrictions on their freedom and liberty, these are assessed by professionals who are trained to assess whether the restriction is needed. The manager told us that nobody living in Roseland Lodge was currently subject to DoLS. One person had bed rails in place to keep them safe and we saw that this had been discussed with them and this was their choice. We spoke with staff about people's mental capacity, including those with variable capacity due to living with dementia, and found they had a good understanding of how to support people. Care records also included information for staff about how to support people to make decisions such as what to wear. We saw during our inspection visit that staff asked for consent and checked with people before delivering care.

The people we spoke with told us they had enough to eat and drink and said that they enjoyed their meals. One person said, "You get plenty of food here." However, two people told us that although they were happy with the food and they were not fussy, they did not receive a choice of meals and that everybody had the same thing. This was apart from people who were diabetic. One person said, "So far I've only had what they're dishing up." Another told us, "We don't know what we're getting – sometimes it goes up on the board." The two people told us they only received a choice of what to have at breakfast time. We spoke with the manager about this and they told us they would ensure that people received a choice of two meals. The manager demonstrated their knowledge and understanding of people's individual dietary needs and preferences, and told us how they met these. We saw that fluids were within reach for one person who stayed in their room and was cared for in bed for most of the day, and that people were offered drinks and snacks regularly throughout the day. We saw that the people sitting in the dining room at lunch time ate their meal in a pleasant atmosphere, and the tables were nicely laid.

People's weights had been monitored, and some action had been taken when they had lost weight over a period of time. This included increasing their portion size, encouraging snacks and where appropriate, discussing it with the person. However, we spoke with the manager about one person who had lost weight.

The person's food and drink intake had not been formally monitored and recorded, and the service had not taken action relating to the weight loss. The manager told us how they were encouraging the person to eat their meals, and they said they would complete a referral to the dietician as this had not been done.

We saw during our visit that the district nurse and the GP had been called out for people, and saw in records that people had access to medical care. People were also supported to access other health services such as chiropody.

Is the service caring?

Our findings

People told us staff were caring. One person said staff were, "Very nice." Another said, "[Staff] are lovely." People and staff had built up trusting and caring relationships. People we spoke with said they felt confident talking to staff and felt they were listened to. Staff demonstrated to us that they knew people very well, and how they liked to be supported. One staff member said, "Management care about staff and people." The staff we spoke with demonstrated affection for, and knowledge of, all of the people they supported. One said, "[People] are treated like family." One staff member gave us examples of how they adapted their communication to people's preferences, explaining to us who enjoyed humour, and who required more reassurance from staff. Through our observations we saw that staff treated people with respect and spoke to them in a kind way.

People were supported to maintain their independence as much as possible. An example of this was that when we arrived for the inspection visit, care staff were supporting one person to walk through to the lounge with their walking frame. The staff were reassuring the person in a kind way, so that they continued to walk. They later told us they regularly did this with the person to try and maintain and improve their mobility. Other people were supported to do what they could for themselves, with support from staff only when required.

We saw that when staff asked people if they required personal care, when in communal areas this was done in a dignified and discreet manner. People and their clothes, as well as their rooms and the environment in which they lived were kept clean and tidy which contributed to people's dignity. People told us they had privacy, and staff knocked before entering their rooms. We saw that personal care was only carried out behind closed doors.

People and their families were involved in their care and consulted about any changing needs. The staff gave us examples of when they had contacted people's family to communicate with them about their relative when appropriate. We saw that people's rooms were personalised with pictures, decorations and ornaments of their choosing. People's families were able to visit the home whenever they wished.

Is the service responsive?

Our findings

The service remains responsive. People's care records contained information about their preferences, dislikes and some information about their personal history and health needs. They contained guidance, but not all of it was sufficiently individualised and detailed. We found that the care records did not always guide and reflect the care that was given. When other healthcare professionals were involved with people's care, this was not always fully documented with recommendations in place. Staff were responsive to people's individual needs as some staff had worked in the home for a long time, and knew people very well. They had also passed on their knowledge to new staff, who had also spent time getting to know people. Where details were not always completed in the care records, people told us their needs were well met. We saw that people had access to health professionals such as the GP and district nurse when they required it, and people told us staff followed recommendations. We discussed the care records with the manager, who told us they planned to review and update all of the care plans so they contained more detailed information and guidance for staff.

All of the staff we spoke with explained that they had enough time to sit and chat with people, and they felt this made a positive impact on people's wellbeing. One staff member told us, "This is how I expect care to be, it's all about spending time with people." The manager also reflected this to us, and we saw throughout the day that a staff member was available within the communal area and spending time with people.

Staff carried out activities with people, such as beauty and pampering. We saw that the majority of ladies in the home had their nails painted and they said they liked this. Staff carried out some activities with people, such as games, but they told us that most people preferred to chat and watch films. One person was supported to go out each day in their wheelchair to the supermarket, and others spent time outside if they wished. Another person assisted staff to fold laundry as they enjoyed doing this, and they used to do this in their working life. Staff gave us examples of things people liked to do, demonstrating how they supported them with these.

People told us they chose how to spend their time. One person said, "I don't get bored, I read the newspapers." Another person said they preferred to spend time in bed. However, staff had agreed with the person and their family that they get up once a day if possible, in the evening, as this was beneficial to them with regards to their health and wellbeing. Staff told us the person then enjoyed sitting in the lounge in the evening and watching a film. People also chose what time they wanted to get up and go to bed, or when they wanted a bath or shower.

The people we spoke with knew who the manager was and who to go to if they had any concerns, and they all felt comfortable to raise them with staff or the manager. We saw that no formal complaints had been received by the service recently, and that the manager was responsive to requests from families.

Is the service well-led?

Our findings

We found that the service had not continued to be consistently well-led since our last inspection visit. However, there had been a recent and sudden change in management, and recent staffing problems, which had led the manager to take some risks in relation to the continuation of the service. One of these was in the recruitment of staff without safety checks in place prior to their commencement.

We found that there had been little oversight or analyses of recent accidents and incidents. For example, we found that one person had fallen seven times in 2017 so far, and no analyses of the incidents had been recorded. We saw that most of the incidents had occurred in the same place at a similar time of day. This had not been identified or actions taken to further mitigate the risks to the person. Although we saw that the person had been referred to the falls team, there was no recorded recommendation or updated risk assessment and guidance in relation to this.

We found that there had been no audit of the care records to ensure they were consistent, detailed and relevant, and therefore it had not been identified that there were gaps, areas for improvement and referrals that needed to be made. However, we spoke with the manager about this and they told us how they planned to implement improvements. The current manager was the owner of the business, and had been managing the home for just three weeks at the time of our inspection visit. Prior to this, they had been predominantly responsible for the financial management of the business.

We concluded that the recent changes in management meant we could not measure the success of the current way of managing after just three weeks. Not all of the necessary systems were in place to monitor and improve the service, such as an ongoing training programme and audits. The manager also acknowledged to us that there were areas which they needed to find out more about themselves and improve, which included staff training.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the lack of full information in people's care plans did not always impact negatively on people's care, because staff knew people well and communicated constantly with people and their families. It is important however, because records provide an audit trail of action that has been taken, and can be checked. All of the staff shared the ethos which the manager had told us or the people being the first priority, and ensuring their needs were met. Staff worked well as a team and passed on important information to each other through their handovers. People were asked during their daily care and lives within the home for their feedback, and staff gave examples of when they had regular conversations with families, and any concerns which had been raised, that they had resolved with them.

There were some systems in place which had monitored the service. One of these was through a quarterly survey – we looked at some which had been completed from this year and the comments were predominantly positive. Although the checks were not recorded, the senior staff member we spoke with

explained how they checked the medicines and we found they were well-organised. We spoke with the manager about recording these checks which they told us they planned to implement.

One staff member described the home as, "A lovely place to work." The two new staff members we spoke with were complimentary about the support they received, telling us that the home had a positive homely atmosphere and that staff and the manager supported them very well. The manager also told us they supported staff whistleblowing. This is when staff raise concerns about an organisation to the CQC or local authority. The manager knew what notifiable incidents they were obliged to notify CQC or the local authority of.

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 adequate systems in place to monitor the service, identify shortfalls and make improvements (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use services and others were not protected against the risks associated with employing people without the necessary safety checks in place. Regulation 19 (2) (3)