

Scosa Limited

Rosewood Lodge

Inspection report

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31 August 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 30 and 31 August 2016 and was unannounced. At the last inspection in December 2013 the provider was found to be meeting all of the standards inspected.

Rosewood Lodge residential home provides care and accommodation for up to 20 people. On the days of the inspection 19 people were living at the home. The home was over three floors, with access to all floors either via stairs or the lift. Some bedrooms had an en-suite toilet. There were shared bathrooms, shower facilities and toilets throughout the home. Communal areas included two lounges, one dining area, a front garden and courtyard and hair dressers room.

The service had a registered manager at the time of the inspection. 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 did not always have up to date risk assessments and guidelines that identified how staff should support them with their specific care needs. Where one person was at risk of choking we found staff were not following the support plan so the person received safe care and treatment. Those people at risk did not always have records completed that confirmed what care and support staff had provided relating to their skin care and modified diets.

People felt safe and all but two people had a personal evacuation plans that identified what support they should require in an emergency. Fire checks were undertaken regularly but the building had no fire plan so staff were able to tell the area which would need evacuating in an emergency situation.

People had their medicines administered safely by staff who had received training. People who required their blood sugar levels monitoring did not have their checks undertaken with test equipment that had been calibrated in line with the manufactures guidelines.

People were supported by staff who were happy in the home and who felt supported by the manager. Staff had received regular supervision and training and staff meetings were an opportunity for staff to raise any changes or concerns. Staff had adequate checks completed prior to working with vulnerable people.

People and relatives were happy with the care they received and felt staff were kind and caring. One person who was supported with their lunch did not receive their meal in an inclusive, supportive manner. There was a lack of engagement and one to one support to provide this person with a positive meal experience. People were supported to maintain relationships with people who were important to them.

People's consent to care and treatment was obtained and care plans reflected if people had capacity to make their own decisions. People were involved in their care planning and referrals were made to health

care professionals when required.

The environment was not always enabling a dignified environment for people living at Rosewood Lodge. People had access to activities and people told us they enjoyed the meals.

People, relative's, health professionals and staff views were sought. People and relatives felt able to raise any concerns and there was a complaints policy in place. The provider had quality assurance systems in place that monitored the quality and safety of the service and identified areas for improvement, although some areas of concern had not been identified prior to this inspection.

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

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.

Care plans did not always contain guidelines for staff to follow relating to people's care needs.

People received their medicines safely although manufactures guidelines were not being followed for blood monitoring machines.

People felt safe and staff were able to demonstrate what they would do if they had concerns for people's safety although the building required an updated fire plan.

People were supported by staff who had adequate checks in place to ensure their suitability to work with vulnerable adults, prior to starting employment.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were happy with the meals and felt able to choose alternatives although one person was not always supported in an inclusive, supportive manner.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs.

People were supported by staff to make decisions about their care in accordance with current legislation and care plans reflected people's capacity to make their own decisions.

People were supported to see health care professionals according to their individual needs.

Requires Improvement ●

Is the service caring?

The service was not always caring.

The environment was not always enabling people to receive

Requires Improvement ●

dignified care. People and relatives felt staff demonstrated a kind and caring approach.

People had choices and were happy with their care and care staff.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the care planning process. Care plans were evaluated and most changes to people's care plans had been updated.

People and relatives felt happy to raise a complaint and were aware of the provider's complaints policy.

People were happy with the social activities within the home and these were planned to enable people to participate.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider had quality assurance systems in place to monitor the quality and safety of the service but not all areas had been identified prior to this inspection.

People were supported by staff who felt well supported and happy with the management of the home.

People, relatives, staff and health professionals' feedback was sought and comments received were shared within the service so that improvements could be made.

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.

We visited the care home unannounced on 30 and 31 August 2016. The inspection team consisted of one inspector and one specialist advisor on the first day and an inspector on the second day. The specialist advisor was a nurse.

During our inspection of the care home we spoke with six people, one health professional and three relatives about the quality of the care and support provided. We spoke with people in private and observed people's care and support in communal areas. We spoke with four members of care staff, the chef and the registered manager.

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 looked at five records which related to people's individual care needs. We also looked at records which related to the management of the service. These included two staff recruitment files, policies and procedures, accidents and incident reports, training records and the service's quality assurance systems.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was not always safe.

People did not always receive safe and appropriate care as people did not always have guidelines in place for staff to follow relating to their care. Where care plans did have guidelines in place we found they were not always being followed to ensure people received safe care and treatment. For example, one person who had Dementia did not have a detailed support plan in place that identified triggers to certain behaviour and what staff should provide if there was a problem. For example, their care plan identified at times the person could become upset, anxious and physical towards staff. They had no support plan that identified any triggers and how staff should support the person. Daily notes written by staff confirmed, 'Let [Name] get up later'. Although this had resolved the person becoming upset, there were no support plans in place that gave staff this guidance to follow.

We also found where people were at risk of pressure ulcerations there were no guidelines or support plans in place for staff to follow. This is important as guidelines and support plans confirm what support staff should provide to the person regarding their skin care. For example, how often staff needed to check the person's skin or how often they were changing their position.

Another person's care plan identified they had Epilepsy but there was no detailed support plan that identified what staff should do if the person required support with their Epilepsy. This is important as support plans give staff clear guidelines to follow in relation to their Epilepsy.

Another person's care plan identified they were at risk of choking. During the inspection we found the person was coughing. We called staff for assistance. The person had a cup of tea and a biscuit beside them. Their cup of tea had no thickener added and their biscuit was of a hard and crunchy texture, which was not in line with their speech and language assessment. We reviewed this person's support plan which confirmed they required their diet to be modified and thickener to be added to all drinks to prevent choking. It also confirmed that at times the person was refusing to have thickener added. Staff told us conflicting information. One staff member told us, "[Name] doesn't have thickener added to orange". Another staff member told us, "Sometimes [Name] has thickener in. We put it in when necessary". Their medicines administration records had no record that confirmed thickener was being administered to the person's drink or when they had refused it. There were no records for the 16 days prior to the inspection that confirmed if the thickener had been added or not to their drinks. The thickener was prescribed by the person's GP. This meant the person was not receiving safe care and treatment in line with their support plan, and speech and language guidelines, and prescription for thickening their drinks. We fed this back to the registered manager who confirmed they would take immediate action.

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

During the inspection we observed staff administering medicine's safely to people. All medicines were stored safely. All staff who were responsible for administering medicines had received training. This was

confirmed by the training records. We observed staff undertaking peripheral blood glucose monitoring. We found the home used 3 different capillary blood monitoring machines. Each device had not followed the manufactures guidelines. For example, only two of the three devices had been checked using the required hi-lo solution. The checks undertaken were invalid because the hi-lo solution used contained no information regarding the acceptable parameters. This is important as each hi-lo solution has specific acceptable parameters which confirm the parameters that the device should read between. This means it is impossible to identify if the device is functioning correctly. We also found the site where staff were taking the person's blood test from was being wiped with a barrier wipe. This meant it was leaving a film over the area to be tested. This can affect the reading of the blood being tested as some of the barrier wipe would be included within the blood sample. The registered manager following the inspection confirmed staff were no longer using these wipes. They also confirmed they were seeking refresher training for staff in blood monitor testing.

People felt the home was safe. People told us, "Yes I feel safe", "Yes. Yes, I feel very safe" and "Very safe here". Relatives felt people were safe. They told us, "Yes. I believe [Name] is safe" and "[Name] is safe". Staff felt people were safe and were able to demonstrate a good understanding of what might constitute abuse and how to report it, both within the service or to other external agencies such as the Care Quality Commission, police and the local authority. Staff told us, "I would report it, to [Name], The Care Quality Commission, or police. There are different types of abuse. I wouldn't hesitate to contact them". Another staff member told us, "I would go to my manager or The Care Quality Commission. If I thought any one was being treated poorly". Staff had received training in safeguarding adults and training records confirmed this.

People had their own personal evacuation plans in place for emergency situations. The personal evacuation plans confirmed people's individual support needs. For example, their communication requirements, any equipment and support they would need, and any anxieties they might have. We found one people had no personal evacuation plan in place. We raised this with the registered manager who confirmed all staff would know what to do should there be an emergency, but they would address this missing plan. Staff undertook weekly fire safety checks throughout the building as well as monthly fire tests. A new fire panel had recently been fitted and a new risk assessment undertaken which confirmed people's rooms and which floors they were on. We found there was no plan for the building that identified the layout, fire extinguishers and the zones. This is important as the fire panel in the event of an alarm being activated the fire panel would alert staff to where the concern was and that without a plan to follow in an emergency staff may not know where to go. We raised this with the registered manager who confirmed they did not have a plan for the building but staff would know where the zones were. They confirmed they would action a plan being in place.

The service had environmental risk assessments that gave guidelines for staff to follow. For example, for specific areas of the home, using kitchen and cleaning appliances, infections and control of hazardous substances. All the assessments had identified the risk and confirmed the control measures in place to reduce it. There were gas, electric and portable appliance tests in place and certificates confirmed these were in date. This meant risks to the environment were being identified and managed.

People were supported by staff who all had checks completed on their suitability to work with vulnerable people prior to starting their employment. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification.

People were supported by adequate staffing numbers to meet people's needs. The registered manager and regional manager confirmed the staffing levels for the home were three staff in the morning and afternoons. On the day of the inspection there were four staff working which included a domestic member of staff. Records confirmed this. Staffing levels had been calculated based on people's needs. Any changes to the

staffing numbers would be discussed and confirmed with the provider. One staff member when asked if there were enough staff on duty told us, "Yes, it is a good place to work". One person told us, "There is a good team and there is always staff about".

The registered manager took account of incidents and accidents. These were reviewed and actions taken were recorded. A recent audit identified a log of all incidents and accidents was required. This is important as logging incidents allows any trends to be identified to prevent similar incidents from occurring. The registered manager confirmed they were in the process of ensuring a log was in place.

Is the service effective?

Our findings

The service was not always effective.

Some people who used the service were unable to tell us about their care due to their dementia, so we observed the lunchtime meal on the first day of our inspection. People were given options about what to drink and staff spoke with people politely asking if they wanted any more. One person however who needed assistance to eat their meal had a lack of positive communication and support from the staff member assisting them. For example, the staff member gave no verbal confirmation of what the main course consisted of or the dessert. The staff member talked to three other people and one staff member but not to the person they were directly supporting. We spoke with the staff member about how they supported this person and others who had dementia and needed assistance. They told us, "I do ask. Have you had enough? Do you want any more? It is about talking to the person and having eye contact. As well as making sure you are on the same level as the person". This meant the staff member was able to confirm how to support people with dementia but their practice did not reflect this. We fed this back to the registered manager for them to address.

People were happy with the meals and drinks offered within the home. There was a variety of meal options which were based on people's likes and dislikes and dietary requirements. People could choose where they preferred to eat their meals. One person told us, "They are very adaptable and flexible. The menu is good. If you need more of something, you can always say". Another person told us, "The menu is always different every day. I can say if I didn't like something".

The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity or where best interest decisions were made. The 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.

Where they were able, some people chose what care and treatment they received. Where people were able to sign their own agreements these were in the person's care plan. Agreements included consent to daily support, photographs being taken, flu vaccinations, medical support and being weighed. However, one person who lacked capacity had signed their care plan to say they gave consent to care and treatment when they would be unable to give their full consent themselves. We raised this with the registered manager, who confirmed they would take the appropriate action.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 12 applications had been made by the registered manager. One

authorisation was in place. This meant the correct procedure had been followed and applications had been submitted to ensure the restrictions were lawful and in each person's best interests.

People were supported by staff who received regular supervision and appraisals. Supervision and appraisals are an opportunity for both staff and the manager to discuss their work and development opportunities. Staff told us, "I get regular supervision, once a month" and "I get supervision. It is good to chat with [Name], they are always around as well". Prior to supervision staff undertook a self-assessment form. Staff returned these giving feedback on their work and if they had any concerns or development needs. The records we reviewed showed this was then discussed and recorded in the supervision session.

People were supported by staff who had received training. Staff felt the training was adequate. They told us, "There is enough training", "I have had training in safeguarding adults, dementia, first aid training, mental capacity, disabilities, It has been good" and "Training, I don't need any at the moment. Training records confirmed staff had received mandatory training, for example moving and handling, safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff confirmed meetings were held for them every three months. They told us, "We have a staff meeting every three months" and "A staff meeting is every three months". Minutes confirmed staff had an opportunity to discuss any concerns or changes to people's needs as well as discuss learning opportunities. For example, at the last staff meeting there has been a discussion around the principles of the Mental Capacity Act 2005 as well as staff being reminded about good infection control practices and the disposal of their personal protective equipment. This meant staff had opportunities to experience shared learning.

People were supported to attend a range of health care professional's appointments. People saw their GP, district nurse and speech and language therapists when required. People's care plans confirmed these visits and during the inspection we observed a visit taking place. One person confirmed how they were supported by staff to access their appointments. They told us, "I can always ask for the dentist, GP or hospital appointments. I just need to tell them". Another person told us, "Staff would get the GP if I needed it. I would ask and staff would support". One health care professional confirmed that they felt staff called them when required. They told us, "Staff never call us out for nothing".

Is the service caring?

Our findings

The service was not always caring.

People who were able to tell us how staff treated them. Felt staff treated them with dignity and respect although we found some areas of the environment could be improved for people living at Rosewood. For example, we found the service had not followed the advice from professionals for two people living in the home. Advice consisted of signposting the environment to identify how the person would get to the toilet from their bedroom. This advice had not been followed and no signs had been put in place. We raised this with the registered manager who was not able to give an explanation as to why action had not been taken, but confirmed they would address this. We also found the lounge arm chairs had fabric seat protectors. These were protecting the chairs from stains, spillages and other accidents. The use of these protective covers can give a disempowering view of people's dignity.

Staff were happy and described the home as a lovely, nice place to work. They told us, "Couldn't be anywhere better, I am happy here", "It is an amazing place here, it is lovely. The care is exactly what my mum should get if she were in a home". Staff were able to demonstrate a good understanding of how they respected people's dignity. They told us, "I always shut the door and the curtains" and "I always cover the person when washing and dressing them. as well as shutting people's doors". People all confirmed staff treated them with dignity and respect when we asked them. They told us, "Staff are very polite" and "Yes, staff treat me with dignity and respect". One person told us, "They provide a very sympathetic care and always knock". One member of staff was a dignity in care champion. This meant staff could raise any concerns with the champion who would seek to resolve any concerns regarding people's dignity

People were happy with the care they received. They felt supported by staff who were attentive, kind and caring. People told us, "Staff are lovely", "Yes, staff are kind and caring", "Very, very happy with staff. They are nice and helpful. Two relatives also felt staff were kind and caring. They told us, "Staff are always nice. It is a lovely place and they are always friendly" and "They are nice, very kind to me also. It is all very good". Staff demonstrated a caring approach towards people. They spoke to people in a polite and kind manner. For example, staff spoke with people asking how they were; they stopped to wait for an answer before walking to see the next person.

People felt able to express their views and make decisions about their care. They told us, "I make my own choices", "Staff always ask me" and "I can do what I want". Staff knew people well and were able to give examples of how they supported people with their likes and dislikes.

Staff felt people should be treated as equals. They were able to give examples of how to meet people's individual needs relating to equality and diversity. They told us, "It is about treating people like a human being not like a number", "About religion and their individual needs, it is their choice" and "We used to have holy communion". Where people had individual religious needs these were confirmed in their care plan. Staff confirmed they were able to provide support if people wished to attend church.

People were supported to maintain relationships with people important to them. People felt able to have visitors. They told us, "I have photos of my family and they visit when they can", "My family visit once a week, at any time; it varies on what they are up to". Relatives told us, "I always visit unannounced, every few months. They always make us feel welcome with a cup of tea", "I visit every day" and "I have managed to visit three times. The staff have been very kind on my last visit". People made choices about where they wished to spend their time. For example some people spent time in the lounge areas, the dining area, or spent time in their rooms.

Is the service responsive?

Our findings

The service was responsive.

People felt involved in their care and care planning process. They told us, "I have a regular review, any problems I just have to ask" and "I have a review, yes". One relative told us, "They are very good and do what they need to and update us afterwards". Care plans were evaluated monthly, but the evaluation process was not always identify changes to people's care. For example, two care plans required updating. One care plan contained two similar assessments relating to how staff should support the person daily with their personal care support. This meant the person could receive care that is no longer what they wish. We found another care plan where one person identified in a questionnaire their dislike of a certain food type. Their care plan had not been updated to reflect this change. We raised this with the registered manager, who confirmed they would review the documents and ensure both were current and up to date.

Care plans were developed from the initial assessment process. The initial assessment process was started when people first looked to move to the home. Care plans were evaluated monthly to ensure the information was accurate. Care plans provided staff with important information that related to that person. A recent audit identified some care plans needed to be personalised to the individual. The registered manager confirmed at the time of the inspection care plans were being reviewed and updated following the audit. Staff we spoke with were able to demonstrate they knew people's individual needs well and were able to confirm how they supported people daily.

People felt happy living at the home and able to complain should they need to. They told us, "I enjoy living here and I have no reason to complain. If I did I would go to the manager or any other member of staff", "I'm quite happy here" and "I would raise anything I wasn't happy with". Two relatives told us they had no reason to complain and were happy with the care they received. They told us, "I have no reason to complain. I would go to the manager if needed. They look after [Name] the best I have ever seen them" and "I would go to [Name] if I had to complain, but I have no reason to". A recent audit of complaints identified a complaints log was needed. This is important as it logs complaints received and action taken to prevent similar issues recurring. The registered manager confirmed they would action this. No complaints had been made in the last 12 months.

People were happy with the activities available in the home. They told us, "I am happy with the activities. Today I am having my hair done", "I can do what I want and when" and "There are activities. They respect that I don't wish to join in". The home had a range of activities available which included films, music and exercise classes, discos, quiz, and I spy. During the inspection we observed people having their hair done and participating in I spy. Records confirmed activities provided.

Is the service well-led?

Our findings

The service was not always well-led.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. For example, a recent audit identified improvements required around recording more details around incidents and accidents. The audits also identified care plans needed to be personalised and contain greater detail about the individual, and improvements to the building were needed which included the fire escape. The audits undertaken however did not identify the specific shortfalls found during this inspection, For example, lack of specific support plans and risk assessments around anxiety and modified diets and there being no plan for the building that identified the layout, fire extinguishers and zones. The registered manager had an action plan in place prior to our inspection. They sent us an updated action plan following our inspection feedback that confirmed action taken following this inspection.

People, relatives and staff, felt the registered manager was supportive, kind and accessible. People told us, "[Name] is always around", "Staff and management are excellent" and "I have found [Name] nice and helpful". Relatives told us, "Nice manager, always respectful and lovely" and "She is a very kind lady". Staff told us, "I can always raise anything with [Name] and "It is lovely here. [Name] is lovely".

People living in Rosewood Lodge residential home had access to resident meetings. Minutes showed people were asked for their input into what activities they wanted and changes to the call bell system. The homes newsletter also confirmed menus would be displayed and new activities. Minutes confirmed discussions held and newsletters confirmed changes made to the service following feedback.

People, relatives, health professionals and staff had their views sought. Feedback was mostly satisfied or very satisfied. Comments from people included, 'satisfied with food, very satisfied with care'. Health care professional comments included, 'Staff are always available to assist if needed' and 'On all my visits, I find staff at Rosewood friendly helpful and attentive'. Other comments included, 'Lovely, friendly staff'. Staff questionnaires covered training needs, skills and if the service was safe. Staff we spoke with felt happy working at Rosewood Lodge. The registered manager confirmed they were still analysing the results of the recent surveys.

The registered manager provided a copy of the residents guide to the vision and value of Rosewood Lodge. It confirmed, 'To treat all those who are cared for here as individuals, maintaining their dignity and respecting their privacy'. Staff we spoke with confirmed these aims. They told us, "It is people's choice. It is about providing care that is for that person" and "Promoting independence as much as possible". One person confirmed how they felt valued and able to make their own choices in their care. They told us, "They are very adaptable and flexible. They respect you and your choice around things. I do it on my own. They respect my abilities, I have choice around everything". During the inspection we asked the provider to send us an updated version of their, 'Statement of purpose'. This was so we had a current and up to date version. A Statement of purpose confirms what service the provider plans to offer and what people can expect. It is a

requirement of the provider's registration for the Care Quality Commission to have a copy. The providers Statement of purpose also confirmed the aims of the service.

The homes' records were accessible within the registered manager's office. Information was available relating to audits, training, staff checks and monitoring of care. The registered manager confirmed they preferred working within the home and not in the office. During the inspection they positioned themselves at the end of the dining area. They felt this was so they were part of the home.

Prior to this inspection various notifications had been submitted to inform us of certain events that occurred at the service. During the inspection we found notifications had been made when required in line with their legal responsibilities.

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 People's risk assessments and support plans were not always up to date and reflective of people care needs. Or being followed to prevent people receiving unsafe care.