

K S Mann

# Rosewood Lodge

## Inspection report

45-47 Valentines Road  
Ilford  
Essex  
Essex  
IG1 4RZ

Tel: 02085544343

Website: [www.rosewoodlodge.org](http://www.rosewoodlodge.org)

Date of inspection visit:  
02 August 2016

Date of publication:  
13 October 2016

## 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

The inspection took place on 2 August 2016 and was unannounced. At our previous comprehensive inspection on 8 January 2016, the service had not met legal requirements relating to staffing, infection control, person centred care, maintaining premises and equipment and quality assurance. They were rated inadequate in safe. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements.

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

There was a registered manager in place on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection Rosewood Lodge had made significant improvements and now met seven out of the nine regulation breaches we found at the last inspection. These included improved understanding of the mental capacity act, maintenance of a clean and safe premises and equipment, providing more person centred activities, safe infection control practices and more positive interactions between staff and people. Although, we found improvements, there were still areas that needed further work on to fully improve and they needed more time to embed and sustain changes made.

People told us there were usually staff around them to help. We saw that staffing was consistent, however, we noted that the skills mix of staff on duty could be further improved to ensure people's needs were met.

People told us they felt safe and that staff treated them with dignity and respect. Staff had undergone safeguarding training and were able to recognise and report abuse or discrimination.

There were procedures in place to ensure people were kept safe should a medical emergency or a fire incident occur. Staff were aware of the procedures to follow in the event of a fall or any other incident. The registered manager monitored monthly incidents in order to identify any patterns and implement prevention strategies.

Staff including volunteers underwent an induction. Staff told us they were happy with the current training, appraisal and supervision in place. They were aware of the Mental Capacity Act (2005) and how it applied in their practice.

People were supported to eat a balanced diet. Except one person, all people said that the current diet met their cultural specific needs. Another relative told us the current menu was not suitable for their relative.

Care plans were comprehensive and included people's social, physical and emotional support needs. Activities interest's assessments were now in place with an external activities person coming once a week.

People said they would make a complaint to the manager. We reviewed the complaints log and found complaints were responded to in a timely manner but also noted a theme around meals. The complaints procedure had been put in pictorial format to make it easier for people to understand

People and staff told us the service was well run with the exception of one relative who thought there could be more flexibility. The culture was shifting from task orientation to person centred care.

There were systems in place to monitor the quality of care delivered. However, some policies such as the safeguarding and Mental Capacity did not reflect current guidance. We have made a recommendation to seek further guidance.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe. Staffing skills mix did not always meet people's needs. Robust recruitment systems had been followed with the exception of one case.

Medicines were managed safely by staff who had been trained to administer medicines.

Staff were aware of the procedures in place to safeguard people from harm. They knew the procedures to follow in an emergency and were aware of the risk assessments in place to reduce avoidable harm.

The premises were clean and equipment maintained.

### Is the service effective?

**Good** 

The service was effective. Staff had received the necessary training and understood their responsibilities to ensure that the Mental Capacity Act was applied to ensure people were not deprived of their liberty unless it was in their best interests to do so.

People were supported to access healthcare services and manage chronic illness.

### Is the service caring?

**Good** 

The service was caring. People told us they were treated with dignity and respect. We observed staff respond to calls in a timely manner.

The information board was up to date with information about advocacy readily available.

### Is the service responsive?

**Good** 

The service was responsive. People told us they received care that met most of their needs. Care plans were comprehensive and included people's likes and dislikes.

Complaints were logged, acknowledged and responded to in a

timely manner. Staff were aware of the complaints process and people told us they would let the manager know if they had any concerns.

**Is the service well-led?**

The service was not always well-led. We found shortfalls in the governance processes in place. Although policies had been updated, they still did not reflect the most up to date guidance in relation to safeguarding and Mental Capacity.

There were systems in place to monitor the quality of care delivered which had been in place since March 2016.

**Requires Improvement** 

# Rosewood Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 August 2016 and was unannounced. It was completed by an inspection manager, an 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.

Before the inspection we reviewed information we held about the service and the provider. This included details of statutory notifications, safeguarding concerns, previous inspection reports and the registration details of the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local commissioners and the local Healthwatch in order to get their perspective of the quality of care provided. In addition we received four anonymous compliments and one compliment from a relative and a complaint from another relative.

During the inspection we observed how staff interacted with people. We spoke with nine people who used the service, a relative, the registered manager, three care staff, a housekeeper, the provider and a cook. We looked at six people's care records, four staff files, training matrix, supervision file, kitchen records, cleaning records and temperature checks. We observed care in the main lounge, the dining room and in people's rooms.

After the inspection we asked for and received more information about recruitment checks for one staff member. We also spoke to two other relatives over the phone.

# Is the service safe?

## Our findings

At our previous inspection of 8 January 2016 we found that there were sometimes not enough staff to meet their needs. There were three staff to look after 19 people during the day and two staff at night. Staff providing care did not always have the competence, skills and experience to do so safely, particularly adhering to infection control guidance and management of people with dementia.

During this inspection staffing levels were still three staff and 19 residents. We reviewed the staff rotas and found that there had been no under-staffed shifts in the last three months. Staff told us they covered absences as well as regular bank staff. On the day of our visit we saw a staff member stay on for the late shift to cover for a last minute absence. A housekeeper had been employed in order to relieve staff of laundry duties. However, we still observed that the skills mix could further be improved as on the day of our visit during lunch we observed that two out of the three staff members were unable to understand a person's request. Only the most senior staff member understood and had to pause the medicine round to assist. We checked the rota and found that on several occasions these same staff were on duty together. We spoke to the manager about this and they acknowledged that two of the three staff members were still developing their communication skills to become proficient in English. This meant that some staff still needed further support and the rotating system needed to ensure that the skill mix enabled people to be supported effectively. We recommend that the provider seeks further guidance on staff skills mix to ensure care is delivered safely.

People told us they felt safe living at Rosewood Lodge. One person said, "It is safe here. All the doors are locked and the people are looked after." Another person told us, "Of course, very safe." A third person said, "Oh, yeah do feel safe here. I can and do walk around the gardens and lawns quite regularly." Staff understood how to safeguard people from abuse and had attended relevant training. They were aware of the reporting and monitoring processes in places following receipt of or witnessing abuse. We reviewed the most recent safeguarding cases and saw they had been reported appropriately to the local authority. Where action plans had been requested these had been completed in order to reduce the risk of the incident occurring again.

Staff files showed that recruitment practices were mostly safe and included the necessary checks to ensure staff identity and qualifications were verified. However, we noted in one file two character references, and no employment references when the staff member's application indicated they had previously worked in social care in another country. Another staff did not have record of DBS check although this was provided to us after the inspection. We discussed this with the registered manager and they acknowledged that they had not sought previous work references as they were from another country. We recommend that the provider follows best practice recruitment guidelines to ensure there are safe recruitment practices at the service.

At our previous inspection the control of substances hazardous to health risk assessments were out of date and needed to be updated to reflect the current cleaning products in use. We observed practices that put people at risk of cross infection as appropriate guidance was not always followed. During this visit we did not see any staff breaching infection control guidelines. However, we noted that the cloth hand towels were

still in place. However the manager told us and we saw a cleaning schedule in place which included regular washing of the hand towels in order to prevent cross infection.

At our last inspection premises and equipment were not always clean or properly maintained and also had a distinct smell of urine. During this inspection there were no such smells. All communal areas and people's bedrooms were clean. The previously tatty chairs had been replaced and the room with the lace tablecloths had been redecorated and was now odour free. There was a cleaning schedule in place which was now ensuring that the service was kept clean and conducive for people.

People told us that their medicines were administered on time. One person said, "Yes, I think so. Each time, day and night, they make sure everybody has their medication." Another person said, "I get my pills everyday." We observed staff administer medicines safely and making sure the medicines trolley was kept secure at all times. Staff told us that only staff who attended medicine administration training and were assessed to ensure they had the right skills were allowed to administer medicines. We saw a log of all the staff able to administer medicines and saw no discrepancies.

The daily fridge temperature and room checks were within the normal range required to store medicines safely. However, we noted that topical creams although prescribed were not signed for on the MARS chart and recommend best practice guidelines be followed to ensure up there are comprehensive records of creams applied.

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



# Is the service effective?

## Our findings

People told us that most staff supported them appropriately and that they received meals and medicines on time. One person said, "After breakfast I like to do jigsaw-puzzles and they make sure I always have one when I want it." Another person said, "They are knowledgeable. The older ones are doing a very good job in showing the younger ones what to do." Relatives also told us they thought people were supported by staff who had undergone enough training to enable them to support people effectively.

Our previous inspection of 8 January 2016 found staff were not always aware of the requirements of the Mental Capacity Act 2005 and what this meant for the people they supported. The (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Our previous inspection found that people were being unlawfully deprived of their liberty as they were not free to leave the service premises, however DoLS authorisations had not been sought on their behalf. Staff told us this was for their own safety.

During this visit, we saw that the registered manager had applied for DoLS authorisations for most people, and these had been granted. They had also applied for DoLS authorisations for people who had recently moved into the service and did not have capacity to safely leave the service themselves. Staff and the registered manager demonstrated a greater understanding of the requirements of the MCA and how this impacted on people's lives. People had access to statutory advocates when they did not have family or loved ones to advocate on their behalf. Where people had deputies or attorneys who were authorised to make decisions on their behalf, this was recorded in people's care plans.

At our last inspection people's rooms were locked during the day without any record of assessments of their capacity to make this decision, or of this decision being made in their best interests. During this inspection we saw that most people's doors were kept open during the day, and those who wished to lock their bedroom door had documentation of this decision and a sticker on their door to indicate they wished it locked.

Our previous visit on 8 January 2016 found that people were not always provided with a variety of meals of their choice, and some people had to wait for more than 20 minutes for their food when meals were served. During this visit, we saw that staff served people in a timely manner and provided attentive support while people were eating that met their needs. Food looked and smelled appetising and special diets to meet people's physical needs were provided, such as soft food or diabetic diet. However, one person told us they were still not provided with meals of their choice appropriate to their culture, and would prefer "something hot, like fire." We spoke with the registered manger about this in order to ensure the menu reflected this person's preferences. In addition some complaints about food were also noted within the complaints log,

verbal feedback from people and "resident meeting" minutes.

Although there was evidence staff had received appropriate and relevant training, they were not all yet sufficiently confident and assured in their care delivery and will need more time and experience to develop the people skills more experienced staff demonstrated. New staff were required to complete the modules of the Care Certificate, an induction programme for staff new to working in social care and complete a programme of shadowing more experienced staff while they learnt their roles and got to know the needs of the people they supported. Although some staff did not have the right skills records showed, and staff confirmed, training was available for staff in topics such as fire safety, first aid, nutrition, dignity in care and death and dying. We saw that training for all staff in understanding and responding to challenging behaviour, and moving and handling was booked for later in the month.

The registered manager supported staff through a programme of regular supervision and annual appraisal of their work. Records showed that these covered staff well-being, general performance, training and development needs and updates about the people supported in the service.

Our previous inspection on 8 January 2016 found that the service premises did not have suitable orientation aids to assist people with dementia to find their way around the building. During this visit we saw that an orientation board was in use and correctly completed in the activities room, and the doorframes of the toilet doors had been painted in a contrasting colour to assist people to recognise the toilet when they needed it.

Staff supported people to access healthcare and see health professionals when they needed to. During our visit a visiting optician came to the service, undertook eye tests and provided people with spectacles. A podiatrist also attended the service regularly to attend to people's foot care needs. Records showed that GPs visited when people were unwell, and staff supported people to attend medical appointments when required.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and considerate. They mentioned specific staff who were very compassionate and good at understanding and anticipating people's needs. One person said, "Oh, yes, very nice. [Staff are] very nice to me." Another person said, "Yes, [staff are] very caring." A relative told us, "Staff are very good. They listen." Throughout the inspection we observed staff interacting positively with people with the exception of one incident already mentioned where a staff member could not understand what a person was saying during lunch time.

At our previous inspection staff sometimes did not explain things clearly to people or give them time to respond. During this inspection staff tried to explain and when they could not, they got someone more senior to come and explain to people or update them on any upcoming treatment. At our last inspection, information displayed within the service needed updating as some of the posters were out of date some going as far back as 2010. Care plans and complaints policy were not available in a format that people with communication difficulties could understand. During this inspection notices had been updated and now included access to advocacy posters. The complaints policy was now available in a format that could be easily understood by people using the service. We observed staff interacting and explaining where required in a way people could understand.

People's privacy and dignity was respected. We observed that people were assisted with going to the toilet in a discreet and sensitive manner. Staff addressed people by their preferred names and ensured toilet doors were kept closed when in use. One person said, "If I ask for my privacy I get it. They are very good. It is a very pleasant place." Another person said, "Yes they respect my wishes and privacy." We observed that people appeared clean and well groomed. Where clothes had become soiled, we saw staff took people back to their rooms to change into clean clothes to ensure they were clean and comfortable.

At our previous inspection staff knew people's night and day routines although sometimes these were not specified in the care plans we reviewed. During this visit most people's preferences were known by staff and present in most care plans. We observed staff asked people what they wanted to do and what they wanted to eat. Staff responded to call bells in a timely manner and ensured people had access to their sticks and other mobility aids so that they could mobilise as often as they wanted. During the afternoon we saw a staff member spend time with people. They took time to ensure people's wellbeing by attending to their requests, chatting and listening to people.

Most staff knew how to respond to each person's, cultural, gender and spiritual needs in a caring and compassionate way. They gave us examples of how they respected people's cultures and preferences such as instances where a person who had sung in a church choir would sing some religious songs. Staff told us and we saw contact was made with relevant church denominations as and when people requested.

## Is the service responsive?

### Our findings

People told us they could express their views if they were not happy with the quality of care delivered. They told us that although they did not always remember the procedure, they would tell the manager if they had any issues or concerns. One person said, "If you step on my toe I will tell you. I would tell the nurse [manager]." Another person said, "I will not hesitate to speak up if I have anything to grumble about." At our previous inspection we noted that two formal complaints we had been made aware of were not logged at all. This meant that the system of logging, investigating and responding to complaints was not always followed. During this inspection we reviewed compliments and complaints and found that complaints were logged and investigated appropriately. Staff were aware of the complaints process and the complaints policy was now available in a format that could be easily be understood by people.

At the previous inspection care delivered was not always designed with a view of achieving people's preferences and ensuring their needs were met. The service's website stated that there were regular outings, visits to the pub, cinema, and theatre. However, none of the eight people we spoke with had been on an outing other than two people who had gone out with their own relatives. During this visit care plans had individual activities assessments and people said they participated in activities. One person said, "It varies. Sometimes we have a lot of music and Quizzes. On other days people do what they want. If it is nice we sit outside in the garden and have cool drinks and ice lollies."

We saw that people, unlike at the previous inspection went out if they wanted with some people going out to the cinema, coffee mornings and regular walks. In addition an external activities coordinator came once a week to do some activities including chair exercises. There were at least two activities available daily one in the morning and another in the afternoon. We observed that the morning had lots of activities but the afternoon was more relaxed. A relative confirmed that staff made an effort to interact with people and said, "Yes it is all very good. They are all chugging along. The carers are always chatting away to them."

At our last inspection care delivered was not always appropriate and did not always meet or reflect people's preferences. For example, a person told us they occasionally enjoyed a full English breakfast but this was not available on the breakfast menu. Staff we spoke with confirmed that a full English breakfast was not on the breakfast menu. During this visit improvements had been made. Those who liked to go for walks were enabled to do so and a person with interest in music was encouraged to participate in a session where instruments were played.

People's care plans included their views and showed some input from relatives. Although we noted that some of the input was yet to be incorporated into the care plans, care plans clearly described people's likes and dislikes, past profession, family, medical history, hobbies and whether they had regular visitors. Night and day routines were also noted to enable staff to support people effectively.

## Is the service well-led?

### Our findings

The majority of people and their relatives we spoke with told us they thought the service was well-led and they knew who the registered manager was. One relative told us they were not happy at the pace at which any suggestions made were implemented and the response given by management. Another person said, "I am relaxed here." A third person said, "The staff are very pleasant. It is a pleasant place to be." A relative told us, "Yes the manager is very friendly." Another relative told us, "The place is quite organised, I have no complaints." Staff also told us that the manager was on hand to guide them when needed.

We found that although improvements had been made there were still shortfalls in the management of the service and more improvements were needed. The management had sought advice and help from a quality improvement consultant who had helped them to draft an action plan and improve their quality assurance tools. However shortfalls were still apparent. For example, although records were kept safe in the staff room, some records were not always up to date or clear and recommend that this be addressed. For example, a care plan was in use with amendments written by the relative not yet incorporated into the care plan making it difficult to establish from the records what the current care plan was.

Although policies relating to safeguarding and Mental Capacity Act 2005 had been updated since our last inspection, they still did not reflect current changes or cite the latest guidelines in relation to safeguarding and the Mental Capacity Act. This did not ensure that best practice guidelines were followed in order to minimise the risk of inappropriate or unsafe care delivery.

At our previous inspection staff had mixed reviews about the culture of the service. Some thought it was supportive whilst others thought the monitoring of communal areas via closed circuit TV did not help in building trust and confidence. During this inspection three out of four staff said they were comfortable working at Rosewood Lodge. Three relatives we spoke with and another three feedback forms we reviewed indicated that their suggestions were taken on board. However two relatives said their feedback was not always implemented with one saying, "I have tried to make suggestions about my [relative's care]. However all suggestions such as food and walks do not always happen." We saw evidence that a move to a more inclusive culture was in progress, however it was still a centralised system with everything running past the manager and little room for staff to use their own initiative or develop leadership skills.

Quality assurance systems were previously in place but inconsistently applied. During this inspection we noted that comprehensive audits had been implemented since March 2016 with clear actions where shortfalls had been identified such as in areas including Infection control, health and safety checks, equipment checks. We saw that a satisfaction survey had been completed and most people had been satisfied with the care delivered. However we also noted one of the feedback was mapped against the old CQC "Essential Standards" and not the "New fundamental standards" which again indicated the need for the registered manager to keep up to date with latest guidance in order to update and deliver effective care. As a result we could not improve the rating for Well-led because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

At the last inspection there were unnecessary restrictions such as locking people's doors to prevent other people from wandering into people's rooms. During this inspection we found appropriate steps had been taken to ensure that consent was sought and documented before locking people's doors during the day. We saw people freely moving within the service without any unnecessary restrictions.

At the last inspection staff told us they felt supported and were aware of their roles and responsibilities but came across as task oriented. This was also evidenced by various books with lists of tasks for staff to do each shift. This seemed to divert the focus from looking at people as individuals but rather tasks that needed to be completed. During this inspection the documentation had been condensed and staff focussed more on people and their interests rather than tasks. An effort had been made to make assessments of people's interests and try to provide some of the preferred activities.