

## Barchester Healthcare Homes Limited



# Rose Lodge

### Inspection report

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#### Ratings

Is the service safe?	<b>Requires improvement</b>	
Is the service effective?	<b>Requires improvement</b>	
Is the service responsive?	<b>Requires improvement</b>	
Is the service well-led?	<b>Requires improvement</b>	

#### Overall summary

We carried out an unannounced, comprehensive inspection of this service on 6 and 7 November 2014. As a result of our findings we asked the provider to make improvements to people's needs being met in a more timely manner, management of medicines, staff knowledge and implementation of the Mental Capacity Act 2005 (MCA), staff training and supervision, and notifying the Care Quality Commission (CQC) of important events.

Since our inspection we had received concerns in relation to safety and the quality of people's care which the registered manager and local authority had investigated. The registered manager wrote to us detailing how and when improvements would be made.

As a result we carried out a focused, unannounced inspection to check those improvements had been made.

This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Rose Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

During this inspection on 9 November 2015 we found the provider had made improvements and that the regulations had been complied with.

Rose Lodge provides accommodation and nursing and personal care for up to 57 people, some of whom are living with dementia. At the time of our inspection on 9 November 2015 there were 54 people living at the service.

Since our last inspection the registered manager had changed. The previous manager left the service in March 2015 and the current manager took up post later in the same month. The current manager registered with the CQC to manage this service in August 2015. A registered manager is a person who has registered with the CQC to

# Summary of findings

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 received their prescribed medicines appropriately. Medicines were managed safely by staff who had received appropriate training and whose competency had been assessed. The registered manager had plans in place to make further improvements to the systems for administering topical medicines.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting and escalating concerns to protect people from harm. Risks were regularly reassessed to take account of people's changing needs.

People were encouraged to make choices about their everyday lives. The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services.

DoLS applications were in progress and had been submitted to the authorising body. People's rights to make decisions about their care were respected and where people lacked mental capacity, they were supported with the decision making process.

There were sufficient staff to meet people's assessed needs. Staff were appropriately trained to meet people's needs. People's care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure the change was effective.

People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. Staff and the registered manager were approachable. People's views were listened to and acted on.

# 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?

We found action had been taken to ensure the service was safe.

People were supported to manage their prescribed medicines safely.

There were sufficient staff to ensure people's needs were met.

There were systems in place to ensure people's safety was managed effectively.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

**Requires improvement**



### Is the service effective?

We found action had been taken to ensure the service was effective.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

**Requires improvement**



### Is the service responsive?

We found action had been taken to ensure the service was responsive.

Staff knew the people they cared for well and understood, and met their needs

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

**Requires improvement**



### Is the service well-led?

We found action had been taken to ensure the service was well-led.

The service was well run and that they were encouraged to provide feedback on the service in various ways.

**Requires improvement**



# Summary of findings

The service had an effective quality assurance system. This was used to drive and sustain improvement.

The registered manager had notified the CQC of important events at the service.

Whilst improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating at the next comprehensive inspection.

# Rose Lodge

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Rose Lodge on 9 November 2015. This inspection was undertaken to check that the provider had made improvements detailed in their action plans and that people's care safely met their individual needs.

The inspection team inspected the service against four questions we ask about services: is the service safe; is the service effective; is the service responsive; and is the service well led. This is because following our last inspection on 6 and 7 November 2014 we had asked the provider to make improvements to the service. In addition, since that inspection we had also received concerns about the care people received.

The inspection was undertaken by one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we held about the service. This included information from visitors, health and social care professionals, Healthwatch and commissioners of the service. We also looked at information from notifications that we had received. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with 11 people and two relatives of people who used the service. Throughout the inspection we observed how the staff interacted with people who lived in the service to help us understand the experience of people who could not talk with us.

We also spoke with the registered manager, a registered nurse, five care workers, a maintenance person and a staff trainer.

We looked at six people's care records, staff training records and records relating to the management of the service. These included audits, staffing rosters and meeting minutes.

# Is the service safe?

## Our findings

At our comprehensive inspection on 6 and 7 November 2014 we found that people were not protected against the risks of unsafe management and administration of medicines. This was a breach of the Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 9 November 2015, we found that the provider had followed the action plan they had written and improvements to the way medicines were managed had been made.

People all said they received their medicines on time and that they were supported to take them in the way they wished. One person told us, “[The staff] watch while you take your medication ... and give you a drink and make sure you swallow [the medicines].” A relative said, “[The staff] always ensure that [my family member] takes [their] tablets.”

We found medicines were stored securely and at the correct temperature. Staff told us, and records verified, that staff competency to administer medicines had been assessed by a senior member of staff. We observed that staff were respectful of people’s dignity when administering medicines. Staff demonstrated they had a good understanding of people’s needs and of the medicines that were prescribed to them.

Appropriate arrangements were in place for the recording of most medicines received and administered. However, the registered manager had identified the need to improve record keeping in relation to topical medicines. They explained to us that in order to achieve this they had arranged for another pharmacy to support the service. The new arrangements included further training for staff and new paperwork to assist staff to meet their obligations in relation to record keeping.

Senior staff carried out checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

At our comprehensive inspection on 6 and 7 November 2014 we found that people were not always provided with their care when they wanted or needed this to be provided.

This was a breach of the Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the comprehensive inspection we received concerns that there was insufficient staff to safely meet people’s needs. The provider’s representative and registered manager investigated these concerns and made changes to the number of staff at key times of the day. Prior to our inspection a commissioner of the service told us they felt staffing levels in the home had improved and that staff were available when they required assistance.

During our inspection on 9 November 2015 we found there were sufficient staff to safely meet people’s needs. People told us they liked the staff and that staff responded when people called for assistance. One person told us, “Some [staff] are really good. The one this morning was here as soon as you press the buzzer.” Another person said, “The staff are wonderful. They are gorgeous. I couldn’t wish for better.”

Staff told us that they felt there were sufficient staff to meet people’s needs. They told us that this meant that they could provide care to people when the people wanted it and that they rarely had to wait for a member of staff to assist them. Staff told us that staff vacancies and leave were covered from within the team and by staff supplied by an external agency. They told us that most of the agency staff were familiar with the service and therefore understood the needs of the people receiving care.

During our inspection we saw that although staff were busy, call bells were responded to quickly and people received the care they needed. We saw that people who were able to use them could easily reach bells to call staff when needed. A visiting professional told us that staff were “friendly and helpful.” They went on to tell us that staff were, “always around. They just appear.”

The registered manager told us that she used a recognised tool to assess people’s needs and determine the number of staff required. We saw that the numbers of staff employed at any time corresponded to how many staff were required to assist people to with their care. This meant there were sufficient staff to provide care safely to people.

Following our inspection on 6 and 7 November 2014 concerns were raised about the care some people received

## Is the service safe?

at the service. Where concerns were raised we saw the registered manager had taken appropriate action. This included reporting to other organisations (including the local authority and the CQC). They had also investigated and, where appropriate, taken action to reduce the risk of reoccurrence in the future. Action included staff training and the implementation of procedures. For example, we saw that staff had implemented a risk management strategy to reduce the risk of hazards in the home. This included assessing whether people were at risk of falling and putting actions in place to reduce the likelihood of the person experiencing another fall. Actions included the use of equipment. This meant that there were processes in place to reduce the risk of abuse and avoidable harm.

The people we spoke with confirmed that they felt safe at the service. One person said, “Yes, I’m safe enough here.” A relative told us “I’m satisfied with [my family member’s] safety.” Another relative commented, “I know I can trust [the staff] to look after [my family member].”

All the staff we spoke with told us they had received safeguarding training. Staff showed a good understanding and knowledge of how to recognise and how to report and escalate any concerns to help protect people from harm. One member of staff told us, “If I had any concerns about the safety of any one living here I will tell the manager of person in charge straight away, I would have no hesitation in doing this.”

# Is the service effective?

## Our findings

At our comprehensive inspection on 6 and 7 November 2014 we found that people were not protected against the risks of unlawful restrictions on their freedom. This was a breach of the Regulation 11 (1)(b)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 9 November 2015, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some of the people receiving care had restrictions imposed on them for their own safety and well-being. In these instances we saw that staff had submitted appropriate applications to the local authority.

Staff were knowledgeable in relation to the application of the MCA and told us they had received training in this area. We saw that any restrictions on a person's liberty were minimal and were a considered element of the care that people needed. Relatives told us, and records showed, that relevant relatives and professionals were consulted to ensure that people's best interests were upheld.

People told us they were encouraged to make choices about their everyday lives, for example, what clothes they wore. One person said, "I choose what time to get up and what time to go to bed." A relative told us that people had used "the lovely garden a lot and pick flowers for table decorations."

We noted that verbal and physical support from staff encouraged people to express themselves to make their own choices about their daily lives. For example, we saw staff approach people and ask them discreetly if they were ready for assistance with an aspect of their personal care.

At our comprehensive inspection on 6 and 7 November 2014 we found that people were not assured that they were cared for by staff who had up to date training and support. This was a breach of the Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this focused inspection on 9 November 2015, we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 13 described above.

People and their relatives made positive comments about the staff. One person told us, "I get on well with the staff I would consider some of them to be friends." A relative said, "[My family member] gets on very well with the carers and they are the people she sees the most of. [The staff] cuddle [my family member] and [my family member] likes that. They have a laugh and a joke with [my family member]."

We found staff members were knowledgeable about people's individual needs and preferences and how to meet these. One member of staff told us, "I usually work on this floor so I know everyone here very well – it's like one big family here."

There were comprehensive induction arrangements in place for newly recruited staff. The induction process lasted until each new staff member was assessed as competent. This included the opportunity for new staff members to work alongside more experienced staff. Staff members told us that they had received sufficient training suitable for their roles. They said they had received a range of training that included safeguarding, fire precautions and the MCA. We found staff were trained and competent to carry out the roles for which they were employed. One member of staff told us, "Since the new manager has been here, we have had a lot more training."

Senior staff had received training in how to effectively supervise staff. Staff received regular supervision from senior staff both informally and through formal one to one sessions. Staff told us the senior staff were supportive and



## Is the service effective?

the manager approachable. One member of staff told us, “I have a date for my next supervision but I am always having discussions with senior staff and if I wanted to bring the date of my supervision forward this would happen.”

Following our last inspection concerns were raised that people did not receive adequate assistance to eat and drink sufficient quantities of food and fluids. The registered manager investigated these concerns and provided us with a detailed action plan showing how they would bring about improvement.

At this focused inspection on 9 November 2015, we found that people received appropriate assistance with food and fluids. There were sufficient staff to serve the meals and to provide assistance to those people who needed it. This included assisting people to be seated comfortably for their meals and encouraging people in a positive way to remain focused on eating their meal when they became distracted.

People told us that the food was good and that there was plenty to eat. One person said, “The food is very good we have a lot of fruit and a lot of seasonal vegetables.” Another person told us, “The meals are good and I know I get enough to eat.” A relative said, “The food is lovely, [my family member] loves it and says it’s like home cooking.” We saw that where people did not want the meals on offer they were provided with an alternative.

People said there were snacks provided between meals if they felt hungry and there was a table with tea, coffee and biscuits for visitors and those people able to help themselves. People said they could choose where to eat their meals. One person told us, “I have my meals in the dining room but sometimes I have them in my own room.”

People were supported to be as independent at meal times as possible. Where appropriate, aids were provided to help maintain their independence. For example, we saw one person eating from a plate with a rim that helped retain the food on their plate and another person was drinking soup from a mug with two handles. Staff were sensitive when they assisted people. Staff sat beside people when assisting them. They asked people “Are you ready for lunch?” and explained what the foods were. We heard staff ask people, “Are you sure?” when they said they had had enough to eat.

Records showed that people’s weight was monitored regularly and action taken where concerns about people’s food and fluid intake were identified. Where appropriate, advice from healthcare professionals had been sought and followed in relation to people’s diets. Staff were aware of people’s nutritional needs. Records showed that the foods and fluids people consumed were monitored and action was taken to encourage people to increase their intake where necessary.

# Is the service responsive?

## Our findings

Since our comprehensive inspection in November 2014 we received concerns that people's care needs were not being met. The registered manager and local authority investigated these concerns and found people's needs had not always been responded to and met. The investigation found that care plans were not adequate and people had not received the assistance they needed.

At this focused inspection on 9 November 2015, we found that the provider had followed the action plan they had written to ensure people's needs were met.

People told us that the staff understood their care needs and that those needs were being met. One person said, "Some [staff] treat me better than others but they know me as a person." They went on to say that they liked it when, "[staff] come and sit and just talk to me." Relatives also felt that staff understood people's needs. One relative told us, "[The staff] are more responsive and the hands-on care is very good."

Relatives said that the staff reacted to people and readily responded to questions about their care and health. They said "[The staff] respond to requests for information about any problems." They told us, "[My family member] is reacted with not only by the care staff but by the domestic staff and the laundry staff."

People's care needs were assessed prior to them moving to the service. This helped to ensure staff could meet people's needs. We found that care plans were very detailed and provided staff with sufficient information and guidance about how to meet people's needs. Examples included guidance on assisting people to move, eat and with personal hygiene and skin care. Staff told us people's care plans were accurate and updated promptly. We saw they had all been regularly reviewed. Staff were able to locate information quickly when we requested it. This showed that improvements had been made to the service and people's needs were assessed and met by staff.

# Is the service well-led?

## Our findings

At our comprehensive inspection on 6 and 7 November 2014 we found that the registered person had failed to notify the Care Quality Commission (CQC) without delay of safeguarding and abuse incidents or allegations of abuse. This was a breach of the Regulation 18 (1)(2)(e) of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At this focused inspection on 9 November 2015, we found that the provider had followed the action plan they had written. Our records showed the registered manager had notified the CQC of important events at the service. This was to meet the shortfalls in relation to the requirements of Regulation 18 described above.

Since our comprehensive inspection in November 2014 we received concerns that the registered manager did not have a visible presence around the service and that staff lacked leadership.

At this focused inspection on 9 November 2015, we found that the manager was visible and the service was well led. Since our last inspection the registered manager had changed. The previous registered manager left the service in March 2015 and the current registered manager took up post later in the same month. The current manager registered with the CQC to manage this service in August 2015. 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.

The registered manager also sought feedback from people and their relatives both formally, through meetings, and informally. People and their relatives made positive comments about the current registered manager. They said the registered manager was visible and approachable. One relative said, "Since [the registered manager] has taken over things have improved tremendously." Another relative told us, "[The registered manager] has made a big difference." They went on to say, "This is by far the best manager we have had here."

The registered manager monitored the quality of people's care and the service provided in various ways. These included audits of medicines, infection control and skin care. The regional director reported on their monthly visits to the home and produced an action plan. The report included feedback from people and staff, a tour of the premises and a review of complaints and investigations.

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to their manager. They said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. The staff we spoke said they enjoyed their jobs and felt supported by senior staff and the registered manager to meet people's needs.