

Old Brompton Court Limited

Rose Lodge

Inspection report

88-90 Musters Road
West Bridgford
Nottingham
Nottinghamshire
NG2 7PS
Tel: 0115 945 5575
Website: www.example.com

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 26 May 2015 and was unannounced.

Accommodation for up to 17 people is provided in the home over three floors. The service is designed to meet the needs of older people.

At a previous inspection on 12 and 13 June 2014, we asked the provider to take action to make improvements to the areas of care and welfare of people who use services, safeguarding people who use services from abuse, requirements relating to workers, staffing,

supporting workers and records. We received an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that some improvements had been made, however, some concerns remained in the area of requirements relating to workers.

There is a registered manager but she was not available during the inspection. The deputy manager was present throughout the inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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.

People were safe and staff knew how to identify potential signs of abuse. Systems were in place for staff to identify and manage risks and respond to accidents and incidents. However, the premises was not always managed to keep people safe. Sufficient staff were on duty to meet people's needs; however, they were not always recruited through safe recruitment practices. Medicines were safely managed but safe infection control procedures were not always followed.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received sufficient amounts to eat and drink and outside professionals were involved in people's care as appropriate. However, limited adaptations had been made to the premises to support people living with dementia.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them and people were involved in their care where appropriate.

Information was available to support staff to meet people's needs and people who used the service told us they knew who to complain to if they needed to.

There were systems in place to monitor and improve the quality of the service provided, however, these were not effective. The provider had not identified the concerns that we found during this inspection.

People and their relatives were involved or had opportunity to be involved in the development of the service. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 was not consistently safe.

The premises was not always managed to keep people safe. Staff were not recruited safely. Safe infection control procedures were not always followed.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults' procedures. There were appropriate staffing levels to meet the needs of people who used the service and medicines were managed safely.

Requires Improvement



Is the service effective?

The service was not consistently effective.

Limited adaptations had been made to the premises to support people living with dementia. Staff received induction, training and regular supervision and appraisal to ensure they had up to date information to undertake their roles and responsibilities. People's rights under the Mental Capacity Act 2005 were protected.

People were supported to eat and drink according to their plan of care. Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Requires Improvement



Is the service caring?

The service was caring.

Staff were compassionate and kind.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew who to complain to and staff knew how to respond to any concerns raised.

Good



Is the service well-led?

The service was not consistently well-led.

Requires Improvement



Summary of findings

Audits carried out by the provider and registered manager had not identified all the shortcomings found during this inspection.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Staff were supported by their managers. There was open communication within the staff team and staff felt comfortable discussing any concerns with their managers.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 May 2015 and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service to obtain their views about the care provided in the home.

During the inspection we spoke with six people who used the service, one visitor, three care staff, the deputy manager and the cook. We looked at the relevant parts of the care records of six people, the recruitment records of three care staff and other records relating to the management of the home.

Is the service safe?

Our findings

When we inspected the home in June 2014 we found concerns in the area of requirements relating to workers which constituted a breach of Regulation 21 of the HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that concerns remained in this area.

Safe recruitment and selection processes were not always followed. Staff told us that they were happy with the recruitment process; however, we found that appropriate references had not been obtained in all of the files we looked at. A Disclosure and Barring Service check had not been recorded for one of the staff members before they started work. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including older people and children. There was no documented evidence to show that the home had discussed a disclosed conviction with a prospective staff member and risk assessed that person for their suitability to work in the home.

These were breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate checks of the equipment and premises were not always taking place. Five year periodic testing of the electrical system had not taken place, there was no legionella risk assessment and actions to minimise the risk of legionella were being carried out. We also saw that potentially harmful materials were unattended including cleaning materials. This meant that there was a greater risk of people being put at risk of avoidable harm.

These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises were clean; however, we saw that a piece of equipment to help people to stand and move in one person's room was not clean. We also saw that handwashing facilities were not available in most toilets and we saw examples of poor infection control practice. Continence pads and wipes had been stored out of

protective packaging and aprons and gloves were not safely stored in dispensers. Paper towels and soap were not available in all bathrooms and a toilet frame was cracked and rusty.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we inspected the home in June 2014 we found concerns in the area of safeguarding people who use services from abuse which constituted a breach of Regulation 11 of the HSCA 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made.

People told us they felt safe at the home and they had no concerns about the staff caring for them.

Staff felt people were safe and had an understanding of the signs of possible abuse and the action they should take if they identified anything which gave them cause for concern. A safeguarding policy was in place and staff had attended safeguarding adults training. Information on safeguarding was displayed on the main noticeboard of the home to give guidance to people and their relatives if they had concerns about their safety.

When we inspected the home in June 2014 we found concerns in the area of staffing which constituted a breach of Regulation 22 of the HSCA 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made in this area.

Two people said they felt there were not usually enough staff on duty. One person said there was often only two staff on in the morning and two in the evening, which meant that if the staff were attending to the needs of a person who needed two people, there was nobody to respond to other people's needs. They said, "It is hard work if there are only two on." Another person said the drinks were often late unless the chef was able to do the drinks round. A person said they would benefit from having a person just for the laundry. They felt this would stop clothes going missing and also they said clothes often weren't pressed and they had had to ask for shirts to be pressed.

We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff told us that there were sufficient staff on duty at all

Is the service safe?

times. The deputy manager told us that people's dependency levels were monitored and they asked staff and people who used the service their views on staffing levels to ensure that sufficient staff were on duty to meet people's needs. As a result an additional staff member was on duty when the GP carried out their weekly visit. We looked at completed timesheets which confirmed that the provider's identified staffing levels were being met.

Risk assessments were in place, regularly reviewed and guidance was available to enable staff to manage risks. However, we saw that a risk assessment had not been completed for one person who had bed rails in place. Incident and accident forms were completed and investigated appropriately. People had individualised emergency evacuation plans, however, a plan was not in place for one person who had moved to the home two months previously. This meant that there was a greater risk that the person would not be safely evacuated in the event of an emergency in the home. A business continuity plan was not in place in the event of emergency.

We saw that equipment was used to reduce identified risks such as pressure-relieving cushions. Staff told us they had all the equipment they required to support people. However, we were told that a pressure sensor mat which had been recommended to reduce the risk of falls to a person by alerting staff to the person's movement had initially been put into place but had stopped working within a few days of use. Another pressure mat had been ordered but a delivery date was not available. There was also no call bell cord in one room so the person did not have access to a call bell. This meant that there was a greater risk that this person would not be able to obtain prompt assistance from staff if required. We were told the home was short of call bells and additional sets had been ordered.

We asked people about their medicines. Some people said they did not take any medicines regularly, whilst others said staff looked after their medicines for them. People said they received their medicines on time. We observed medicines being given at lunchtime and saw staff made the appropriate checks and stayed with each person while they took their medicines, to ensure they had been taken.

Each person had a medicines administration record (MAR) at the front of which was a sheet with their name, a

photograph of the person, their preferences in relation to taking their medicines and administration instructions. There was also a medicines communication sheet to highlight to staff any changes to the person's medicines and the date of the change. This reduced the risk of errors occurring and ensured staff were aware of the reasons new medicines had been prescribed. There were protocols in place for medicines which were only to be taken when required, providing clear information and instructions on the use of the medicine.

Medicines were stored in a locked trolley or a refrigerator in a separate room. We noted the refrigerator was not locked and whilst there was someone in the room at most times it would have been possible for unauthorised access. We noted there was an item in the medicines refrigerator which should not have been stored there. This was removed immediately by staff when it was identified. There was a record of daily temperature checks of the refrigerator which were within acceptable limits. We checked two controlled medicines and found the number tallied with the controlled drug administration record. However, we noted the controlled drug book had not been updated to reflect two people who had left the home and their medicines were no longer in the cupboard. When this was identified to staff they said they would immediately follow it up and ensure the book was updated in line with records of disposal of the medicines.

Staff told us they had undertaken medicines training and received an annual update. We saw there was a record of training for staff within the last year. There was a medicines policy in place. The deputy manager was putting into place medicines audits to be undertaken on a regular basis. A form for the recording of medicines errors had been recently developed and introduced by the deputy manager as part of an initiative to encourage reporting of errors.

People and their relatives told us the communal areas and bedrooms were kept clean and they were happy with the standard of cleanliness at the home generally. One relative said, "Cleanliness is fine and they keep [the person's] room clean." However, one person said one of the toilets was often soiled and, "Could do with checking more regularly." Staff could explain their infection control responsibilities.

Is the service effective?

Our findings

When we inspected the home in June 2014 we found concerns in the area of supporting workers which constituted a breach of Regulation 23 of the HSCA 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made. People told us they felt staff understood their needs and provided the help and support they required. One person said, “They are very good with people and understand their needs.” We observed that staff were confident and competently supported people.

Staff told us they received an induction when they started work at the home and both of the staff we talked with said they had completed all relevant training. Staff said they had regular supervision and told us they felt well supported. Training records showed that staff were up to date with training. We looked at the supervision records for three staff which showed that supervision was taking place.

People told us that their choices were respected by staff and we saw staff asked people’s consent before providing care. Each person’s care record contained a consent form for the recording of personal information, physical examination, consulting with other professionals, and the use of photographs in the care record. These had been completed on admission to the home and signed by the person using the service. However, we saw that consent had not been obtained from one person for the use of bedrails. This meant that there was a greater risk of the person being restricted without their consent.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using 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. The deputy manager told us there was no one currently living in the home who was being deprived of their liberty. We did not see any people being restricted.

The deputy manager told us that the home had an open door policy. We saw people leaving the home to access the

community as they wished. There was a key code on the front door and people had to ask staff to let them out. The deputy manager agreed to give this key code to people if they wanted it and it was appropriate.

We saw mental capacity assessments had been carried out for one person but it was unclear which aspects of the person’s care they were carried out for. Care staff told us they had completed training in MCA and DoLS but they were unclear about the implications of these for their practice. This meant that there was a greater risk that people’s rights would not be protected.

We asked people’s views of the meals served at the home. One person said, “They are reasonable, we get a choice. If it is something I don’t like, I won’t have it.” We asked if they were offered something else in these instances and they said, “They only have certain things and if I don’t fancy it, I am not worried.” Another person said, “The food is fine. We get a choice. If I don’t like anything I can have a salad. If I want something different I just tell the cook.”

We saw there was a jug of a soft drink in the lounge for people to access when they wished. We observed the lunchtime meal in the dining room. Tables were set nicely for lunch with a tablecloth, condiments and a pot of flowers. People came to the table over a period of about 15 minutes and staff waited until everyone had sat down before starting to serve the meals. Soft drinks were offered to people and then the main course served. Each person’s plate was put onto the table in front of them but there was little or no communication by the staff as they did this. Gravy was provided separately to enable people to add this themselves. There was very little conversation during the meal by the people who lived at the home or staff. One person needed help with their meal and a staff sat next to them and helped the person sensitively, checking they liked cabbage before putting this on their fork. When the meals were collected staff spoke with people to make sure they had finished and ask how they were getting on if they appeared to be struggling. The cook came to each table to check whether they had enjoyed the meal and that everything was alright.

We talked with the cook and visited the kitchen. The cook told us they were having a meeting with the people using the service to ask their views about the food and what they would like to see on the menu. We saw there were

Is the service effective?

instructions on display in the kitchen on the foods which could affect people who were taking certain medicines. We were told there was no one on a special diet or pureed diet at the home currently.

We spoke with people and asked them if they were able to access external healthcare professionals such as their GP when they needed to. One person said, "I can go down the road to the surgery and make my own appointment but staff would help if I needed it." There was evidence of the involvement of other professionals in the care and treatment of people using the service. For example one person admitted to the home following a stroke was

receiving physiotherapy, occupational therapy and speech and language therapy. A family doctor was visiting the home on the day of the inspection and there was evidence of the involvement of a family doctor, practice nurses, community nurses and optician in the care of individual people.

We saw that limited adaptations had been made to the design of the home to support people living with dementia. Bathrooms, bedrooms and communal areas were not clearly identified and there was very little directional signage in the home to support people to move around the home independently.

Is the service caring?

Our findings

One person said, "I quite enjoy living here. They look after you pretty well." Another person said, "[Staff] are nice. They are always there if you need them." Another said, "Yes you can say [staff] are kind to me." A relative said, "Staff are brilliant. You can't fault them." "They are very good with the [people using the service]." One person said, "Care is up and down. Some are more caring than others but you always get that." People were asked if anyone was rude or unkind and they said no and told us that the current staff were fine.

People clearly felt comfortable with the staff and interacted with them in a relaxed manner. Staff knew the needs of the people they cared for and were able to describe their individual preferences. Staff responded quickly to people when assistance was requested.

A person said, "I like to know about things and if I want to know I ask." A person said they had not seen their care plan. However, we talked with their relative and they said they had been appropriately involved in a recent review of the person's care plan. Another person said, "[Staff] listen to what I say and ask my view." We observed staff offering people choices and respecting their wishes.

Care plans had been signed by the person who used the service or, in the case of one person, there was a record signed by the staff that the person had been involved and agreed to the plan but was unable to sign. One person had

a care plan in relation to their mental health needs which indicated the person could become angry and upset and provided instructions for staff in dealing with this which had been agreed with the person themselves.

We saw that information regarding advocacy services was displayed in the home and included in the guide for people who used the service. Staff described the importance of giving people choices about their care and support and giving them time to communicate their wishes.

People told us staff respected their privacy and dignity. One person said, "They always knock on my bedroom door before coming in." We saw staff knocking on people's doors and waiting before entering and taking steps to preserve people's dignity and privacy when providing care. We observed that information was treated confidentially by staff.

Staff were able to explain how they maintained people's privacy and dignity at all times and took particular care when providing personal care. The home had a number of lounges and rooms where people could have privacy if they wanted it. We saw that staff supported people to be independent.

People told us their friends and relatives could visit when they wished and they were made welcome by staff. People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Is the service responsive?

Our findings

When we inspected the home in June 2014 we found concerns in the areas of care and welfare of people who use services and records which constituted a breach of Regulations 9 and 20 of the HSCA 2008 (Regulated Activities) Regulations 2010. At this inspection we found that improvements had been made in these areas.

People told us their relatives were able to visit them at any time and they were free to go out of the home when they wished. One person had the key to their room and kept it locked when they were not in the room. They were able to leave the home when they wished and regularly went to the local shops and for, "Little walks." Another person went out most afternoons to the local shop and to a pub in the evenings.

We asked a person who used the service if there were many activities within the home. They said, "Not as far as I can see." They went on to say they were independent and able to go out for walks and liked to meet people they knew. Another person said, "I don't think it is necessary. They probably do [offer activities]. I choose not to do things." One person said they enjoyed playing Ludo and said, "A lady comes in twice a week and we have a game." They told us that someone came in to do "Keep Fit" on a Wednesday. We observed people sitting outside in a pleasant, well maintained garden area. We also heard people singing with staff in the lounge area.

Each of the care records we reviewed contained a care plan for social activities and needs and there was a preferred activities checklist. However, there wasn't a record of regular involvement in the activities identified. One person's care plan indicated they used to spend a lot of time involved in the church, but there was no indication the person had been to church recently. We were told by staff the person had attended church quite regularly when they first came to the home but had lost interest more recently.

We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. The deputy manager told us that staff had recently been allocated as keyworkers for people who used the service. This meant that care records would be updated regularly and staff would have opportunity to get to know people's preferences better and to incorporate them into the care records.

The care records we looked at contained a pre-admission assessment which had been completed for each person and a range of risk assessments and care plans for the activities of daily living. Some care plans were overdue for review within the monthly timescale identified on the plans themselves but reflected the person's current needs and had been reviewed within the previous two months. However, we did find there was no care plan for the care of a person's catheter although their fluid intake and output was being monitored and staff were aware of the person's needs in relation to their catheter. Another person's care plan did not include the interventions put into place to reduce the risk of falls following the input of other professionals, but we were told equipment had been ordered and the advice was being followed.

People told us they would know how to make a complaint if they were unhappy with the care provided. One person mentioned information on how to make a complaint was displayed at the entrance to the home. Another said, "[The manager] has always said, 'If there is anything the matter come and see me.'" A person said, "I would know who to talk to. There are about half a dozen people I could talk to."

The complaints procedure was displayed on the main corridor of the home. Complaints information was included in the guide for people who used the service. There was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately. Staff knew what to do if a person had a complaint to ensure it was addressed and escalated appropriately.

Is the service well-led?

Our findings

The provider did not have a fully effective system to regularly assess and monitor the quality of service that people received.

The deputy manager told us that a representative of the provider visited the home every month and spoke with people who used the service and staff. We saw a written report of these visits. The owner of the home visited daily and the deputy manager told us that the owner was available for support at any time. However, comprehensive care plan audits had not taken place. No infection control audit was taking place.

We identified shortcomings in a number of areas during this inspection constituting breaches of regulations which had not been identified or addressed following audits carried out by the provider. These breaches were in the areas of safe care and treatment, premises and equipment and fit and proper persons employed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw minutes of the last meeting for people who used the service in September 2014. We saw completed questionnaires from people who used the service, staff, families and professional visitors including the GP and district nurses. Completed questionnaires were largely positive about the quality of the service provided; however, some people had commented that activities needed improvement.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues. We saw that the provider's set of values were in the guide provided for people who used the service. Staff were aware of these values and we saw them being put into practice. We saw that dignity information was also clearly displayed in the home.

Staff told us that managers were fair and we saw that feedback was provided to staff in a constructive way which made clear what actions were required.

Some people said they were not sure who the registered manager was, but if they had an issue they would talk to someone senior. One person said, "I think she is around, but I haven't much to talk to her about." One person said, "The current management are alright."

A registered manager was in post but not available on the day of the inspection. The deputy manager was available during the inspection and she clearly explained her responsibilities and how other staff supported her to deliver good care in the home. The deputy manager told us they were well supported by the provider.

We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that a staff meeting had taken place in May 2015 and the registered manager had clearly set out their expectations of staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person must assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

All premises and equipment used by the service provider must be clean, secure, and suitable for the purpose for which they are being used, properly used and properly maintained.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found that effective systems and processes were not in place to enable the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment procedures must be established and operated effectively to ensure that persons employed are of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed by them.