

Rosewood Lodge Care Home Limited

Rosewood Lodge

Inspection report

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Date of inspection visit:
11 January 2023

Date of publication:
26 January 2023

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?	Good ●

Summary of findings

Overall summary

About the service

Rosewood Lodge is a residential care home providing personal care to people aged 65 and over, some of whom may have dementia. The home can support up to 19 people in an adapted two floor building with facilities, including en-suite bathrooms. At the time of the inspection, there were 17 people living in the home.

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

People felt safe and happy in the care home. They had risk assessments and care plans, which were reviewed regularly to ensure their needs were met. People lived in a safe, clean environment with suitable equipment and facilities. Staff were checked so they were safe and experienced to work effectively with people and were trained and supported by the provider to do so. Feedback from people, relatives and professionals confirmed staff were kind and caring.

Staff administered, recorded and audited medicines. People were supported to access health care as and when they needed. The food provided was fresh and nutritious. People and relatives told us staff provided varied activities. Care plans were tailored to people's individual needs ensuring their preferences, wishes and equality characteristics such as ethnicity, faith and gender were recorded and taken into account for their care. 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.

The registered manager sought feedback from people, relatives and staff, and welcomed complaints and compliments. The registered manager told us they used feedback as part of their improvement plan. The registered manager audited various aspects of the home, including staff training, health and safety, and care plans. Staff worked in partnership with health and social care professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 5 August 2021) and there was a breach of regulation.

We issued a requirement notice to the provider for breach of Regulation 17 (good governance).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and following concerns raised about the safety of the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below

Good ●

Rosewood Lodge

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one 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

Rosewood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We sought feedback from health and social care professionals. We reviewed the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection.

We spoke with 7 people who used the service and 6 relatives (3 relatives at the service and 3 relatives by telephone) about their experience of the care provided. We spoke with 3 care workers, 1 chef, 1 domestic assistant, 1 housekeeper, 1 senior care worker and the registered manager. We also talked with a visiting social care professional who attended the service during our inspection. We spent time observing support and communication between people and staff in communal areas of the service.

We reviewed a range of records. This included 4 people's care files, 5 staff files, and a variety of records relating to the management of the service, including training, policies and procedures 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 Requires Improvement. At this inspection this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we found the provider did not have a robust recruitment process in place and we found some long serving staff had not had recent criminal background checks to confirm they were still safe to work with people. At this inspection we found they had taken action to address this issue.
- Staff had undergone a robust recruitment process, which ensured they were safe to work with people. As part of their recruitment process, staff completed application forms, attended interviews, provided written references and underwent criminal record checks.
- The provider's staff recruitment policy was updated and followed by the provider.
- Staff recruitment process included training, completing staff induction and shadowing existing and experienced staff for a period of time. This allowed new staff to know people and to understand how the service operated.
- People and relatives felt there were enough staff. One person said, "Yes, there are staff around whenever I need them." A relative told us, "There are enough staff and [person] is well looked after."
- The provider told us the COVID-19 pandemic did not impact on the staffing level at the service. They said they continued recruiting and training new staff to ensure they always had enough staff. We noted the provider had additional staff for duties such as laundry, cleaning and cooking.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us, "I do feel nice and safe." A relative said, "[Person] is safer than when they were at [their] own home."
- The provider had policies and procedures such as adult safeguarding and whistle blowing, which explained what constituted abuse and the procedures to follow to safeguard people.
- Staff had attended adult safeguarding training and knew the different types of abuse and the actions they needed to take. A member of staff told us, "If I become aware of abuse, I will straight away report to my manager. If I feel enough action is not taken, I will report to social services or the CQC."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, one person told us, "Everyone does what they want to, some sit about but I like the garden which I can go for walk."
- Each person had a risk assessment, which was personalised and detailed how to manage possible risks to people.

- Where risks were identified, the provider ensured people had appropriate equipment to keep them safe.
- Staff managed the safety of the living environment, and equipment in it, well through checks and action to minimise risk. Fire risk assessment, personal emergency evacuation plans, and regular health and safety checks by staff helped people live in a safe environment.

Using medicines safely

- Staff managed medicines safely. Medicines were stored safely and the temperatures where they were kept were monitored and recorded.
- Staff administered and completed medicine administration records (MARs). There were no gaps in MARs and blister packs that we checked.
- People's medicine records included information about any allergies they had and PRN (medicines to be taken when required) protocols. This ensured staff knew how people's allergies and to take appropriate action when administering PRN medicines.
- The registered manager audited medicines and MARs. This helped identify any and rectify any shortfalls in medicine management.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People could have visitors to the service as they wished. Visiting relatives, friends and professionals were asked questions regarding COVID-19 on entry to the service and were required to follow suitable protocols to minimise the spread of the virus.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Staff raised concerns and recorded incidents and accidents, and this helped keep people safe.

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 Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received relevant training to carry out their roles effectively. Records showed, and this was confirmed by staff, that staff had completed training in various areas including safeguarding adults, moving and handling, fire safety awareness, basic food hygiene, equality and diversity, risk assessment, infection control, diabetes, confidentiality, COVID-19 and nutrition and hydration.
- New staff completed an induction programme to help them know people and how the provider operated. One member of staff told us, "Yes, I completed the induction programme. It was very helpful for me to know service users and how the home operated."
- Staff received regular supervision and an annual appraisal. A member of staff said, "I get one-to-one supervision every month, I can discuss any issues and my training needs. My manager is very supportive and understanding."

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

- Each person's needs were assessed before they were admitted to the home. This was to help determine if the home was suitable for people.
- Pre-admission assessments looked at people's medical, health, social, mobility, religious and support needs. People and their relatives were involved in the pre-admission assessments identifying people's health conditions, risks, support needs and preferences.

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).

- A record of DoLS applications and authorisations was maintained. The registered manager ensured they were renewed when they were about to expire. Where specific conditions were in place for people, relating to restrictions, these were adhered to.
- Staff had received training in the MCA and understood its principles. They told us they always sought

people's consent before carrying out personal care.

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

- People received support to eat and drink enough to maintain a balanced diet. People's comments about the food included, "it is excellent, we enjoy our meals, we have a good choice at breakfast."
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. We saw all food was cooked on site in the kitchen and the menus were varied. Staff also monitored and recorded people's weights. Where people's weights changed, staff sought advice from relevant medical professionals to ensure adjustments were made.
- Staff knew people's dietary preferences. For example, a member of staff was able to tell us the names of people who were diabetic and who needed special diet.

Relatives were positive about the food. One relative said, "[Person] gets regular meals and vitamins."

Another relative told us, "The food is good, [Person] has put on weight since [they] moved to the home."

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

- The provider helped people access healthcare services when needed. Health care professionals carried out regular health check-ups for people.
- Each person had a 'Hospital Transfer Information' document, which contained useful information such as the person's support and medical needs, to help professional staff understand and care for them effectively if they were hospitalised.
- Staff had received training in health related areas such as oral care and diabetes, which means they had knowledge of supporting people with their healthcare needs.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment.
- The home was designed to meet people's needs. There were communal spaces for people to have their meals and take part in activities. One person told us, "This is definitely a nice place to be." A relative said, "I know what's what in a care home and I must say this place is clean, tidy and just is right for [person]."
- People's rooms and communal areas were large, spacious, bright and clear of clutter to make them safe to walk around.
- There was a passenger lift, which people were able to use to move between first and ground floors. People could also access the garden, which was well kept and nicely maintained.

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 our last inspection we rated this key question Good. The rating for 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; equality and diversity

- Staff were calm, focused and attentive to people's emotions and support needs. For example, we observed how staff remained patient and calm whilst chatting to a person until they slowly moved themselves from a wheelchair to a chair.
- Staff knew each person well and we observed staff spending time with people communicating with and supporting them.
- Care plans detailed personal information, including people's equality characteristics such as people's religion and sexuality. We noted, for example, staff supported people to practise their faith and celebrate special occasions that reflected their beliefs.
- Staff attended training on equality and diversity and were aware of the importance of the treating each person without discrimination. One member of staff told us, "We treat each person as an individual, we do not discriminate."

Respecting and promoting people's privacy, dignity and independence

- Staff were kind, respectful and treated people with dignity. One relative told us, "Staff are pleasant, respectful and kind. I am happy with the way they treat [person]."
- A social care professional visiting the home told us, "Staff are caring, they relate well with residents, they are warm to the residents."
- People's independence was promoted, and staff encouraged them to do as much as they could themselves. A member of staff gave an example of how they promoted independence. They said, "I always ask [people] if they can do some tasks themselves, for example, I encourage [person] to apply a cream to [their] skin by [themselves]."
- Staff had attended training on confidentiality and understood how to ensure people's privacy and personal information was protected. A member of staff said, "I knock on the door before entering bedroom, I close doors and curtains when providing personal care, and I know when and what personal information to share."

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

- People were given time to listen, process information and respond to staff and other professionals.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. A relative told us, "Before [person] moved in, we visited the home and were given all information we needed to make our own decision."
- People and their relatives were involved in decisions about their care. Care plans showed people were

involved and consented to their care.

- The provider arranged for people to be represented by relatives or independent advocates. In this way people were supported to express their views and be represented in making decisions relating to their care.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection people told us they felt bored and we noted some people had little interaction with staff or other people. We did not find evidence that people were supported to access the garden. At this inspection we found the provider had taken action to address these issues.
- People were engaged in various activities. One person told, "I like doing the hoops activity, we all have turns. I'm no good at it though it's fun." A relative said, "[Person] is enjoying playing the games." We observed people taking part in various activities throughout the day.
- Staff developed and followed activity programmes to ensure people were engaged. The activities included music, dancing, basketball, baking, and art and craft. As part of the activities a beautician and hairdresser visited the home once every week.
- Staff supported people to stay in regular contact with friends and relatives. We saw some visitors during the inspection and were informed by people and relatives that relatives regularly visited their loved ones.
- Staff had organised an online video group, which was used for sharing the activities people had engaged in. Relatives talked positively about this scheme. A relative said, "We regularly get videos of residents participating in activities. There are a lot of activities."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- People were supported with their equality characteristics without feeling discriminated against. For example, staff arranged for one person to have regular visits from their faith group. Staff also ensured each person's equality characteristics were identified and recorded in their care plans.
- People had choice and control to meet their needs and preferences because their care plans were written from their views.
- The service was not providing end of life care at the time of this inspection. However, people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in their files.
- The provider explained that should the need of providing end of life care arise, they would ensure staff had appropriate training and skill to provide effective end of life care.

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.

- People received information about the service in an accessible and easy to read format. People's communication needs were detailed in their care plans. For example, one person's care plan included their hearing and sight condition and provided guidance for staff how to speak to the person slowly and clearly.
- Staff understood how to communicate effectively and respectfully, taking into account each person's communication needs.

Improving care quality in response to complaints or concerns

- People, and their relatives, could raise concerns and complaints easily, and staff supported them to do so. Records showed there had been no complaints received since the last inspection.

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 Requires Improvement. At this inspection this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open;

At our last inspection we found shortfalls in staff recruitment, risk assessments, pre-assessments, care plans quality assurance systems. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had employed a registered manager since our last inspection. The registered manager had experience of managing care homes and knew their responsibilities as to how to run a care home effectively.
- The shortfalls we had identified at our last inspection were addressed. Documents and people's files showed staff recruitment processes were robust, pre-assessments, risk assessments, care plans were clear and up to date.
- Staff reviewed people's care and support on an ongoing basis as people's needs and wishes changed over time. This ensured people received care and support suitable to their needs.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. A member of staff told us, "We work as a team, I like working here."
- The registered manager led by example by working directly with people, for example, by encouraging and reassuring people to have chiropody treatment.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The registered manager sent notifications to the CQC as required and knew their duty to be open and transparent when things went wrong. The registered manager said, "We do not hide things, we record and share information about incidents and investigate them."
- Staff gave honest information and suitable support to people and relatives, and applied duty of candour where appropriate.

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

- The registered manager worked hard to instil a culture of care in which staff valued and promoted

people's individuality, protected their rights and enabled them to develop and flourish. A relative told us, "[Person] looks happier than when [they were] at home."

- The registered manager was open and approachable to people, relatives and staff. Comments by people, relatives and staff included, "The manager is lovely and approachable," and "The manager listens."
- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. One member of staff told us, "We can discuss anything, including concerns, with the manager in supervision or staff meetings."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people, and those important to them, and used the feedback to develop the service.
- Staff were able to influence the quality of the service by giving their views through their regular meetings and the staff survey questionnaires.

Working in partnership with others; Continuous learning and improving care

- The provider worked well in partnership with advocacy groups and local health and social care organisations. This helped people to have a voice and improve their wellbeing.
- As part of their continuous improvement of the service, the provider encouraged and supported people to take part in dementia research, conducted by a university.
- The provider kept up to date with national policy to inform improvements to the service.