

Scosa Limited

# Rosewood Lodge

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Rosewood Lodge is a residential care home. It provides accommodation and personal care for up to 20 older people. At the time of the inspection there were 19 people living.

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

Changes had been made at the service to ensure there was more effective leadership. This had resulted in positive improvements. Staff knew their roles and responsibilities and told us they were well supported. Communication systems were professional and efficient. There was a welcoming and friendly atmosphere.

Further improvements were still required in the recruitment of staff to ensure safe systems were fully followed. Medicines management and administration had improved so that people got their medicines as prescribed.

Care plans and risk assessments were person centred and gave clear guidance about how people preferred to be supported in a way that maintained their independence. This included accurate information about people's health conditions.

People were cared for by staff who were kind, caring and respectful. People were happy and relaxed in the company of staff. Staff were responsive to people's needs and also spent time sitting and speaking with people. Staff knew people likes and dislikes well.

The environment was homely, clean and well maintained. People's rooms were personalised. People told us they enjoyed the meals provided. Mealtimes were sociable and relaxed. People were asked for their feedback in meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

### Rating at last inspection and update

The last rating for this service was Inadequate (published 3 July 2019). At the last inspection breaches were identified in Regulation 12; Safe care and treatment, Regulation 19: Fit and proper persons employed and Regulation 17; Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A recommendation had been made in January 2019 about guidance for specific health conditions.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations 12 and 17. However, there was a continuing breach of regulation 19. The recommendation had

been met.

This service has been in Special Measures since 3 July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Rosewood Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on the first day and by one inspector and an expert by experience on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rosewood Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

The inspection was unannounced on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care

provided. We spoke with seven members of staff including senior staff, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one health and social care professional. 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 people's care and support records, five staff files and multiple medicine administration records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

After the inspection

We contacted two health and social care professionals. We received feedback from one health and social care professional after the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last two inspections the provider had failed to follow their policies and procedures to ensure the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements have not fully been made and the provider was still in breach of Regulation 19.

- Since our last inspection improvements had been made in the management of staff recruitment. The provider's recruitment policy had been revised. Recruitment files were organised and checked. However, these audits did not identify where the recruitment process was not fully followed, and further information was required.
- Further improvements were still required as three staff members references had been supplied by people not impartial to the recruitment process. This included staff who had conducted the interview and who currently worked at the service. Identities of two staff members had not been clearly established following published guidelines, which included change of name.
- Interview records did not always detail information obtained from the candidate which had arisen from their application. For example, around past employment or potential risks. The current interview form used did not fully demonstrate the candidates suitability for the role.

We found no evidence that people had been harmed. However, the provider could not be fully assured about new staff's suitability, which could put people at risk of harm. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took actions immediately after the inspection to address these findings. This included revision of interview forms, an action plan around staff references for recruitment and organising training for senior staff members.

- Application forms had been fully completed and gaps in employment recorded.
- The role staff had applied for and held was clear in their recruitment file. A job description was in place which detailed their role and responsibilities.
- Where the recruitment process identified a risk assessment was required, these had been completed to adequately assess and mitigate the risk.
- New staff were supervised and monitored. One new employee said, "Yes, I've had supervision." Another

staff member said, "I feel well supported. [The registered manager] always tries to help and guide you."

- Photographic identification had been obtained. Staff had a full Disclosure and Barring Service check (DBS) in place before commencing employment.
- We reviewed the staff rotas. Staffing levels were kept at the level deemed safe by the provider. Staff members commented, "This is the first home I have worked where there is enough staff and it helps you work and perform better," and "We have enough staff now." One person said, "The staff are very nice and there's always plenty of them about." A relative said, "There always seems to be lots of staff around."

#### Assessing risk, safety monitoring and management

At our last two inspections the provider had failed to ensure risk assessments were specific and accurate. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- People had risk assessments in place for all identified areas of care. Risk assessments promoted people's independence and gave guidance about how to support people safely whilst minimising risks.
- Staff hours had been reviewed to meet the needs of people living at the service alongside maintaining staff well-being. Staff rotas were planned in advance and gave an accurate worked record. One staff member said, "Staff are not overworked, staff have set hours. I know what I am doing in advance."
- An on-call rota of senior staff supported care staff out of office hours. One staff member said, "There is an on-call team. It is good."
- Fire systems and equipment were regularly checked and monitored. Accurate and up to date details were available in an emergency, which detailed people's individual support needs. A disaster plan gave procedures for unforeseen events.
- Staff sign in sheets had been reviewed to ensure they were completed and there was an accurate record of who was in the building.
- Equipment was checked and maintained so it was safe for the intended purpose. The environment was regularly monitored.
- People said they felt safe. One person said, "Yes, I feel safe. It could not be better."

#### Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of Regulation 12.

- Designated staff had oversight and responsibility for the management of medicines. One staff member said, "There are better systems now. We all do it the same way now."
- Medicine administration systems had been reviewed to ensure they were in line with best practice guidelines. A health and social care professional said, "The team have put robust medication procedures in place."
- Medicine Administration records (MAR) and Topical Medicine Administration records (TMAR) were completed accurately. Medicine profiles showed known allergies, an up to date photo and how people preferred to take their medicines.
- Temperatures of medicine storage areas and medicine fridges were regularly monitored. Staff had followed the guidance of actions to take if the temperature was out of range.
- A clear system was in place which staff followed if a medicine error occurred.
- Regular stock checks were completed to ensure medicines were ordered in a timely way. One person



commented on the improvements in medicine management. They said, "I've noticed that with the medication a few staff seem to be able to take over when others are not there."

- Medicines that required additional storage in line with legal requirements were stored appropriately

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff demonstrated sound knowledge and understanding of abuse and the process of reporting. One staff member said, "I would report to a manager straight away."
- The provider reported safeguarding concerns to the local authority and the Care Quality Commission as required.
- Accidents and incidents were reported, recorded and actions taken to reduce a potential reoccurrence. Audits checked that incidents had been reported in line with the provider's policy.

Preventing and controlling infection

- The service was clean, tidy and well maintained.
- People commented that their rooms were well kept.
- Cleaning schedules had been reviewed. Staff were observed adhering to infection control policies.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

At the inspection in January 2019 a recommendation was made that the provider referred to published guidance to ensure care plans and risk assessments contain sufficient information and direction for specific health conditions.

- At this inspection we found this recommendation had been met. Care plans contained clear guidance on specific health conditions such as diabetes and epilepsy. This included how staff should support people and areas to be aware of.
- People were supported to access healthcare services when required. One person said, "The doctor comes in regular every week and a couple of nurses."
- Care plans demonstrated the support people required in their oral care. People told us staff gave them this support.

Staff support: induction, training, skills and experience

- Staff completed an induction. New staff received support and supervision in their roles.
- Staff had training to develop their skills and knowledge. One staff member told us what they had learnt in recent manual handling training and how they had used this in the way they assisted people.
- The provider supported staff to undertake recognised qualifications in health and social care.
- Supervisions were now being regularly held. One staff member said, "I feel supported."

Adapting service, design, decoration to meet people's needs

- The design of the service met people's needs. Signs directed people to different rooms and areas of the service.
- People's rooms were individualised with pictures, furniture and ornaments.
- One person said, "It's really homely here."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and drink provided. One person said, "The food is pretty good, and you get a choice." A relative said, "They seem to have plenty to drink. The staff come around with tea and coffee and there is always jugs of cold drinks in here [lounge]." One person said, "They come around with a nice cup of tea. Even when you're in your bedroom. They don't miss you out."
- Mealtimes were relaxed and sociable. People were offered choices of meals and drinks. Alternatives were

available if people did not wish to have what was on the menu.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications had been made where appropriate. An checklist monitored their status with the local authority.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were clear about gaining consent and valuing people's decisions. For example, one person had a breakfast choice which they often enjoyed eating at different times of the day. Staff respected this choice.
- We observed staff asking people their preferences. For example, where they would like to spend their time or what they would like to do.
- People's protected characteristics under the Equality Act 2010 were identified in care plans and respected. This included people's needs in relation to their culture and religion and preferences around the gender of carer supporting them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by staff who were kind, caring and respectful. One person said, "The care staff are lovely, very kind and helpful." Another person said, "Wonderful staff. Staff are a good bunch."
- Staff knew people and their preferences well. For example, at a meal time one person did not like the dessert on offer, a staff member suggested an alternative that the person liked. A health and social care professional said, "Staff know their residents really well. It is welcoming and very positive here."
- People had developed valuable relationships with staff. A visitor commented, "Staff are really good, always seem happy, and they look after my friend very well."
- One person felt unwell. A staff member sat and reassured them and responded to their needs in a calm and kind way.
- There was a happy and welcoming atmosphere at the service. People were relaxed and comfortable. One staff member said, "The atmosphere is homely and warm."
- The service had received several compliments. One said, '[Name of person] continues to be happy at Rosewood Lodge (especially with the food!), and her room is always clean and tidy so thanks for that.' Another compliment read, 'The two members of staff [Names of staff] were kind, thoughtful and supportive, their conduct was exemplary.'

Supporting people to express their views and be involved in making decisions about their care

- Care plans showed people were involved in making choices about their care.
- We observed people expressing their opinion and views to the registered manager and staff members.

Respecting and promoting people's privacy, dignity and independence

- A new office for the registered manager and staff had been developed. This enabled the registered manager to be visible and approachable for staff, visitors and people.
- There were now areas of the service available for staff to communicate confidentially.
- Visitors were welcomed at the service. We observed visitors being offered drinks and staff talking with them. A sign directed visitors and people to where the manager's office was now located and encouraged people to drop by.
- Staff supported people in a dignified way. For example, speaking to people discreetly and respectfully around personal matters.
- Care plans were clear about people's privacy. For example, where people preferred to spend time by themselves.

- People were encouraged and supported to remain independent. Care plans detailed areas of care where people were independent and where people needed support. One person said, "I get on and do my own personal care, but staff will make sure that I'm OK, and will ask if I need any help."
- We observed people moving around the service independently. One person showed us how they liked to collect their own laundry and return it to their room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred. They described people's preferences and routines. This included how people liked to spend their time and how they preferred different aspects of their care to be delivered.
- Since the last inspection all care plans had been reviewed to ensure they were fully completed, up to date and accurate.
- Staff were responsive to people's needs and respected people's choices.

End of life care and support

- People's wishes were personalised in relation to their end of life preferences. For example, one care plan explained the person would not wish to be alone and would want someone to sit with them. Another care plan detailed how the person wished their body to be donated to a specific scientific organisation.
- One person openly told us about their end of life wishes and why these choices were important to them.

Improving care quality in response to complaints or concerns

- The service had a complaint policy displayed and was included in the information people received when they moved into the service. One person said, "Everything is OK. I have no complaints living here."
- The service had not recently received any complaints. Systems had been reviewed to ensure any complaints or concerns raised would be responded in line with the providers policy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans described people's communication needs and where people may need additional support. For example, people that were hard of hearing or had visual impairments.
- The registered manager acknowledged this was an area for development.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were provided. One person said, "Recently we have had indoor skittles and some simple quizzes. Two people came in, a gentleman and a lady for a singalong. One staff member is now sorting out all the activities." Another person said, "We had a Halloween party with food and some of the staff dressed up. We hadn't had anything like this for a long time." However, one person said, "There could be more activities."

- We observed a signing session where lots of people joined in with familiar tunes. On another day we saw people watching a violinist perform.
- Staff were becoming more involved in activity provision, spending time with people individually doing activities of their choice. People said they enjoyed sitting in the garden in summer months.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. Some improvements were still required to fully support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

At our previous two inspections the provider had failed to operate effective systems to monitor and review the quality of the service. Audits did not identify shortfalls in recruitment or where risk assessments and care plans were inaccurate or required further information. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements have been made and the provider was no longer in breach of Regulation 17.

- Since the last inspection there had been changes in the senior management and staff team. The service was calm, structured and stable. One staff member said, "Things are organised now." A health and social care professional said, "There has been massive improvements to staff morale. The structure and professionalism has changed."
- Recruitment files were clear on staff's job roles, the organisational structure and lines of accountability. However, recruitment audits had not identified the shortfalls we found around references and interviews. The nominated individual revised these audits after the inspection.
- Provider audits had been reviewed to monitor all areas of the service. The registered manager and senior staff undertook regular audits in areas such as medicine administration, health and safety and care plans.
- Regular supervision of staff occurred. An audit was completed to ensure supervision was delivered in line with the providers policy. Where staff required risk assessments to be undertaken, for example if they were pregnant, to support and monitor their health and well-being these were completed.
- A plan had ensured actions from previous inspections had been prioritised and had driven improvement.
- Staff rotas were planned in advance. Staff working hours had been reviewed to ensure staff worked manageable hours.
- Communication systems were followed. Staff were informed of key information and messages during working hours in a professional manner. A health and social care professional said, "Communication is good, they [staff] work together as a team."
- Staff were competent in the daily recording system used, which recorded care and support received by people. The registered manager regularly reviewed this system.
- The provider had displayed their CQC assessment rating at the service and on their website.
- Notifications were submitted as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good



outcomes for people

- Since our last inspection, a new manager and nominated individual had been appointed. One person said, "The managers are very conscientious, and all the carers are really good." One staff member said, "Management are always here. We all know where we are and what we are doing." A health and social care professional said, "There is a strong, structured new team in place at Rosewood Lodge."
- People knew who the registered manager was and said there had been changes in the service which they were happy with.
- The relocation of the registered manager's office had enabled better oversight of staff and engagement with people. One staff member said it was a, "Good idea" to move the office.
- Staff told us the leadership of the service had improved which had resulted in a more positive staff culture. Staff members knew their roles and responsibilities. One staff member said, "Staff are happy and we work well as team."

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

- The provider understood their responsibilities on the duty of candour. Details of who should be informed if something went wrong were recorded in people's care plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gained from people. One person told us a meeting was taking place that day, it was well attended. People had contributed ideas and suggestions about Christmas events, meals and activities. Notices displayed dates of future meetings.
- The service was in the process of gathering information via a questionnaire for people, relatives and professionals. One health and social care professional had commented, 'Fantastic service given at Rosewood, all staff are professional and work in a person-centred way to all our residents. Rosewood is very welcoming and always has a very positive atmosphere.'
- Staff said they were involved with decisions about the running of the service and encouraged to contribute their suggestions. One staff member said, "We are asked for input."

Continuous learning and improving care

- Regular professional and constructive staff meetings were now taking place. The times were varied to enable all staff to participate. A staff member said, "We had a meeting yesterday. They are good, staff contribute."
- Meetings relevant to different areas of the service were completed. For example, a meeting with staff involved in medicines administration. This ensured systems were working effectively and identified any improvements needed.
- Actions had been taken following meetings with staff and people. The registered manager said they would review how this was demonstrated.

Working in partnership with others

- The provider had worked with a local team to make improvements in medicines management.
- The service had some links with local religious organisations and through the activities provided. The registered manager acknowledged this was an area for further development.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured recruitment processes such as the selection and interview procedure fully assessed candidates suitability for the role.</p> <p>Regulation 19 (2)</p>