

K S Mann

Rosewood Lodge

Inspection report

45-47 Valentines Road

Ilford

Essex

Essex

IG1 4RZ

Tel: 020 8554 4343

Website: www.rosewoodlodge.org

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 8 January 2016 and was unannounced. The service met the three legal requirements inspected at our last follow up inspection in October 2014.

Rosewood Lodge provides care to 19 people some of whom may be living with dementia. On the day of our visit there were 18 people using the service.

There was a registered manager in place on the day of our visit. 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 told us they felt safe living at the service. However, we found shortfalls in the current infection control measures and found that the premises were not always maintained in order to keep people safe. Risk assessments were in place for people but were not

Summary of findings

always up to date for the environment which could leave people at risk of falls. In addition policies were not up to date and care plans were not always individualised to ensure people received person centred care.

Staff were supported by regular supervision and yearly appraisals in order to identify and developmental needs so they could be supported to deliver appropriate care. We found shortfalls in the training and induction program. Although staff had attended training they had limited understanding of the requirements of the Mental Capacity Act 2005 and dementia care. This affected how they responded to people.

Staff turnover was very high and did not ensure continuity of care for people. Staffing levels were maintained at three staff to nineteen people. However, we found that staffing numbers were not determined by people's needs and level of dependency on staff, but by numbers of people using the service. This left people at risk of falls and waiting for prolonged periods especially during the afternoon.

People told us they were respected and that they could raise complaints if they needed to. However we found discrepancies in the complaints logged and found that the service's policy was not always followed to ensure that complaints were acknowledged and responded to in a timely manner.

People's records were not always accurate and did not always reflect current needs. People were not always lawfully deprived of their liberty.

We found short falls to the leadership and quality assurance systems as they had failed to pick up inadequate training, poor infection control practices and maintenance of the service. In addition some staff told us they felt the culture of the service was punitive." Policies were not always up to date and could impact of the care delivered especially around safeguarding and mental capacity.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have 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 always safe. Infection control guidance was not always followed in order to protect people from cross infection. In addition the service was not always kept clean or safe for people.

Staffing in the evenings sometimes left people waiting or unattended in the main lounge as one staff member concentrated on meal service whilst the other two supported people to eat.

Staff were aware of the procedures to follow in an emergency and were aware of the health and safety checks and risk assessment in place in order to minimise harm.

Medicines were administered safely.

Inadequate



Is the service effective?

The service was not always effective. Although staff were supported by regular supervision and appraisal, there were shortfalls in the induction, training and understanding of staff in areas such as mental capacity and dementia.

Adaptations made to the building did not support people to find their way around the service premises, particularly for people with dementia.

People were supported to maintain a balanced diet. However, the menu did not always reflect the diversity of the people using the service.

Requires improvement



Is the service caring?

The service was mostly caring. We saw staff interacting with and responding to people in a timely manner. We saw staff address people by their preferred names. However we also observed staff not being able to respond to people who were agitated in a timely and appropriate manner.

Staff were aware of how to maintain people's dignity and privacy.

Some of the information within the service was out of date and needed to be replaced.

Requires improvement



Is the service responsive?

The service was not always responsive. The current complaints procedure was not always followed as we found discrepancies. In addition support plans were did not always specify preferences of people who used the service.

Although an activities program was in place it did not always cater for people especially people living with dementia and people who preferred to go out more often.

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led. Staff and relatives gave us mixed reviews about the service. We also received anonymous complaints about bullying and harassment and reluctance from staff to speak as there were cameras all around the communal areas of the service. In addition policies were not up to date.

The current quality assurance system had failed to address issues such as training, poor maintenance, inaccurate complaints log and inadequate infection control practices.

Requires improvement



Rosewood 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 8 January 2016 and was unannounced.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided. In addition we received anonymous concerns and two other complaints from relatives.

During the inspection we observed how staff interacted with people. We spoke with eight people who used the service, three relatives, the registered manager, two care staff and a cook. We looked at four people's care records, six staff files and records relating to the management of the service. We observed care in the main lounge/activities room where 15 people were based for most of the day.

After the inspection we asked the registered manager to send us more information about activities, menu plans and staff training. This information was provided to us within the specified timeframe. We also received another anonymous allegation about people being woken up early, against their wishes, and staff and relatives feeling intimidated.

Is the service safe?

Our findings

People told us that there were sometimes not enough staff to meet their needs. Five out of eight people, when asked whether they felt there were enough staff working at the service during the day and also at night and at weekends, responded negatively. Comments included: “Don’t think so”, “Usually, but if one is sick it’s a problem” and “Not really enough.” They told us that at times it was difficult to get staff to help them with their needs.

There were times where there were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet people’s needs. We reviewed staff rotas and found that there were three staff to look after 19 people during the day and two staff at night. We reviewed the staff rotas and found that there had been no unfilled shifts in the last three months. However we noted that during meal times people were left unattended especially during the evening when one staff member was in the kitchen plating the evening meal while the remaining two staff members helped people move from the lounge to the dining room. In addition on the afternoon of our visit there were two staff on duty for over an hour whilst the third member of staff took a person to a hospital appointment. This did not leave enough staff to ensure that people could be assisted in a timely manner if required leaving people at risk of waiting or of falling. For example a person got up very often but constantly forgot their walking stick and staff were not always around to prompt them to take their stick putting them at risk of falls. Furthermore during the day and night shift staff were scheduled to do a lot of domestic duties such a laundry and tidying up people’s rooms as there was only one domestic staff member on duty during the day who only worked from 8:30a.m.-:0230p.m.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff providing care did not always have the competence, skills and experience to do so safely, particularly adhering to infection control guidance and management of people with dementia. In addition we observed that a staff member was unable to recognise and support people appropriately when they got agitated. For example in the afternoon there was singing going on within the lounge. Seven out of fifteen people were participating, however two people were getting more agitated as the singing got

louder. This was not noticed until an altercation between two people occurred. This meant that the skills and competence of staff in dealing with conflict was limited. A staff member had failed to recognise the need to respect the wishes of other people who may not wish to participate or who may be affected by noise when providing activities within one open lounge.

Control of substances hazardous to health risk assessments were out of date and needed to be updated to reflect the current cleaning products in use. This was not in accordance with Health and Safety Executive (HSE) guidance which recommends regular review in order to reduce the danger of gradual change over a long period of time going unnoticed. Staff had to sign for gloves and kept them in their pockets increasing the risk of cross infection. During our visit we did not see any use of aprons to prevent cross infection during meal service, bed-making and personal care. In addition hand washing facilities were limited with only cloth towels available to dry hands for both staff and people using the service. A member of staff was wearing long sleeves throughout the inspection. The above practices put people at risk of cross infection as appropriate guidance was not always followed.

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

Premises and equipment were not always clean or properly maintained. A fuse box housing unit in the corridor outside the main dining room, which was easily accessible to people, had lots of wires leading to the unit, which people could easily touch and left people at risk. Skirting boards were chipped in places upstairs and downstairs. One toilet downstairs was visibly dirty and three other toilets upstairs were also visibly dirty with one bathroom having a missing tile. Some fixtures and fitting were tatty such as the two chairs in the middle landing where their arm rests were torn and a mat in a person’s bedroom was torn and dirty. Picture frames in the downstairs corridor were dusty. There were some cobwebs in the main lounge. In addition upstairs three bedrooms smelt of urine. The small lounge with the telephone smelt musky and had two lace table clothes that were full of dust putting people at risk of breathing complications caused by dust inhalation. Though there was a cleaning schedule in place it was not currently ensuring that the service was kept clean and conducive for people especially the toilets which were not always cleaned regularly.

Is the service safe?

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

Staff files showed that recruitment practices were safe and included the necessary checks to ensure staff identity and qualifications were verified. Staff files contained references, academic certificates, proof of identification and disclosure and barring checks (checks to ensure that staff were able to work in a health and social care environment). However, these checks were not always refreshed to ensure that people were still suitable to work after several years of employment.

Medicines were administered safely by staff who had been assessed as competent. We checked medicine administration records (MARS) and found no discrepancies. However when we cross checked the contents of the prefilled medicine blister packs we noted that one staff member had not followed the weekday order when administering medicines. We spoke with the registered

manager about this and they told us they had already spoken to the staff member about this issue in order to avoid any errors and confusion. In addition although nothing was stored in the current medicines fridge, the daily fridge temperature checks were above the normal range and needed to be recalibrated in order to prevent medicine from losing its effectiveness when the fridge was in use.

Health and safety checks were completed regularly including quarterly fire drills and weekly fire tests. Staff were able to explain the fire safety and evacuation procedure. Incidents and accidents were documented and staff were aware of how to complete these records and any learning from incidents was shared via a communication book and during handovers. In addition the staff communication book was also used to update other staff as well as handovers to ensure staff had up to date information about people's support needs.

Is the service effective?

Our findings

People told us that most staff supported them appropriately. Appraisals were completed annually. Staff told us they had supervision with the registered manager regularly and we saw records to confirm that staff attended regular supervision. We saw that various training was in place which included medicines management, food hygiene and infection control. However, although the registered manager told us staff were trained mainly using in house training and an external training package, staff demonstrated limited understanding of the Mental Capacity Act 2005, infection control guidelines and conflict resolution strategies. In addition understanding of the different types of dementia was limited despite two staff including the registered manager having attended dementia mapping training.

The environment was not always suited for people living with dementia. The adaptation of the building was not dementia friendly and did not offer assistance to people such as clear signage in bright colours. Although an orientation board was in use it was not in a colour that that people living with dementia could easily recognise.

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. Most of the people living at the service required assessments to determine their capacity to make certain decisions. However the records we reviewed were not in accordance with the Act as they were brief and did not demonstrate that any specific capacity test had been made to determine people's capacity to make decisions. In addition restrictions such as locking people's bedrooms during the day, keeping zimmer frames out of reach and asking people to come back and sit in the lounge for most of the day were observed throughout the inspection.

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). At the time of our inspection there was only one DoLS authorisation in place which staff were aware of. However a lot of the people living at the service had, according to staff and our observations, varying degrees of capacity but did not have capacity assessments in place or records of best interests decisions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave us mixed reviews about the meals. We observed meals at lunch and at supper. We found that people had to wait for 20 minutes at lunch time before food and drink was given. Similarly at supper time people also had to wait. This was mainly due to people needing staff to assist them to walk from the lounge or activity room to the dining room. Staff including the cook were aware of people on special diets such as diabetic diet and soft diet. Weights were monitored weekly and referrals were made to the dietitian and the speech and language therapist when required. Although meals were balanced there were not always to everyone's preferences. One person said, "Not great. Not many choices. Enough to drink." We noted that cultural specific food was not always available for people. In addition cooked breakfast was not an option for people who preferred it once in a while rather the menu on a Sunday included one or two hot options such as scrambled egg or beans. In addition tea was served with a minimal choice of biscuits and came from the kitchen already poured into cups which did not ensure the tea was still hot when it eventually reached people. This did not ensure that any reasonable requirements for food and hydration arising from people's preferences or their religious or cultural background were always met.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People told us mixed reviews when asked if staff were caring. Comments made included: “Mostly caring”, “Not that caring. Different attitudes” and “Caring always. Amenable and polite.” When we spoke with people others cited language barriers as a limiting factor in communication with staff. Relatives told us staff were caring. We observed staff interacting with people in a caring and considerate manner.

We observed that staff sometimes did not explain things clearly to people or give them time to respond. This was particularly evident when a staff member did not understand a question asked by a person using the service. We also observed another staff member try to take a cup of tea from a person without asking them if they were still drinking the tea. Information displayed within the service needed updating as some of the posters were out of date some going as far back as 2010. This included the multi-faith religious calendar. Some of the notices read more like an institution rather than people’s home, such as the “rules for this Home” and “rules for eating” which had not been drafted in consultation with people using the service. Care plans and complaints policy were not available in a format that people with communication difficulties could understand. There above did not ensure that people’s autonomy, independence and involvement in the way the service was run was optimised.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed mixed responses to people’s verbal and non-verbal cues. The morning staff responded well to an incident where a person became aggressive. However staff in the afternoon failed to recognise that two people were getting agitated by singing that was going on in the activity room until an avoidable argument took place. This showed that some staff needed further support to enable them to meet people needs appropriately.

People’s privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted. When asked if staff respected their privacy and dignity and whether they asked permission before doing something, people responded: “Yes they do. Always knock on the door”, and “They used to. When doctor comes they sit in with you.” A third person said, “Yes they do respect my privacy. If I want help I ask for it.” People were treated with dignity and respect.

Staff called people by their preferred names and we saw these name preferences documented in the care plans we reviewed. Staff knew people’s night and day routines although sometimes these were not specified in the care plans we reviewed. People were encouraged to be as independent as possible. We saw one person kept busy by helping to make the beds in the morning while other people were encouraged to use their mobility aids.

Staff told us that they had received some training about equality and diversity and told us they delivered care without discrimination. They gave examples of how a vicar visited people once a month and that they would sing hymns with people on a Sunday.

Is the service responsive?

Our findings

People told us they would complain to the registered manager or a member of staff on duty if needed. Three out of eight people told us they had had cause to make a complaint. People's responses were "Complained once about not wanting to go to bed at a certain time." Another said, "Daughter or son would sort out any complaint". A third person said, "No complaints but if I did I would go to the manager".

Five people said they had not made any formal complaints. Three out of eight people complained about the food and bed time being around 8:00P.M. We looked at the complaints log and found that although complaints were logged responses made were not always recorded. In addition we also noted that two formal complaints we had been made aware of were not logged at all. This meant that the current system of logging, investigating and responding to complaints was not always followed.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care delivered was not always appropriate and did not always meet or reflect people's preferences. For example a person told us they occasionally enjoyed a full English breakfast but this was not available on the breakfast menu. Staff we spoke with confirmed that a full English breakfast was not on the breakfast menu. Three out of eight people said they were taken to bed around 8p.m. and didn't think they had a choice. One person said, "Don't choose. They take you to bed at 8 or 8:30." Another person said, "I go to bed at 8. Never tried to stay downstairs."

Care delivered was not always designed with a view of achieving people's preferences and ensuring their needs were met. For example the service's website stated that

there were regular outings, visits to the pub, cinema, and theatre. However none of the eight people we spoke with had been on an outing, other than two people who had gone out with their own relatives. Two staff members told us that there had been no recent outings whilst one said that in the summer a few people had gone to the local church. One person said, "I read. My daughter takes me out."

Another said, "Limited. I watch TV. No outings." A third person said, "Some activities. I like baking but don't get to do it here." Another person said, "I like playing ball and going in the garden." The activities calendar we saw did not include any outings. In addition people told us they were not able to go out in the garden or in the park. We asked staff about this and they confirmed that people rarely went out, and in addition the care plans we saw did not indicate how often people went out if they chose to do so.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Initial assessments were made when people first moved into the service and care plans were updated every six months or as conditions improved. However we noted that although care plans contained day and night preferences, they did not always take into account the person's individual preferences such as wake up times or sleep times and where people preferred to have their meals or spend their time within the service.

People told us that they could have visitors at any time. One person told us they could call their relatives or receive calls using the payphone in the small sitting room. People were supported to stay in touch with their families and close friends. One relative said, "We manage to visit about once a month but are kept informed by the manager."

Is the service well-led?

Our findings

Staff had mixed reviews about the culture of the service. Some thought it was supportive whilst others thought the monitoring of communal areas via closed circuit TV did not help in building trust and confidence. In addition we saw a sign outside the registered manager's office that said "I can only please one person a day. Today is not your day. Tomorrow doesn't look good either." Although this was removed by the time the inspection ended this could potentially deter staff and relatives from trying to speak to the registered manager. The staff we spoke with on the day told us they were happy with the leadership. However we received anonymous concerns and two other concerns from relatives who had recently moved people out of the service. These were about the registered manager coming across as defensive and abrupt. We had referred these concerns to the provider to investigate who gave us a report that said they could not find evidence to support the anonymous claims.. The culture of the service was not always open and transparent as some staff and relatives told us they hesitated to talk fearing repercussions from management.

There were instances when the leadership was reactive rather than proactive. This was evident in unnecessary restrictions such as locking people's doors to prevent other people from wandering into people's rooms. We found policies relating to safeguarding and the Mental Capacity Act 2005 were out of date and did not reflect current changes. All policies reviewed were out of date and last reviewed in 2012 and 2013. We asked the registered manager about this and they told us that they were going to update the policies this January. However, this still left people at risk of receiving inappropriate or out of date care delivered by staff that were not kept up to date with changes.

Quality assurance systems were in place but inconsistently applied. For example we noted that a medicine check at handover sheet was in place to monitor any discrepancies but this was not always completed. Similarly infection control audits were completed but had failed to pick up the need to use personal protective equipment (PPE) appropriately and staff not wearing uniform in a manner that did not contradict infection control guidelines

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

Staff told us they felt supported and were aware of their roles and responsibilities but came across as task oriented. This was also evidenced by various books with lists of tasks for staff to do each shift. This seemed to divert the focus from looking at people as individuals but rather tasks that needed to be completed. There were notices about person centred care and staff answered questions about person centred care but this was not always evidenced in the way care was delivered. For example wake up times and bed times or where people chose to eat or go was restricted. Although people were supported care was not always person centred but rather focussed on the tasks to be completed rather than the people requiring care.

People were given the opportunity to express their views about the quality of the service. This was done through regular meetings where issue such as food were discussed. Annual satisfaction surveys were also completed with a very minimal response rate. Staff meetings also occurred a few times a year but staff felt that the daily handover and the registered manager being present Monday to Friday was enough opportunity to raise any concerns or issues.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>People's care was not always appropriate and did not always meet their needs or reflect their preferences.</p> <p>The registered person did not always design care with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9 (1) (a) (b) (c). 3. (1). (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>People's autonomy, independence and involvement was not always promoted.</p> <p>Regulation 10 (2).(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Care of service users was not always provided with the consent of the relevant person.</p> <p>Where people were unable to give such consent because they lacked capacity to do so, the registered person did not always act in accordance with the 2005 Act.</p> <p>Regulation 11. (1) (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

This section is primarily information for the provider

Action we have told the provider to take

Staff providing care or treatment to people did not always have the competence, skills and experience to do so safely, particularly adhering to infection control guidance and management of people with dementia.

Infection control guidance relating to preventing, detecting and controlling the spread of, infections was not always followed.

Regulation 12 2 (a) and (h)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

The provider did not ensure that reasonable requirements for food and hydration arising from people's preferences or their religious or cultural background were met.

Regulation 14 (a)

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 were not always clean or properly maintained. Skirting boards were chipped in places, toilets were unclean. Some fixtures and fitting were tatty and picture frames were dusty

The registered person did not, in relation to such premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.

Regulation 15. 1. (a) (e) 2.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Action we have told the provider to take

The registered person had established but not operated effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes were not always operated effectively to ensure compliance with the requirements.

The systems or processes did not enable the registered person, in particular, to seek and act on feedback from relevant persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

Regulation 17. (1) (2) (e) (f)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were times where there were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet people's needs.