

## Parkcare Homes Limited

# Rose Lodge Care Home

### Inspection report

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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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 10 July and 14 July 2015 and was unannounced. This meant the provider did not know we would be coming.

At our last inspection, in August 2014, we found breaches of Regulations with regard to management of medicines, systems which were used to assess, monitor and improve the quality of the service and having regard to complaints and comments made, and views expressed by people who use the service, in relation to the quality of the service provided.

During this inspection, we found that improvements had been made in each of these areas in order to meet the relevant requirements of the Regulations.

Rose Lodge Care Home provides care and support for a maximum of 40 older people. At the time of our visit there were 37 people who lived at the home. The home is set in its own grounds, located in Banks, close to Southport. Accommodation is situated on the ground floor and there is easy access for wheelchair users and people with

# Summary of findings

limited mobility. All rooms have an en-suite facility and are situated over three wings. Communal areas include a lounge, a quiet room, a dining room and a landscaped outside area for people to use.

The service had a registered manager. 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's written plans of care did not always contain a good level of detail about them, their life histories and preferences. People's preferences were not always taken into account in relation to the care delivered to them. This was in breach of Regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found an accurate, complete and contemporaneous record of the care and treatment provided to each service user had not been maintained. This had been identified by the provider's quality assurance systems and work was underway to find the most effective way of ensuring these records were complete and accurate.

We were informed by the local authority that the service had not followed correct procedure with regard to an application for a Deprivation of Liberty Safeguards (DoLS) authorisation for one person. We fed this back to the deputy manager when we received the information and received assurances that they would look into their processes to eliminate reoccurrences.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

We received mixed comments from people, their relatives and staff about staffing levels in the home. When we discussed this with the registered manager, they told us, and staff confirmed, they were aware of issues at certain times of the day and were trying different shift patterns in an attempt to resolve the problems.

We found recruitment and selection processes were robust. However, we identified one case where concerns

from a previous employer had not been explored and one case where the validity of an employment reference had not been verified. We have made a recommendation about this.

The provider had implemented safe systems with regard to managing people's medicines, which were followed in practice.

During the inspection we found there was no record of people's formal consent to care and treatment in their written plans of care. We highlighted this with the manager and regional manager who implemented a form during the second day of our inspection.

Staff told us and training records confirmed that there was a comprehensive induction and rolling program of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities.

The registered manager told us and people confirmed that since our last inspection, the provider had consulted with people about what they wanted to see on the menu and had held 'taster sessions' with the chef. This helped to ensure people could choose what food was available for them.

People were supported to express their views and be actively involved in making decisions about their care and support. People told us and our observations confirmed, that staff promoted people's privacy and dignity.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in. People told us that the activities coordinator took time to get to know them, so they could provide activities which they enjoyed.

The service had implemented a suitable complaints policy and procedure which was last reviewed in July 2015.

People we spoke with and their relatives all knew who the registered manager was. They told us they were confident they could approach them with any concerns and were sure they would be taken seriously.

# Summary of findings

Regular audits and checks were carried out by the management, including visits by the regional manager, which were designed to assess, monitor and improve the quality of the service provided.

Handover took place between each change of staff. This helped to ensure they were kept up to date with any important items, such as concerns about individual people or the day to day running of the service.

You can see what action we have told the provider to take at the back of the full version of the 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.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure.

Effective systems were in place to help ensure people's medicines were managed properly and safely.

We found that during recruitment, pre-employment checks were not always completed thoroughly.

**Requires improvement**



### Is the service effective?

The service was not always effective.

We received information from the local authority which showed that the home's processes for reviewing DoLS applications had not identified on person's authorisation was due to expire.

Staff received training to help them fulfil their roles and responsibilities.

People were supported to receive good nutrition and hydration.

**Requires improvement**



### Is the service caring?

The service was caring.

People's privacy and dignity was respected and promoted.

Staff knew people well, including their life histories, likes and dislikes.

People who used the service had varying levels of independence and staff respected this.

**Good**



### Is the service responsive?

The service was not always responsive.

People's preferences were not always taken into account in relation to the care provided for them.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in.

Complaints had been dealt with in line with the provider's policy and procedure and had reached a satisfactory resolution.

**Requires improvement**



### Is the service well-led?

The service was not always well-led.

**Requires improvement**



# Summary of findings

Regular audits and checks were carried out by the management, including visits by the regional manager, which were designed to assess, monitor and improve the quality of the service provided.

We saw action was taken to improve the service, in response to comments, complaints and suggestions. However, more work needed to be undertaken to ensure people's preferences were taken into account, for example, with regard to bathing and showering.

# Rose Lodge Care Home

## 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 10 July and 14 July 2015 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of caring for someone who used a residential care home.

Before the inspection we reviewed all the information available to us, which included information we already

held about the service, including notifications of significant events. We sought feedback from the local authority, to help us gain a balanced overview of the experience of people who used the service. We also requested feedback from the local GP surgery.

We observed the care delivered and interactions between staff and people who used the service in all areas of the home.

During the inspection we spoke with five people who lived at the home, five visiting relatives, the registered manager, the regional manager from the provider group, as well as four care staff, one domestic staff and one person who was responsible for preparing food.

We looked in detail at four people’s plans of care and associated documentation, checked supplementary documents for a further ten people and reviewed other documentation relating to the management of the service.

# Is the service safe?

## Our findings

People we spoke with and their relatives told us they felt safe and spoke positively about how the service tried to ensure people's safety and well-being. One person told us; "I feel very safe here, no concerns at all". Whilst another told us; "Yes, I feel safe". Visiting relatives told us; "We feel [Relative] is well protected" and; "[Relative] is safe, I'm confident about that".

We looked at how the service managed people's medicines so they received them safely. When we last inspected the service, in August 2014, we found the service did not ensure people's medicines were managed effectively. This was because there were gaps in people's medicines administration records (MARs) which could not be explained. Since our last inspection, the registered manager had increased audits around medicines. Any identified issues had been fed back to staff. This had resulted in improved practice around medicines.

We discussed medicines with the registered manager, people who lived at the home and their relatives. We were told that people were happy for staff to administer their medicines and that this had been discussed when they first moved into the home. People we spoke with told us they received their medication regularly and knew what it was for. Only staff with appropriate training were able to administer medicines and they were regularly re-assessed to ensure they remained competent. The provider had safe systems in place for the ordering, receipt and disposal of medicines. We looked at six people's medicines administration records (MARs) which showed people had received their medicines as prescribed. We witnessed a medicines round during our inspection and found a safe procedure was followed.

Safeguarding policies and procedures had been implemented by the provider and staff had easy access to contact details for reporting any concerns. Training records showed that staff had undertaken training in safeguarding people who were vulnerable by virtue of their circumstances. Staff we spoke with were able to confidently describe what forms abuse may take and what steps they would take if they witnessed or suspected abuse. Staff told us they would not hesitate to report any concerns with regard to bad practice or the safety of the people they cared for.

Staff at the home completed individual risk assessments for each person who used the service. Information about how to manage these risks and keep people safe was provided to staff, to help to ensure people who lived at the home were protected. We looked at people's written plans of care, which gave staff information on how best to support people, taking into account the risks that had been identified, for example, concerning mobility.

We looked at how the service was staffed, to ensure there were always enough suitably qualified and experienced staff deployed to provide the care and support people required. We received some mixed responses from people when we asked them whether they thought there were enough staff. Two people who used the service and two visiting relatives explained that generally there were enough staff, but at busier times or during the night when staff numbers were reduced, people may have to wait for assistance. One relative mentioned that their loved one had experienced inadequate personal care due to low staffing levels. Other people we spoke with did not raise any concerns about staffing levels.

We also asked staff for their opinions about staffing levels. One member of staff told us that there were times of the day when they felt stretched and under pressure to deliver care that met people's needs. Another, more senior, member of staff explained that staffing was provided in line with people's dependency levels, but they had noticed that during busier times, people may have to wait longer for assistance.

We discussed with the registered manager and regional manager how staffing levels were decided upon. They explained that people's dependency levels were assessed on a monthly basis and showed us records which confirmed this. Staffing levels were then set, to make sure people's needs could be met consistently. They explained, and staff confirmed, they were trying out different shift patterns in an attempt to resolve the staffing issues at particular times of the day. This was a work in progress and any benefits were still being evaluated.

We discussed recruitment with the Registered Manager and staff. We also looked at three personnel files for staff. In two out of the three, we were able to confirm that safe recruitment practices had been followed when new staff had been employed, including checks with previous employers and the Disclosure and Barring Service (DBS). These checks helped to ensure that only suitable staff were

## Is the service safe?

employed to work at the home. However, in one of the files we looked at, we found that the provider had not recorded that an issue which was flagged up on an employment reference had been explored, nor had they received a reference from the person's other previous employer.

We looked at each area of the home, including people's bedrooms and communal areas. We found no unpleasant odours in any part of the home. The home was suitably furnished and areas such as bathrooms and toilets had appropriate wall and floor coverings to aid effective cleaning and disinfection. We observed staff wore personal protective equipment, such as gloves and aprons and

disposed of them appropriately. Training records confirmed that staff had received training in infection control. This helped to show that people were protected against the risk of the spread of infection.

**We would recommend the provider re-visits their recruitment and selection process and procedure to ensure that all pre-employment checks are carried out consistently and that references are validated. In addition, records should be made of the exploration of any concerns that arise before a person is employed, so the provider can demonstrate they have assessed any potential risk and acted accordingly.**



# Is the service effective?

## Our findings

We spoke with people and their relatives about whether they thought staff had the skills and knowledge to deliver effective care. People told us; “Yes, there are good staff with a wide range of knowledge”; “I’m very happy with the staff and their knowledge, and the help they give me” And; “The staff are good, very considerate. [Staff member] is really good!” One relative commented; “Staff knowledge is good and their training is good.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

At the time of our inspection we found two applications had been made under DoLS. One of which had been authorised and one of which was being processed. The paperwork we saw appeared to be in good order. However, following the inspection, we received information from the local authority that the home had not followed the correct procedure with regard to applying for DoLS authorisation for one person. The home had not submitted an application until the date the previous authorisation had expired. This showed that the processes in place to review DoLS authorisations had not been effective in ensuring the correct procedure was followed to ensure people’s liberty was not unlawfully restricted. We fed this back to the deputy manager when we received the information, who assured us they would re-visit their processes to eliminate reoccurrences.

We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. People told us; “They always ask me first” And; “They all ask if it’s ok before they help me with anything”. A relative confirmed; “Yes, [Relative] is always asked before any treatment is given.” This showed the service gained people’s consent before carrying out care or treatment.

During the inspection we found there was no record of people’s formal consent to care and treatment in their written plans of care. We highlighted this with the manager and regional manager who implemented a form during the second day of our inspection. Where people lacked capacity to consent to care and treatment, we saw the service carried out capacity assessments and followed a ‘best interests’ process, in line with the MCA code of practice.

Staff we spoke with were aware of their responsibilities with regard to the MCA and DoLS. They explained this was because of training they had received. Staff told us that if they were ever unsure, they could simply ask the manager.

Staff told us and training records confirmed that there was a comprehensive induction and rolling program of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Training included regular refreshers in areas such as safeguarding people who were vulnerable by their circumstances, caring for people who were living with dementia, fire safety, moving and handling and person-centred support. Staff received regular supervision and appraisal, where their performance and development was discussed.

We looked at people’s written records of care which showed when there had been a need, referrals had been made to appropriate health professionals. We saw that where a person had not been well, the GP was called. We were also able to see that people regularly saw other health professionals, such as chiropodists. We received positive feedback from the local GP who explained the service made appropriate referrals and that they did not have any concerns about how the service supported people.

We looked at how people were supported to maintain good nutrition and hydration. We saw that people were assessed before they moved into the home and on a regular basis to ensure the service could meet their nutritional needs. Where people had specific dietary requirements, for example allergies, diabetes or needing a soft diet, this information was passed to the kitchen and kept on record. We confirmed this when we looked at records and spoke with the person who was responsible for preparing food. This helped to ensure people received the

## Is the service effective?

nutrition they needed. We saw that where there were concerns about a person's nutrition or hydration, extra monitoring, by way of more frequently recording people's weight and their food and fluid intake, took place.

We observed the lunchtime experience on the first day of our inspection. We saw staff served people meals which they had previously chosen, in a relaxed and unhurried manner. Each table was set out with tablecloths, napkins and condiments. There was low level music playing in the background and people were chatting. The overall atmosphere was pleasant and relaxed. We sampled the food during our inspection and found it to be of good quality.

Most people told us they enjoyed the food provided at the home. One person told us; "Yes it's nice. I get too much if anything!" Whilst another commented; "We always have a choice and they'll make something different if you don't want what's on offer." However, one person told us that they would have liked to see more vegetarian options on the menu. This person had only recently moved into the home for a brief period of respite care and had not been consulted with regard to the menu. The registered manager told us and people confirmed that since our last inspection the provider had consulted with people about what they wanted to see on the menu and had held 'taster sessions' with the chef. This helped to ensure people could choose what food was available for them.

# Is the service caring?

## Our findings

People we spoke with told us they were treated with kindness and respect. They spoke positively about the care and support they received. One person told us; “I am looked after properly and feel well cared for” Another said; “The staff are really kind and considerate”. Relatives we spoke with were complimentary about the staff team.

Staff told us they were able to spend time to really get to know people, their life histories and preferences. We witnessed caring and respectful interactions throughout the course of the day. People who lived at the home appeared to enjoy the relaxed atmosphere that the home offered. Staff responded promptly to any requests for assistance.

People were supported to express their views and be actively involved in making decisions about their care and support. Care plans were person centred and reflected people’s wishes. People told us the registered manager and staff were always receptive to comments and suggestions. Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them.

People told us and our observations confirmed that staff promoted people’s privacy and dignity. For example, we observed staff spoke with people politely and showed a genuine interest in them. Staff knocked on people’s bedroom doors before they entered their room and ensured when personal care was being delivered, doors and curtains were kept closed. People could request a carer of a specific gender, if they so wished.

People who used the service had varying levels of independence and staff respected this. People told us that when staff supported them with personal care, they did so in a respectful and dignified manner.

Records confirmed staff had received training in person-centred care, which they told us helped them to deliver personalised care for each person who used the service. Staff did not discuss sensitive personal information with people whilst in earshot of others. We saw that records were kept securely and were only accessed by staff who required them.

# Is the service responsive?

## Our findings

We spoke with people and their relatives about their involvement in the planning and review of their care and support. We were told that people and their relatives were asked for information before anyone moved into the home. This helped to ensure the service could meet the needs of people they cared for. The information included a life history which helped to give staff a picture of each person they cared for.

However, we found that people's written plans of care did not always contain a good level of detail about them, their life histories and preferences. For example, the service had supported one person to become vastly more independent, to the point where they were working and were looking to move to alternative accommodation. This was very pleasing to hear about and staff were very pleased with the outcome. However, this level of detail was absent from the person's written plan of care. In addition, for one person who had moved into the home two weeks before our inspection, we found many sections of their assessment and planning information was incomplete. This meant staff may not have access to up to date information about each person and the preferences with regard to how they wanted their care to be delivered.

During our inspection we were told by two people who used the service and two visiting relatives that people did not always receive the level of personal care that they wanted, such as bathing and showering.

We looked at people's records and records kept in each of the bath and shower rooms. We were able to ascertain that the records kept did not accurately reflect what personal care had been delivered to people. In one case, the person told us they had received more baths than had been recorded. In another case, the person raised concerns that they were not receiving baths or showers as often as they would like and we were unable to find a record of this care having been delivered to them. In addition, we looked in each bedroom at the home and found, in many, there were supplementary charts for staff to complete, when they had delivered, for example, oral care. We found each of these records had many gaps and did not accurately reflect the care that had been delivered to people.

We discussed what we had found with the registered manager. They told us they had highlighted this as an issue

and work was ongoing with staff to find the best way for documentation to be completed accurately following the delivery of care to people. We saw audit records which confirmed this to be the case.

With regard to bathing and showering, one relative explained they had previously raised concerns about this with the registered manager and felt things had improved for their loved one. When we last inspected the service, in August 2014, we found that people had expressed concerns about the level of bathing and showering they received. During this inspection we found that, although some improvements had been made, some people were still not satisfied. For example, one person who was happy with the level of bathing and showering provided told us they could have three baths or showers per week. Other people told us they were happy with just one bath or shower per week. Whilst there were other people who felt the level of bathing and showering was not adequate. One person told us; "I would usually bathe or shower every day, but I've only had two in the last two weeks." This showed that people's preferences with regard to bathing and showering were not always taken into account.

This was in breach of Regulation 9 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had continued with the 'resident of the day' programme which they had introduced prior to our last inspection. However, when we reviewed records, we found they did not demonstrate that people were receiving visits from the people they should, nor were they receiving the increased level of attention they should on their specific day. We raised this with the registered manager who told us they would work to improve this, following the inspection.

People told us they were able to choose what staff supported them with, how they spent their time, and what activities they participated in. People told us that the activities coordinator took time to get to know them, so they could provide activities which they enjoyed. People told us about activities such as board games, card games, bingo, crafts, jigsaw puzzles and trips out.

On the first day of our inspection children, from one of two local schools that visit the home, had come to involve people in activities in the rear garden. People played games such as hoopla, skittles, noughts and crosses, darts, with assistance from the children if they needed some help.

## Is the service responsive?

Everyone seemed to really enjoy the experience. People could participate if they wished or, as some did, choose to observe from what was going on whilst relaxing in the garden.

During the second day of our inspection, a community links programme, from a well-known supermarket, was visiting the service. We saw 15 people were making fruit kebabs in the main lounge. Each person who was involved appeared to be enjoying the activity.

We saw lots of evidence around the home of activities and events, which had taken place, including photographs and notices in communal areas. People we spoke with, their relatives, the registered manager and regional manager were all very complimentary about the work the activities coordinator had undertaken.

The service had implemented a suitable complaints policy and procedure which was last reviewed in July 2015. We

discussed complaints with the registered manager and looked at written records of how three formal complaints had been managed. We saw the complaints had been dealt with in line with the provider's policy and procedure and had reached a satisfactory resolution.

The service had introduced an initiative called 'Daily Sparkle'. This was a newspaper-like publication that was available for people each day. Set out in large print, which made it easier to read, the publication covered topics that had been researched and found to be relevant for people who used the service to reminisce about times in their earlier lives. Included in the 'Daily Sparkle' was information about what had happened 'Today in History', 'The Way We Were' and 'Do You Remember' which were designed to get people thinking about how life was when they were younger and quiz-type activities. People we spoke with told us they enjoyed receiving a copy of this each day as they liked to reminisce about past times in their lives.

# Is the service well-led?

## Our findings

The home had a registered manager, who registered with the commission on 26 January 2012.

Staff that we spoke with praised the manager for being pro-active and approachable. Staff told us they could go to the registered manager with any concerns or suggestions and that she would always be willing to listen. They told us they were very happy working at the service and felt well motivated.

People we spoke with and their relatives were complimentary about the registered manager. They told us; “[Manager] is brilliant!”, “[Manager] is very good and very helpful” and; “The management are good”.

People we spoke with and their relatives all knew who the registered manager was. They told us they were confident they could approach them with any concerns and were sure they would be taken seriously.

When we last inspected the service, in August 2014, we found systems to assess, monitor and improve the quality of the service had not been effective in identifying areas where people’s safety was compromised. We found improvements had been made in this area.

Additionally, when we last inspected the service, we found that the provider had failed to have regard to complaints and comments made, and views expressed by people who use the service, in relation to the quality of the service provided. We found improvements had been made in this area. We saw that following concerns raised about the menu, people had been involved in choosing what food they would like to see on the menu. We were also told by relatives that where they had raised concerns or made suggestions, they had seen improvements in the care their loved ones received. We also saw the satisfactory resolution of three formal complaints. This showed the service was taking into account people’s feedback and making improvements as a result. However, more work needed to be undertaken to ensure people’s preferences were taken into account, for example, with regard to bathing and showering.

We saw from minutes of meetings and people confirmed that regular meetings took for residents and relatives to share their views and experiences. We saw that attendance

at these meetings was poor and the registered manager confirmed they were exploring other avenues of gaining people’s feedback about their experience and the quality of the service provided.

The systems that were in place had identified the issues we highlighted during our inspection, with regard to the level of information in some people’s written plans of care and also with regard to the supplementary documentation not being completed accurately. We saw from records, and confirmed during discussions with the registered manager and staff, that work was being undertaken to improve standards in these areas. However, the same quality assurance systems had not identified that one person’s DoLS authorisation needed to be applied for before the previous one expired. We fed this back to the deputy manager who assured us they would look into this following the inspection.

Regular audits and checks were carried out by the management, including visits by the regional manager, which were designed to assess, monitor and improve the quality of the service provided. These included checks on care plans, medicines, the environment and equipment, as well as monitoring accidents at the home, such as falls. We saw records of accidents and incidents, and safeguarding alerts that were reported to the local authority. Our records confirmed that the home reported any incidents to us, as was required.

The registered manager was supported by a regional manager from the provider organisation. The support they received included regular unannounced visits by the regional manager to assess and monitor the quality of the service that was provided. The results of the visits were recorded and fed back to the registered manager. We saw records from the last six visits which confirmed checks had taken place on a range of areas, such as training and development of staff, activities and staff supervision. These checks helped to ensure that the service delivered a good quality of care for people who lived at the home.

Handover took place between each change of staff. This helped to ensure they were kept up to date with any important items, such as concerns about individual people or the day to day running of the service. This also promoted consistency of support to people by ensuring all staff were informed about events within the service.

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	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  Care and treatment that service users received did not always reflect their preferences. Regulation 9 (1) (c).