

Rosemary Lodge Rest Home Ltd

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Inspection report

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West Midlands
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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 January 2016 and was unannounced. At the last inspection in January 2015 we found that the provider was not meeting all of the regulations. They sent us an action plan about how they would improve.

The home provides care and accommodation for up to 29 older people, some of who were living with dementia or have additional mental health needs. Nursing care is not provided. The accommodation is provided in both single and shared bedrooms. On the day of our inspection there were 24 people living at the home.

The service has a registered manager. 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.

People using this service told us that they felt safe. There were systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

There were sufficient numbers of staff to meet people's needs. We saw that pre-employment checks had been carried out for staff. These checks are important and ensure as far as possible that only people with the appropriate skills, experience and character are employed.

There were some improvements needed to the systems of administering medication but we saw that this was usually done safely and that some recent improvements had been implemented.

Staff were appropriately trained and skilled to provide care and support to people. The staff had completed relevant training to make sure that the care provided to people was safe and effective to meet their needs. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service. We did not find anyone being unlawfully deprived of their liberty.

People's nutritional and dietary needs were assessed and people were supported to eat and drink sufficient amounts to maintain their health. People had access to healthcare professionals when this was required. Staff were aware of people's needs arising from their medical conditions.

Staff showed kindness and compassion to people who used the service. People told us that staff treated them with dignity and respect. Staff working in this service understood the needs of the people for whom they provided care and support.

People knew how to raise complaints and the provider had arrangements in place so that people were

listened to and action could be taken to make any necessary improvements.

The registered manager encouraged feedback from people who used the service and their family members, which she used to make improvements to the service, where needed. Systems to monitor and improve the quality of the service were in place but further improvements were needed as they were not always effective.

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.

People indicated that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to keep people safe. Improvements to the way in which medication was managed were underway.

There were enough members of suitably recruited staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Staff were aware of the Mental Capacity Act 2005 and knew how to protect people's human rights.

People were supported to have enough to eat and drink and were supported to maintain their health.

Is the service caring?

Good 

The service was caring.

People were happy with the support they received. People told us that staff were kind and caring in their interactions with them.

Is the service responsive?

Good 

The service was responsive to people's needs.

There were systems for planning the care and support which people needed.

People's comments and complaints were listened to and

appropriate changes were made in relation to complaints received.

Is the service well-led?

The service was not consistently well led.

Systems for audits and quality assurance had improved but further development was needed to ensure safe and appropriate support continued to be provided to people.

People and their relatives opinions were sought by the provider to help develop and improve the service provided to people.

The registered manager provided staff with appropriate leadership and support. Staff and the registered manager worked effectively as a team to ensure that people's needs were met.

Requires Improvement 

Rosemary Lodge Rest Home

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 6 January 2016 and was unannounced. It was undertaken by one inspector.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us plan the areas we were going to focus our inspection on. We also checked with a local authority who commissioned services from the provider for their views of the service.

During our inspection we spoke with 8 people who lived at the home. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two health care professionals, the relatives of two people who lived at the home, the provider, the registered manager, two deputy managers and three care staff. We looked at the care records of four people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

People who lived in the home told us that they felt safe living there. Comments from people included, "It's a very safe place to live" and "There is nothing to be frightened of here." Relatives of people who lived in the home told us that they thought people were safe.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. The home had policies and procedures in relation to safeguarding people and whistleblowing and all staff were made aware of these. Staff confirmed they had received recent training in safeguarding vulnerable adults and records confirmed this. Staff were able to tell us how they would respond to allegations or incidents of abuse. One member of staff told us, "Straight away I would tell the manager and I am confident any issues would be dealt with."

Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. These included assessments for manual handling and falls. We saw that staff assisted people to move or walk safely. One person told us, "They always help me to walk so that I do not fall." Records and discussion with the registered manager showed that where people had a fall their risk assessment and care plan were reviewed to check they were appropriate. Where there were continued concerns people had been referred to the falls clinic for advice.

We looked at some of the fire safety arrangements that were in place. Staff had received recent fire safety training and records for testing the fire alarms showed this was done weekly. This helped to make sure people were protected from the risk of a fire occurring in the home.

We saw that there were enough staff to provide people with assistance. People who lived at the home told us there were enough staff to meet their needs. We spoke with two relatives about the staffing levels. One commented there was sufficient staff but another said the home would benefit from additional staff but did not think current levels had a negative impact on people.

We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. One person who was in their bedroom had a call bell within reach. They told us they never had to wait very long for assistance if they used it. We spoke with two health care professionals and neither raised any concerns about staffing levels being unsafe.

We spoke to the registered manager about how the numbers of staff were determined. We were informed that staffing levels were based on the needs of people at the home. Staff we spoke with felt the staffing levels were safe. One member of staff told us, "The staffing levels are generally good." Another staff told us, "There are enough staff, if there are any issues we work as a team. If someone is sick there is always someone to cover."

We looked at the recruitment records for three members of staff. We saw that appropriate checks had been carried out. These checks are important and ensure as far as possible that only people with the appropriate

skills, experience and character are employed.

We looked at the way medicines were stored, administered and recorded. One person who received support with their medication told us, "They are very good, I always get it on time." The registered manager and care staff told us that medicines were only administered by staff who were trained to do so. We observed two staff supporting people with their morning medicines. They spoke to people about their medicines, offered appropriate drinks and ensured that the medicine was taken.

Some people were prescribed medication at a variable dose, this meant that staff could administer either one or two tablets as required. For one person staff had often not recorded on the medication record how many tablets had been administered. The registered manager told us they would address this with the members of staff concerned.

A pharmacist had undertaken a recent audit of the medication system and made some recommendations for improvement. We saw that some of these had been actioned or were in progress.

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the care provided.

We looked at the induction arrangements for staff who were new to the home. Staff told us that they had received induction training when they first started working at this home and records supported this.

Staff told us that they had on-going training and regular supervision. One member of staff told us, "Training is good, we do refreshers such as safeguarding." We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had the skills and knowledge to provide care which met people's specific needs.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager demonstrated that she knew about the requirements to take into account people's mental capacity when there were decisions to make. The registered manager had recognised that the way the home was operating may impose restrictions on people's liberty and had made applications to the relevant authorities.

We saw staff checking with people that they consented or were happy for staff to assist them with everyday tasks, for example staff checked with people if they wanted to wear an apron at meal times and sought permission before assisting people to wipe their hands and face after they had eaten.

We checked to see whether people were protected from the risks of inadequate nutrition and dehydration and found that they were. People who used the service told us they liked the food choices and everyone told us that they had plenty to eat and drink. One person told us, "The meals are very good and we get a choice."

We observed two mealtimes in the dining room during our two day inspection. Staff appropriately supported people who needed assistance to cut up their food, or who needed assistance to eat their meal. People were offered extra portions and were offered a choice of drinks with their meal. People were offered regular drinks throughout our inspection and there were jugs of juice available for people to help themselves.

In the kitchen we saw a four week rolling menu plan and a list of each person's nutritional needs and meal

preferences. Evidence was available to show that a dietician had been consulted in regards to the menu plan and the menu had been discussed with people at 'resident meetings.' Staff had completed nutritional risk assessments and people had been weighed regularly as required. A health care professional told us that staff at the home worked closely with the dietician and took action if people lost weight.

We looked at how people's health needs were met. One person told us they had recently had a sore eye. They told us that staff had noticed this and took action to help it get better. A relative of a person at the home told us, "They are very good at getting the doctor in if needed, they are always on the ball with things like that." One person had recently been discharged from hospital. We saw that the registered manager had contacted the GP and asked them to visit and check health of the person as a precaution.

We spoke with two health care professionals who were visiting people during our inspection. Neither raised concerns about how staff were currently responding to people's health care needs. One health care professional told us that staff listened and responded to any advice given and that staff were competent in meeting people's pressure care, nutrition and hydration needs. Records we sampled supported that staff had taken action when there were concerns about the health of any of the people who used the service.

At our last inspection we saw that the environment needed attention, we also received some negative comments about the standard of the environment. At this visit we saw that some improvements had taken place. There had been redecoration and new carpets in communal areas and a bathroom had been refurbished. Some work had been undertaken to make the environment more dementia friendly and this included people's bedrooms having pictures of something personal to the person on the bedroom door. This helped people to identify which was their bedroom. A plan had also been completed of further work that was scheduled to take place in 2016.

Is the service caring?

Our findings

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. People who lived at the home told us that staff were caring. One person told us, "The carers are all very good." Another person told us, "The staff are all lovely, caring." A health care professional told us that all of the staff were kind and caring.

We saw people being supported with kindness and consideration. Staff spoke with people in a kind manner and knew them well. We saw that staff asked people what they wanted for their meals that day. For some people, staff had to take time to verbally explain what the meal choices were. We noted that photographic or pictorial aids were not available which may have assisted some people to make their preferred choice. We saw at lunchtime that staff helped people to eat at a pace that was suitable for them. We saw that people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled them to be as independent as possible.

People were helped into and out of chairs calmly and with dignity. We saw that staff did not enter people's rooms without knocking first. One person told us, "Staff always knock on my door, they don't just barge in."

Some people at the home shared a bedroom. This may sometimes make it difficult for people to have the level of privacy they may prefer. However, we saw that the registered manager had consulted with people about sharing a bedroom and people had not raised any objections. Plans were in place to change the type of screening available in shared rooms to make it easier for people to have some privacy should they require this.

We saw staff being sensitive to people's needs. An example of this was of one person taking another person's favourite blanket. Staff responded quickly and sympathetically to this to prevent an escalation of the incident.

It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. People had been supported with their personal care and wore clothes that fitted them and were clean. One person told us, "I can have a shower when I want to, every day if I wanted to."

We saw that there were some arrangements in place for people to be involved in making decisions. Monthly group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home.

Is the service responsive?

Our findings

We saw that before people moved into the home the registered manager had completed an assessment of their needs. Each person had a care plan to tell staff about their needs and how any risks should be managed. Care plans recorded people's likes and dislikes and what was important to them. We saw these had been subject to frequent review when people's needs had changed. We brought to the registered manager's attention some areas of the care plans that had conflicting information or were not sufficiently detailed about how staff were required to meet people's needs and plans did not always show how people or their relatives had been involved in these. The registered manager told us they would ensure these areas were updated.

We spoke with people who lived at the home and with staff about the arrangements for people to participate in leisure interests and hobbies. We noted that when we arrived on the first day of our inspection that the majority of people in the lounge area were either engaged with staff or in an activity that they seemed to be enjoying. For example this included some people who were playing a board game, a person who was looking at old photographs and someone who had a special knitted blanket with differing textures.

People told us and records showed that activities had been arranged over the Christmas period that people had enjoyed. People we spoke with told us there was enough to do at the home if they wanted. At our last inspection we found that many people spent their time sleeping or watching television with very little interaction from staff other than to respond to their personal care needs.

Staff told us about improvements that had been made since our last inspection to improve people's engagement. This had included the introduction of 'memory boxes' that contained objects of interest to people to help promote engagement. A small library of large print books had also been introduced and this was accessible to people at all times.

One health care worker told us that staff engagement with people was good but that an increase of engagement levels for people who spent time in their bedrooms would be beneficial. One person's relative raised the issue that the home did not employ an activity worker and they thought that this would enhance the activities on offer. The provider told us this was something they were considering.

We asked people and their relatives how they would complain about the care if they needed to. People who lived at the home and their relatives were aware they could tell staff if they were unhappy. One person told us, "I would soon tell [name of manager] if there was something I was not happy about."

Records showed that at monthly group meetings people who lived at the home were asked if they had any concerns or complaints they wanted to raise. People's responses usually indicated they did not have any concerns.

We saw there was a system in place to record complaints received. We looked at the response to three

complaints. The registered manager had acted on the complaints raised and people had been informed of the outcome and actions taken. This showed they were used as an opportunity to improve the service that people received.

Is the service well-led?

Our findings

There were systems in place to monitor and improve the quality of the service provided, however we found that these were not always effective. A number of audits had been completed by staff at the home. These included audits of the environment, medication and care records. We saw that the format of the environmental audit had recently changed. The new format was less robust than the previous one and did not actually specify the areas that had been audited or who had completed this. Since our last inspection a system to audit infection control had been introduced. However we questioned the accuracy of the audit with the registered manager as the last three audits recorded that equipment had been checked which in fact was not available in the home.

We discussed with the registered manager that the medication audits had not picked up on some of the issues identified by the recent pharmacist visit. The registered manager showed us that a new, more detailed medication auditing system was being introduced to resolve this. Following our last inspection the provider had told us that competency assessments were going to be introduced for staff administering medication. We saw these had now been introduced but had not yet been completed for all staff who administered medication. We were informed by the registered manager that these would be completed within the next few weeks following our inspection.

Records were kept of complaints, accidents and incidents that occurred. Since our last inspection the registered manager had introduced a system of analysis to identify any patterns or trends. Identification of patterns or trends helps to give the provider information about whether processes or procedures needed to be changed, or care plans needed to be updated to reduce the risk of a reoccurrence of events occurring.

During our inspection we noticed there was a CCTV camera in one of the communal lounges. A health professional told us they had been informed of the camera but two people who lived at the home and two relatives told us they had not been aware of the camera. However, they all commented that they were glad there was a camera and it made them feel secure. The provider told us that the camera had been in some place for some time and that people had been consulted before it was installed. The also told us that the camera had not been switched on for several months. The provider told us they had read the recent guidance from CQC about CCTV and would be ensuring they complied with this before the cameras were turned on.

Our last inspection found there had not always been clear lines of responsibility in regards to the management arrangement of the home. Since then, the manager had been registered with us and changes had been made so that the home had two deputy managers. A health professional told us that the registered manager seemed to have a good awareness of what was going on in the home and did not spend all their time in the office.

Throughout our day we saw the manager interacted with people who used the service, they were responsive, friendly and supportive in meeting people's needs. We saw a person approach the registered manager with a query. They started by telling the registered manager they were sorry to bother them. The

registered manager took the time to explain to the person that it was not a bother at all. One member of staff commented that the registered manager "Always makes time to speak to me." Staff told us that they attended regular staff meetings and were given the opportunity to contribute to the development of the service. All staff we spoke with told us that the manager was approachable.

The registered manager told us that they had support from the provider and had the opportunity to meet with them regularly to discuss and issues. The provider had developed opportunities to enable people that used the service and relatives to share any issues or concerns. Meetings were held with people and their relatives and the manager had conducted a survey in 2015 to seek people's views. This showed that overall; people were satisfied with the service they received. Each person had received a personal written response from the registered manager to thank them for their views and where appropriate to inform them about the action taken in response to the suggestions made.