

Rosemary Lodge Rest Home Ltd

# Rosemary Lodge Rest Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This unannounced comprehensive inspection took place on the 20 November 2018. The inspection team consisted of one inspector, one 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 service.

Rosemary Lodge Rest Home 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. Rosemary Lodge Rest Home can accommodate up to 29 people. At the time of our inspection 21 people were using the service. Some people living at the home were living with Dementia.

At our last inspection in March 2017 we identified improvements were needed to improve the quality and safety of the service provided. We judged the provider to be in a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. Following the inspection, we asked the provider to complete an action plan to show us what they would do and when by to improve the key question(s) of safe, responsive and well-led to at least "good." The provider sent us their action plan in and we looked at their action plan as part of this inspection.

This inspection took place on 20 November 2018 to follow up on our previous findings. We returned on this occasion to check that the provider was taking the necessary action to improve the quality of care and reducing the risks to people. During this inspection the service demonstrated to us that improvements have been made and the service was no longer in breach of regulations. Systems for the governance of the service were more robust and the action plan we received from the provider following our previous inspection had been addressed.

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

Despite the noted improvement in the management of the home we were made aware of some issues that needed to be addressed or considered further from talking to people and sampling records. People and staff were positive about the leadership skills of the registered manager. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions. The registered manager led by example and encouraged an open and honest culture within their staff team. People were supported to express their views. The registered manager and their staff team worked together with other organisations to ensure people's wellbeing.

People received care that made them feel safe. People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Potential risks to people had been assessed

and were being managed by staff. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond promptly to people's needs. People received medicines safely and as prescribed. The environment was clean and systems were in place to audit infection control practices.

All feedback that we received from people about the staff was that they had the knowledge and skills to deliver effective care and that relevant training was provided. People told us they saw their GP and health specialists whenever necessary. People told us they were satisfied with the food provided and we saw suitably prepared meals being served. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were happy with the care they received and staff were seen treating people with dignity and respect. People's independence was promoted by staff and they were encouraged to express their views and make choices about their daily living. People's contact with relatives and friends was promoted.

People receive care and treatment that was responsive to their needs and provided in a person-centred way. People were supported to be involved in the planning and reviewing of the care they received. People had some opportunities for social interests. People told us they felt confident to raise a complaint. People could be confident that their wishes during their final days and following death were respected.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and we saw risks to people were assessed, and these were understood and managed by staff.

Staff understood how to deal with allegations of abuse. The provider carried out appropriate checks on staff to ensure they were safe to work with people.

People had support from sufficient staff to respond to their needs and keep them safe.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service was responsive.

People received care and treatment that was responsive to their individual needs.

People had been involved in the development of their care plans and further improvement was planned.

People's engagement with meaningful social occupation had improved and further improvement was planned.

People felt confident to raise complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had improved systems in place for governance of

the service, although we did identify further issues that needed addressing.

People and staff expressed confidence in the registered manager and how the service was managed.

The provider had notified the Care Quality Commission of significant events which occurred in the home.

People's views about the quality of care they received had been sought.

# Rosemary Lodge Rest 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 unannounced comprehensive inspection took place on 20 November 2018. The inspection team consisted of one inspector, one assistant inspector and an expert by experience. We also contacted other health and social care organisations such as representatives from the local authority commissioning team and Healthwatch to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection visit, we met and spoke with eight of the people who lived at the home. Some of the people who lived at the home were not able to tell us in detail, about how they were cared for and supported because of their complex care needs. We therefore used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We observed staff providing care and support to people in the communal areas of the home. We spoke with three relatives of people and one visiting health professional to get their views. In addition, we spoke at length with the nominated individual, the registered manager, the deputy manager, one senior care assistant, three care assistants, one domestic worker and the cook.

We sampled a range of records about people's care and how the service was managed. This included plans of care for five people using the service and associated documents including risk assessments. We looked at two staff files including their recruitment record. We sampled other records relating to the management of the service including audits, quality monitoring systems and action plans; accident and incident records; surveys; meeting minutes and complaint records.

## Is the service safe?

### Our findings

Our last inspection was undertaken in March 2017 at which point we rated this key question as 'requires improvement'. This was due to people's risks not always being well-managed. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'good'.

People were safeguarded from abuse and neglect. One person told us, "I've never seen anything bad happen." Staff received training in safeguarding and understood the different types of abuse and how to respond to protect people. The registered manager understood their role in working closely with local authority safeguarding teams if any allegations of abuse were made. People were supported by staff who were suitable to work with them. The provider checked candidates' employment history, training and experience, criminal records, identification, proof of address and appropriate references. This meant that the registered provider was committed to safe recruitment practices.

People we spoke with told us they felt safe living at the home and with the support of staff. One person told us, "I feel ever so safe." A relative said, "I know mum is safe living here." At our previous inspection risks to individual people had not always been well-managed. At this latest inspection the management of risks had improved to ensure people were protected from harm. People's records included risk assessments related to their individual and diverse needs and abilities. For example, risks to people's mobility, nutrition and skin integrity were assessed and their care plans explained the actions they should take, to minimise risks to people's health and wellbeing. While all of the staff we spoke with had a good knowledge of individual people's health needs, the risk management plan in place for one person did not contain specific guidance for staff about how to support the person effectively with the safe use of equipment. Although this omission needed to be addressed within the person's care records, the staff knowledge and skills meant that people were kept safe. Following our inspection, we received an updated risk management plan.

The care home premises and equipment were managed safely. The provider had checks in place relating to the environment, fire safety, gas safety, electrics, equipment and water. We found fire risk assessments were completed and staff we spoke with were familiar with the emergency procedure at the home. People had Personal Emergency Evacuation Plans (PEEPs) in place and these were up to date and reflected people's needs in the event of an emergency. We also noted that the home had environmental adaptations to keep people safe. We saw staff responded well to any alarms that went off during the day. We spoke with the cook who advised the service had achieved a '5' star rating by the environmental health agency which meant they regarded the service as having good and safe food hygiene standards.

People and relatives, we spoke with told us there was enough staff available to provide them with the care that they needed. One person told us, "Staff are always around. At night time they come and check with you if everything is all right. I like that." Another person said, "Sometimes they are a bit short. They are run off their feet. But they are always there for you." A relative told us, "Enough staff when I visit and they are approachable." The staff we spoke with told us there were adequate staffing levels at the home. One staff member told us, "There is enough staff, we pull together as a team when staff are off." We noted that the registered manager and deputy manager would deliver care and support where necessary and based the

number of staff needed on people's current dependency levels. From our observations during our inspection staff responded to people's requests for support in a timely manner.

People were protected from the risk of infection as there were adequate cleaning and infection prevention arrangements in place at the home. We saw staff using personal protective equipment appropriately for a variety of tasks including medicines administration, serving meals, personal care and household duties.

People received their medicines as prescribed. People we spoke with raised no concerns in the way that their medicines were managed by the home. One person told us, "I never have to wait for my medicines." Medication was stored securely, maintained at the correct temperature and disposed of safely. The staff responsible for medicine administration told us they had received the relevant training and undertaken medication competency checks in the last year.

Accidents and incidents that had occurred at the home had been recorded. Staff told us they were aware of their responsibility to report and record any accidents or falls. The registered manager completed records to monitor any accidents and incidents and to look for learning and for actions needed to reduce the likelihood of events happening again.



# Is the service effective?

## Our findings

At the last inspection in March 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

All people and relatives we spoke with told us that staff had the knowledge to deliver their care effectively. One person told us, "They [care staff] are very good at their jobs." There was some use of assistive technology to support people. This included sensor mats to alert staff when people were moving around. We observed that sensor technology was only used as necessary and identified as part of the person's risk assessment.

People received care from staff who had the right training, knowledge, skills and support. One person told us, "They [care staff] know what they are doing." Staff we spoke with told us they had sufficient training for their roles and received regular supervision sessions with their line manager. New staff completed an induction including training in key topics and shadowed more experienced staff. The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate.

People received food and drink of their choice and any cultural preferences were met. One person told us, "Food is good, fills me up." A relative told us, "It looks nice. Mum says it's nice. There is variety. It's well cooked and presented." With people's consent we joined people for lunch. We observed staff were friendly and supportive throughout the meal and there was a real emphasis on making the dining experience pleasant. Staff we spoke with had a good understanding of people's dietary needs. Any specific needs or risks related to nutrition or eating and drinking were included in people's care plans. We saw one person had their food pureed. However, there had been no consideration made to the presentation of the food. All food items were mixed together rather than food being blended separately to enhance the presentation and taste of the meal. The registered manager advised they would address this immediately.

People were supported to access to healthcare professionals. One person told us, "(Name of registered manager) helped me change doctors and if required he's here straight away. Similarly, I can see the optician, services here are wonderful." A visiting health care professional told us staff and the registered manager communicated well with them to support people's health and well-being. The provider had systems in place to monitor people's weights, when it was part of people's agreed care plan. Systems were in place to ensure that people received consistent care when they transferred between services. For example, hospital passports were used to support people when they were admitted into hospital. This enabled people to receive care and support from staff that knew how to support them effectively.

The building had been adapted to meet the needs of people who lived there. Corridors were wide and accessible and all public areas of the home were easily accessible to people. Lift access was available to enable people who used the service to safely access all floors where required. People's bed rooms were personalised and reflected their individual interests.

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. Staff understood the importance of asking for people's consent before providing support. Our observations showed that staff continually asked people before providing their care and support and give them chance to respond before continuing with the task.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care, services 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. The registered provider had submitted DoLS applications to the Local Authority. Whilst we did not see people being supported in restrictive ways some staff we spoke with did not know which people had authorised DoLS and what it meant for people. The registered manager advised this would be addressed following our inspection.

## Is the service caring?

### Our findings

At the last inspection in March 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

We received positive feedback from people and their relatives regarding staff being caring. One person told us, "Staff are lovely, kind and helpful. You get that extra care from here." A relative told us, "Staff are angels, all kind, caring and thoughtful." We saw this reflected what we saw during our inspection with staff interactions with people seen to be kind, patient and sensitive. We spent time observing how staff interacted with those people who found verbal communication more problematic or where people did not wish to engage with members of the inspection team. We observed people responding warmly to staff. People made good eye contact with the staff and were relaxed with any interventions we witnessed. We observed staff knew people well and spent time with people and chatted and engaged with them about their personal histories and interests

People were supported to express their views and make decisions about their care as far as possible. People told us they were involved in day to day decisions about how and where they spent their time. One person told us, "I make all my own decisions, what to eat, when to go to bed and when to go out." We observed staff helped people in a manner that reflected each person's needs. We observed a member of staff explaining a situation to one person who had become distressed. This situation was handled well and the situation was diffused because of the careful intervention of the staff member. At the time of our inspection the registered manager advised us there was no-one living at the home who required advocacy support. We saw advocacy services leaflets on display in the public areas of the home that would guide staff about when and how to access advocacy service for people. Advocacy seeks to ensure that people can have their voice heard on issues that are important to them.

People's privacy and dignity continued to be respected and promoted. One person said, "They respect my time with my wife." A relative told us, "I have private time with my mum in her room." Staff understood the need to protect people's privacy and dignity. For example, we observed staff knocking on people's doors before entering their rooms. We saw when people wanted privacy this was respected by staff, and we saw a few people chose to spend time in their rooms. There were some shared rooms at the home, and we saw there were privacy curtains and partitions between beds so people could have privacy. Some people told us they were waiting for a single room to become available and that the registered manager was aware of this request.

Staff we spoke with shared examples of how they promoted people's rights and how they supported people to maintain their independence. People's right to confidentiality was respected and protected appropriately in accordance with GDPR (General Data Protection Regulation) guidelines. For example, people's care plans were securely stored and only people who had the right to access them did so. We heard from people and visitors that the staff supported them to maintain their relationship with their loved ones. One person told us they were spending the Christmas period with their relatives. We saw relatives visited throughout the inspection and all those we spoke with told us they were always made welcome. One relative said, "I can

visit any time, staff are always approachable."

## Is the service responsive?

### Our findings

Our last inspection was undertaken in March 2017 at which point we rated this key question as 'requires improvement'. This was due to people's needs not being fully assessed prior to admission. At this latest inspection we found improvements had been made, and further improvements were planned. This key question is now rated 'good'.

People had their individual support needs assessed before coming to live at the home. We looked at the care files which confirmed pre-admission assessments had been completed in full. This provided staff with the information required to ensure people received good individualised care. People received personalised care that was responsive to their individual, religious and cultural needs. One person told us, "The girls [staff] know what I like." A relative told us, "We think it's wonderful. The care is great. Bringing mum here is the best thing we have done." From observation of staff, talking to people and visitors we found staff were knowledgeable about people's needs, wishes, likes/dislikes and preferences. We observed a staff handover meeting and saw that this enabled staff to share important information about people such as changes to their health and care needs.

Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. Discrimination was understood by the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity about the protected characteristics. We saw that people were treated very much as individuals. One staff member told us, "You just treat everyone individually and respect their beliefs."

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. Care plans we reviewed contained some information about how to support people, for example, ensuring they were wearing their glasses or hearing aids. However, the registered provider had not explored ways to make sure people had access to the information they needed in a way they could understand it and comply fully with the AIS.

While some people could not always recall whether their involvement in the planning or review of their care, we saw some confirmation of their involvement, or that of their relatives in their care records. A relative said, "I was very much involved in mum's care plan." Each person had a care plan which was personalised to them. The care plan recorded details about the person's specific needs and how they preferred to be supported. The registered manager told us they had spent a lot of time with one person developing their care plan and how much the person had contributed. There was more improvement planned to capture people's views.

At our last inspection in July 2015 we received mixed feedback from people regarding the suitability of social occupation at the home. At this latest inspection some improvements had been made and further were

planned. One person told us, "There is plenty to do, a guy comes to do exercises and I enjoyed clay painting." Another person told us, "I go out independently when I want to and enjoying having my nails done in the high street. However, some comments were not so positive. One person told us, "They could do more. I am keen on quizzes, but I have to go out for that. They have a beautiful garden, but it is under-used." A relative told us their relation didn't do much but had developed positive relationships at the home and said, "She does drawing or colouring in or has a chat with her friend, I have seen a marked difference in her." We observed staff engaging people in leisure time which included reading, colouring and discussions around items in memory boxes. We saw photographs on display which demonstrated people participating in garden parties, pet therapy and recent Remembrance Day poppy making activities. The registered manager told us that one of the communal lounges was available for people to watch sporting events of their choice and they would continue to explore ways to support people with their individual leisure opportunities. Some people who lived at the home were living with dementia. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw some memory boxes in use on the day of our inspection. The registered provider advised us that more improvements were in progress to enhance social stimulation for people. For example, tactile blankets, doll therapy and sensory objects.

People and their relatives told us they felt comfortable to make a complaint and that it would be taken seriously. One person told us, "I would tell [name of registered manager] if I was unhappy." There was information about how to make a complaint or provide feedback about the service available in the reception area of the home.

The registered manager confirmed that no one using the service had the need for, or was in receipt of, support with end of life care. Information about people's preferences and choices for their end of life care was evident in the care plans we looked at. This included information about how the person wanted to be cared for at the end of their life. The service had looked holistically at the needs of the person and their families. We spoke with a relative of a person who had recently died they told us, "Staff were amazing at the end, lots of hugs for mum-in-law and for us as a family."

## Is the service well-led?

### Our findings

Our last inspection was undertaken in March 2017 at which point we rated this key question as 'requires improvement'. This was because there were continued shortfalls in the governance systems in place, and we judged a breach of regulation 17: Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found improvements in these areas and the service was no longer in breach of regulations. However, there were still some areas where improvement needed to be further embedded. This key question therefore remained rated as 'requires Improvement'.

The registered manager told us of the improvements undertaken since our last inspection and that the nominated individual was supportive and provided whatever was required to support the operation and management of the home. Despite the noted improvement in the management of the home we were made aware of some issues that needed to be addressed or considered further from talking to people and sampling records. There were some issues we found where there was scope for improvement, although the registered manager and provider could tell us how they were addressing these and working to further embed changes that would allow them to monitor people's satisfaction with the service. For example, some records we sampled related to MCA required further improvement. The use of sensor mats had not been considered as potential restrictive practice under the MCA. Improvements were necessary to ensure people were continually supported to pursue their leisure interests. The registered provider had not fully offered people the opportunity to receive information in alternative formats such as an alternative language, large print or pictorial format. The registered provider advised us that there was work in progress to meet the standard fully and additional evidence to support this was sent to us following our inspection.

The registered provider understood their responsibilities in relation to their registration with the Care Quality Commission. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The registered manager had ensured all incidents which had occurred were reported to CQC. We found that the rating from the last CQC inspection was displayed prominently in the entrance hall, as required by law.

All people we spoke with were very complementary about the leadership and management of the home. We noted that people and staff sought out the registered manager who was visible in all areas of the home. We judged that the registered manager had pride in the home and a genuine concern for all the people who lived there. One person said, "[Name of registered manager] is in charge, she's lovely." A relative told us that the registered manager was approachable and said, "I'm on first name terms with all staff. My mum is safe, comfortable and well fed. I couldn't ask for more." Staff told us the registered manager knew people well. A member of staff told us, "[Name of registered manager] is very good with residents. I would be happy with my mum and dad living here." The registered manager took overall responsibility for the day to day operation of the service. It was clear from our inspection that the registered manager had a good understanding of people's needs and was visible in all areas of the home. We had positive responses from health care professionals who told us that the registered manager ensured the home worked effectively and efficiently for the good of people at the home.

The registered provider and manager understood their obligation in relation to their duty of candour and encouraged openness about how the service provided support to people. The registered provider and manager could tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice. The registered provider described various new initiatives they were considering to improve the service.

People, their families and staff were engaged and involved in the service. People's views about the service were sought through daily interaction with staff, in care planning and reviews, resident's meetings surveys and feedback forms. The registered manager conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the home. The results of the surveys had been analysed, however, it was not clear from records what actions, if any, the registered manager had taken as a result of the survey. Staff told us they attended meetings and were kept updated regarding changes within the home and had the opportunity to share their views. One member of staff told us, "We have regular meetings and have the opportunity to speak up." Staff felt confident they could raise any issues with the registered manager and these would be addressed.

We saw evidence of a detailed audit programme in place that ensured the home was monitored and safe for people to live in. Areas covered included, care plans, medicines, health and safety, infection control, kitchen and staff recruitment. Audits seen included notes of their findings and the actions required as a result of them, we noted these had been signed when completed. We were told the nominated individual completed provider audits which confirmed senior management oversight of the service was ongoing.

The registered manager told us they looked to work with other agencies, this included for example, social workers, and agencies to build strong partnership working that would promote the needs of people living at the home.