

Rosewood & Brook House Ltd

# Rosewood Lodge & Brook House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Rosewood Lodge and Brook House provides care and accommodation for up to 20 people with mental health needs. At the time of our inspection, 20 people were living at the home. The home is set out over four floors and consists of two residential properties that have been adapted into one home.

People's experience of using this service and what we found

We identified concerns relating to infection control management. The home was not clean or well maintained. There were enough staff to meet people's needs, however there were no dedicated cleaning staff or systems to manage and monitor cleaning was effective. There were shortfalls in staff recruitment files. Some risks were not assessed and managed.

Medicines were managed safely. Staff knew how to recognise and report abuse.

People were supported to have choice and control of their lives. Where restrictions were in place people had agreed to these. However, we discussed with the registered manager keeping the restrictions under regular review and ensuring they were the least restrictive option.

The governance systems in place were not fully effective.

People and staff were positive about the registered manager. Staff supported people to be involved in the home on an informal basis, as this suited people's needs. There were systems in place to communicate with people and staff. The service worked in partnership with a range of professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The rating at the last inspection was good (published 18 February 2019).

Why we inspected

As part of CQC's response to the COVID-19 pandemic we are looking at the preparedness of care homes in relation to infection prevention and control. This was a targeted inspection looking at the infection control and prevention measures the provider has in place. We inspected and found there was a concern with infection control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosewood Lodge & Brook House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Rosewood Lodge & Brook House

## **Detailed findings**

### Background to this inspection

#### The 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector on day one, and two inspectors on day two.

#### Service and service type

Rosewood Lodge & Brook House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on both days.

#### What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people about their experience in the home. We completed observations of the service. We spoke with the registered manager and two staff. We reviewed three people's care records. We looked at the medicines policy and audits, medicine administration records and associated care documents for three people. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We spoke with three staff members via video link. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Risks to infection control were not all being managed safely.
- We were not assured that the provider was admitting people safely to the service. The provider did not have a specific admissions policy. The registered manager told us they had admitted one person in February 2021. The registered manager had not followed the government guidelines because this person was leaving their room and walking through the building to access the outside space.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was not clean. There were stains and excessive dust in communal areas and bedrooms. There were strong odours in bathrooms.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. There were no dedicated cleaning staff on each shift, care staff were responsible for cleaning and night staff also completed cleaning tasks. People were expected to clean their own rooms but there was no guidance for staff to support them.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. The home did not have PPE stations around the home it was held in the office. This meant that when staff left a room after delivering personal care, they had to walk through the home to the office to put on fresh PPE. Following the inspection, the provider informed us most people did not require support with personal care. They had some special arrangements for the people who required support.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. There was an overall risk assessment for the home, but this did not consider the increased risk of the spread of infection when people were coming in and out of the home regularly.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was accessing testing for people using the service and staff.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had individual risk management plans in place. Whilst the plans detailed most areas of risk, we found areas where assessments were not in place. For example, one person was known to smoke cigarettes in their room in their previous placement. The person had recently started smoking in their room and there was no risk assessment in place. Another person was known to smoke in their bedroom and there was a risk assessment in place, the person however used paraffin based emollient cream, which puts them at high risk if there was a fire. The risk assessment did not cover this risk. A third person had an incident in December 2020, the risk relating to this incident occurring again had not been assessed and mitigated.
- The fire risk assessment stated portable appliance (PAT) checks should be carried out annually. This had not been carried out in line with the fire risk assessment.
- There was no system in place to determine who was in the building at any time. The risks relating to this had not been incorporated into people's personal emergency evacuation plans (PEEPs). People's PEEPs were generic and required some personalisation.
- There was no emergency grab bag in place in the event of an emergency. There were three torches available in the service, however none of these worked.
- Water temperatures were running above the recommended safe levels and there were no risk assessments in place assessing the risks to people.
- There were a range of health and safety risk assessments in place and these had not been reviewed since 2019.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager who put plans in place to address the concerns.
- There were a range of checks health and safety checks that were carried out by staff and external contractors.
- The service equipment and premises were not properly maintained.
- The furniture was not well maintained, there were holes in covers and tables had no seal on them leaving them open to bacteria.
- Flooring and paintwork was poor in areas throughout the home, which made it difficult to effectively clean. Sofas, the cooker hob, drawers and cupboards in the kitchen were worn, the dishwasher control had broken, lounge and dining room tables were old and stained. An extractor fan was coming away from the ceiling and blocked up, there were wires and pipes that were not boxed in. Wallpaper was coming away from the walls. Radiators and bathroom fittings were rusty, tiles and seals around the bath and sinks were encased with dirt. The laundry room was small and had exposed brickwork which made it difficult to clean. There was tin foil over the extractor fan and no ventilation in this room. The office ceiling had paper taped to it and the floor was also taped.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us there had been issues with employing a suitable maintenance person to complete the required work.
- Following our inspection, the registered manager implemented an action plan to address the concerns raised and ensured some of the improvement work had begun.
- Some people could get anxious leading to incidents where they displayed harm to themselves or others.



There were care plans in place giving staff guidance on how to respond to people and the action they should take to keep themselves and people safe.

- Staff told us incidents happened rarely and when they did, they were manageable.
- Staff were required to receive training to manage incidents, however some staff had not received this training and others were out of date. The registered manager told us they had plans in place to address this.
- There were systems in place to monitor and review incidents. All incidents were reviewed by the registered manager.

#### Staffing and recruitment

- Staff files did not always contain relevant information to ensure safe recruitment. Staff files did not always contain a second employment reference, the applicant's education history, employment history or photographic identification.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were no allocated domestic staff working at the service, this meant cleaning was carried out by care staff. Night staff were allocated a list of cleaning duties. One staff member told us, "We have slacked a bit, we have revamped the cleaning schedule after the first day of inspection, the bulk of it is done at night when the residents are in bed. We do have the time to do the cleaning."
- People told us staff were available when they needed them. One person told us, "The staff are nice. There is always staff around and they are there if I need them."
- Staff told us they had enough staff on each shift. One staff member told us, "Staffing is ok, we have the right staff, we all pull together."
- We reviewed the staffing rota's which confirmed shifts were covered.

#### Using medicines safely

- Staff received medicines training. However, assessments of staff's competency to administer medicines were not regularly carried out for all staff. The registered manager told us they were aware they needed to complete medicines competencies for staff.
- Some people were prescribed medicines, such as medicines to help them to be calm, on an 'as required' basis. Guidance was in place to instruct staff on how to administer these medicines. The guidance did not always include details such as contraindication, the time between doses or the maximum dose in 24 hours. We discussed this with the registered manager who told us they would review the guidance.
- Records were kept of medicines administered, which helped to ensure the effectiveness of medicines could be monitored.
- Medicines were stored securely and safely.
- Where people were able to self-administer their medicines, this had been assessed.

#### Systems and processes to safeguard people from the risk of abuse

- There were safeguarding systems and procedures in place to protect people from abuse. The registered manager was aware of their responsibilities in relation to safeguarding people from the risk of potential harm and abuse.
- Staff knew how to recognise and report abuse. One staff member told us, "We have had safeguarding training. I would report anything to [name of registered manager], they would definitely take the right action, if not I would report to the safeguarding team myself."
- Where safeguarding incidents had occurred, these were reported to the local authority.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had the capacity to make their own decisions. Some people chose to make unwise decisions and staff supported them in managing these.
- For example, staff held some people's cigarettes and we saw people had signed their care plans to agree to this. We discussed with the registered manager keeping these agreements under regular review to demonstrate people remained happy and in agreement with this.
- There were some restrictions in place such as the kitchen door being locked, meaning people had restricted access to food. We discussed this with the registered manager who explained the reason for the door being locked at times. The registered manager told us they had discussed this with people a year ago and they had agreed. We also discussed whether there were less restrictive options for people having access to food. The registered manager told us they would review this.
- People were free to leave the home when they wished, and no one required a DoLS.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a lack of effective governance systems in place. We identified shortfalls at this inspection which resulted in breaches of regulations. The home was unclean and in a state of disrepair. Whilst the registered manager told us there was a plan in place to maintain the service, this had not been actioned.
- Care plan audits had not been carried out by the registered manager since September 2020, health and safety and infection control audits were ineffective. We identified shortfalls in recruitment. There was no recruitment audit in place.
- The provider did not perform regular governance checks on the service. The registered manager told us an external audit had not been carried out since 2017.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People knew who the manager was and felt able to approach them. One person told us, "[Name of registered manager] is a good manager."
- The registered manager told us people raised any concerns or issues on a one to one basis, rather than holding whole home meetings. They told us this suited the people living at the home. The registered manager was visible and had an open-door policy.
- Staff told us they involved people by having informal conversations with them. They said people preferred this rather than more formal house meetings.
- The registered manager had circulated a questionnaire relating to COVID-19 to gain people's views around testing and isolating if required.
  - People had allocated staff as their key workers. Key workers reviewed people's care plans with them on a three monthly basis to ensure people were happy with their care.
  - Staff spoke positively about the people they supported. They told us their aim was for people to be "Happy", "Empowered" and "More independent."
  - Staff commented positively about the registered manager. One staff member told us, "[Name of registered manager] is a fair manager, I never worry about asking them anything. They are supportive and they do

listen to us."

- Formal staff meetings were not held due to the size of the team and staff's availability. The registered manager told us they attended handovers each day and communicated messages to staff via the communication book. Staff told us communication in the home was good.
- The provider last sent out a survey to obtain feedback from people and professionals in 2018. The registered manager told us they did not send these out due to poor return and engagement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- Our previous inspection rating was displayed at the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they attended various webinars and seminars to keep themselves updated. They were also part of a group of local managers who supported each other.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as the mental health team, learning disability team, social workers, GP surgeries, advocacy services and the local authority.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to manage infection control were not effective. Risks to service users were not all assessed and mitigated. Regulation 12 (2) (a) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The premises and equipment were not properly maintained. Regulation 15 (1) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to monitor and improve the safety and quality of the service were not fully effective. Regulation 17 (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  Effective recruitment procedures were not in place. Regulation 19 (2)

