

## Countrywide Care Homes (2) Limited

# Rose Lodge

### Inspection report

Carers Way  
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Newton Aycliffe  
County Durham  
DL5 4SE

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Date of inspection visit:  
30 September 2019  
01 October 2019

Date of publication:  
18 October 2019

### 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Rose Lodge is a residential care home that provides accommodation and personal care for up to 54 people some of whom are living with dementia. On the day of our visit there were 50 people using the service.

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

Records to show medicines were administered safely were not always completed or correct. People were protected from abuse by staff who understood how to identify and report any concerns. The risks to people's health, safety and welfare had been identified. However, these were not always addressed in people's care plans. The provider had recognised that more staff were needed and were going through the recruitment process. The management team sought to learn from any accidents or incidents involving people. Some areas of the service needed cleaning. Records for bathing temperatures were very low, sometimes as low as 32 degrees.

Staff were recruited safely and received appropriate training and support to enable them to carry out their role effectively. 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. Not all people were happy with the food provided and the dining experience needed improving.

We have made a recommendation about improving the dining experience for people.

Staff were caring and treated people with kindness and respect.

People had care plans which guided staff on the most appropriate way to support them. People were confident to raise any concerns. People enjoyed the activities provided.

There was a clear management structure in place and staff were supported by the registered manager. Quality assurance systems were completed and had identified some of the concerns we raised. However, these concerns were continuing. Records were not always updated or fully completed.

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 good (published 11 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this report.

#### Enforcement

We identified breaches in relation to keeping people safe and good governance.

#### Follow up

We will request an action plan from the provider to show how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Rose 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 team consisted of one inspector, an assistant 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

#### Service and service type

Rose Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 received feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five visitors. We spoke with 10 members of staff including the registered manager, quality and compliance inspector, senior care worker, care workers, activity co-ordinator and the cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Records did not support the safe management of medicines.
- We checked a sample of people's medicines that were supplied in original packs or bottles and found the amount of medicines recorded as in stock was not always correct.
- Robust patch application records were not in place and staff were not following manufactures guidelines.
- Following the first day of the inspection the registered manager had put new patch application records in place and re-introduced a daily count for medicines.

### Assessing risk, safety monitoring and management

- Risks to people were identified and assessed, however, care plans were not always updated when people's needs changed.
- The home was safe and adequately maintained. Regular checks on the home's environment including fire, gas and electrical systems were completed and all were satisfactory.
- Recorded bathing temperatures were reading very low, such as 32 degrees. The registered manager said the records were not correct and they would address this.

### Preventing and controlling infection

- There were systems in place to ensure people were protected from the risk of infection.
- The home was not clean in all areas.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed or people were kept free from harm due to the lack of risk management and unclean areas.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and secure living at the home. Comments included, "I feel very safe, I press my buzzer and they [staff] come straight away" and "That is exactly why I am here, to feel safe."
- There were processes in place for investigating any safeguarding incidents.
- Staff were knowledgeable about safeguarding processes and how to raise any concerns internally, however, some staff were unsure how to raise concerns externally.

#### Learning lessons when things go wrong

- Accident and incident analysis were in place and appropriate action taken to avoid reoccurrence.
- Incidents were subject to monthly analysis by the registered manager to look for any themes and trends and ensure oversight of events happening in the home.

#### Staffing and recruitment

- Every staff member we spoke with said they could do with more staff. The provider had recognised this and was in the middle of staff recruitment. This meant they would be then be 15% over the recommended staffing levels for the home.
- Recruitment checks had been completed to ensure new staff employed were suitable to work at the home.



# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and relatives made mixed comments about the quality and choice of meals. These included, "The food is reasonable with a choice and plenty to drink" and "The food is poor, I don't like it at all. We get a choice of two or three things, but I don't like any of them, it is like school dinners here"
- One person said they would miss the teatime meal due to not liking what was on offer not because they were not hungry. We passed this comment onto the registered manager who then met with the person to discuss this.
- The chef had a good understanding of people's dietary needs and we saw snacks were available throughout the day, these were also in pureed form where needed. However, they said people complained about the quality of the food and they felt uncomfortable attending 'resident meetings.' We asked the registered manager what they had done to support the chef with this. They explained a new food provider had been sourced and they were meeting with people individually to discuss their concerns with the food.
- The dining experience needed improving. People were left waiting for a long time. For example, on a table of four, people were served separately. This meant some people were left waiting, whilst others had finished their meal.
- People living with dementia needed more support, one person struggled with the cutlery and we had to point out they were eating with a knife.

We recommend the provider completes a full dining and food experience audit.

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

- The home had been adapted to ensure it met people's individual needs and requirements. People had the option of spending time in various places including their bedroom, lounges and quiet areas. However, thought needs to be given for when relatives visit, we saw on some occasions relatives had to stand in front of their loved one, rather than being able to sit next to them.
- There were signs around the home to help people identify their bedrooms, bathrooms and toilets.

Staff support: induction, training, skills and experience

- Staff received regular support through supervisions and a yearly appraisal.
- Staff told us they received appropriate training and records confirmed this.

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

- Everyone who moved into the home had an assessment of their needs prior to moving into the home. This

ensured they had access to appropriate resources and the home could meet their needs..

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were good links to external health and social care professionals and visits or appointments were made when needed.
- The home had access to the GPs computer system 'One Online.' This allowed staff to order medicines, view test results and see some medical information.
- Care records showed staff supported people with their oral hygiene.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed MCA training and ensured people had choices and could make decisions.
- People had their capacity assessed and applications for DoLS had been made appropriately. At the time of the inspection four people had a DoLS in place.
- Consent to care and support was sought in line with legal requirements.

# 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 good. 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; respecting equality and diversity

- People who used the service were complimentary about the staff. Comments included "The staff are kind and caring and you can have a good laugh with them" and "I am happy with the care."
- Staff were observed to be kind, patient, respectful and considerate. They understood every person and knew what was important to them. They knew people's preferences and how they preferred to spend their days.
- Staff had received training on equality and diversity. People's diverse needs in areas such as religion were assessed, and the service supported people to access religious clergy where appropriate.

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

- We observed a positive and inclusive atmosphere where people were encouraged to make day to day decisions about their care. Staff listened to people and waited patiently for responses to their questions.
- People and relatives attended meetings to discuss and share views on the home. However, one relative said, "I go to the meetings where I discuss the food. An email used to be sent with minutes of the meetings but that has stopped. I filled in a questionnaire but never heard anything more."
- One person had an independent advocate. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "They [staff] keep my dignity when I am having a shower."
- People were encouraged to go out and undertake activities within the local community to help support and promote their independence.
- People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time. Visitors told us there was always a warm, welcoming atmosphere.
- Staff supported people to maximise their independence, choice and control. One person loved to help around the home with household tasks. Comments included, "They [staff] keep me independent by encouraging me to do what I can" and "They are very caring, up here [upstairs] it is almost one to one, they keep [person's name] independent, they shadow [person], which puts my mind to rest, you think they are not watching but they are. They are very kind, and everyone is lovely."

# 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 good. 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

- People received personalised care which met their needs. However, not all of this was recorded.
- Care plans contained enough information to support staff on how the person wished to be cared for. However, some care plans lacked person-centred detail and life history information.

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.

- Staff knew how people preferred information to be provided to them.
- We saw some good communication care plans which detailed how people expressed their needs. For example, staff to speak slowly and clearly, giving [person's name] a chance to answer. Staff to also ensure [person's name] were wearing their glasses and their glasses were clean.
- Information could be made more available in different formats such as large print and picture menus to support people in their understanding of things.
- One person really enjoyed writing letters so the registered manager had sourced a pen friend from a local day care service. The registered manager said, "They now exchange letters on a weekly basis. [Person's name] had also been invited to lunch with the day service and they also went to their summer barbecue. In addition, the day service have come to join in our entertainment at Rose Lodge, and this has extended [person's name] friendship group and also increased our community links."

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

- People were supported to spend their time as they wished.
- People took part in activities such as exercises and quizzes.

Improving care quality in response to complaints or concerns. The provider had systems to analyse complaints and concerns to make improvements to the service.

- Information relating to how to make a complaint was available to people.
- Complaints were appropriately managed by the home.

End of life care and support

- People's end of life choices were recorded in their care plan if they had chosen to share this information.

# 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 good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered provider had systems and procedures in place to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these had highlighted some, although not all of the concerns we raised during inspection. For example, the medicine audit had highlighted issues with stock in August, but the stock was still incorrect at the time of inspection.
- Records were not always fully completed or kept up to date. For example, where people required two hourly turns throughout the night, daily notes stated this had happened however, turn charts were not always completed. Following the inspection, the registered manager completed a full investigation with staff to make sure positional changes were taking place and to explain the importance of completing appropriate records.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

- Staff were knowledgeable and enthusiastic about their working roles. Comments included, "I love working here, the manager is lovely, no complaints" and "I enjoy it here." However, one staff member felt the registered manager was not always approachable and some days does not speak to them.

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

- People and relatives had developed good relationships with staff.
- There was a cheerful atmosphere in the home. Staff told us they wanted to make sure people were as comfortable and safe as they can be. One relative said, "Care is everything here, they [staff] love my [named person] as much as me." However, another relative said, "The atmosphere here is, well there is no atmosphere, the staff are harassed."

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 registered manager understood their role in terms of regulatory requirements. For example, they notified CQC of events, such as safeguarding's and serious incidents as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had established forums in place, to communicate with people. This included meetings and formal surveys.
- The home worked in partnership with health and social care professionals who were involved in people's care.
- Regular staff meetings occurred; staff said they felt listened to and able to contribute. Due to poor attendance at staff meetings, the registered manager had arranged additional meetings to allow staff to attend.
- We saw examples of the service working well with local community organisations including local shops and pub and the nearby Pioneering Centre.

Continuous learning and improving care

- The management team were committed to continuously improve the service.
- The registered manager was open and responsive to our inspection feedback.

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  The provider was not ensuring that identified risks were updated when necessary. Medication was not always managed safely and some areas of the home were not clean. Reg 12 (2) (b)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was not ensuring that records relating to the care and treatment of people using the service were complete, accurate and up to date. Reg 17 (2)(c)