

Countrywide Care Homes (2) Limited

Rose Lodge

Inspection report

Carers Way
Cobblers Lane
Newton Aycliffe
County Durham
DL5 4SE

Tel: 01325304156

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22 October 2020

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rose Lodge is a residential care home providing accommodation and personal care to a maximum of 54 people. At the time of inspection there were 43 people living at the home, some of whom were living with a dementia.

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

People told us they felt safe and secure living at the home. People commented that they had positive relationships with staff, but they felt that staff did not always have enough time to spend quality one-to-one time with them.

There were enough staff on duty to safely support people, but they were not always deployed appropriately. The management team took immediate action and changed the deployment areas for staff to ensure that there were enough staff on each floor to support people. Staff were recruited safely and received regular training.

Medicines management had improved, and medicines were now managed safely. Since our last inspection record keeping had improved. Risk assessments were in place for people and the environment to help keep people safe. Care records were accurate and regularly reviewed.

There was an effective infection prevention and control policy in place and staff were following this to keep people safe. This had been reviewed and updated to reflect the current pandemic relating to COVID-19 and extra steps were in place to minimise the risk to people living at the service. We did find that due to staff not being suitably deployed, there were no identified areas on the first floor for staff to change PPE to help reduce the risk of spreading infections. The management team addressed this issue as part of the staff deployment concerns.

There was a robust quality and assurance framework in place, which allowed the registered manager to monitor the safety and quality of the care provided and improve the service. Staff worked with other agencies to provide people with the support they needed.

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.

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 18 October 2019) and there were multiple breaches of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 30 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and the governance arrangements at the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rose Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Rose 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was due to the COVID-19 pandemic and we wanted to make sure the management team at the service could support the inspection.

What we did before the inspection

We reviewed the information we held about the service such as when the provider told us about serious injuries or events.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises, the arrangements for infection prevention and control, and carried out observations in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people living at the service and nine members of staff including the registered manager, deputy manager, quality director and care staff.

We reviewed the care records for five people, the medicine records for nine people and the recruitment records for two staff.

After the inspection

We looked at a range of records. These included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

We continued to seek clarification from the provider to validate evidence found. We requested further assurances that issues found during the inspection were being acted upon and measures put in place to remove identified risks. The management team were proactive and provided updates throughout and after the inspection.

We emailed and telephoned relatives but did not receive any feedback from the relatives we contacted.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people with regards to medicines and risk assessments. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in relation to medicines management and risk assessments and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and in line with best practice guidance. People's medicine records were accurate and included all relevant information for staff to follow. One person told us, "I don't worry about my tablets and my daughter doesn't either. I get them twice a day."
- People had risk assessments in place which were created between staff, people and their relatives. Risk assessments were regularly reviewed and included steps staff should follow to keep people safe.
- There were environmental risk assessments in place to keep people, relatives, staff and visitors safe. The premises were safe and there was regular testing of equipment and utilities.
- People and relatives told us they felt the home was safe.

Staffing and recruitment

- There were enough staff to safely support people, but we found that staff were not suitably deployed to enable people on the first floor to have adequate support. Staff told us they had raised this previously with the management team. The management team took immediate action with this and changed the staff deployment. The provider has assured us that the new deployment model will be used for staff allocation and they will be reviewing the overall staffing levels regularly.
- Staff recruitment was safe, and the provider ensured all essential pre-employment checks were carried out.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively, but this was not always safely. We did find that issues caused by staff deployment resulted in staff not having designated areas/stations to change their PPE whilst moving between floors and units. The provider has taken action with this and has deployed staff to specific floors of the service to prevent the risk of cross-infection. One person told us, "Its safe and clean. They wear the masks all the time like you, even when they help me into the shower."
- We were assured that the provider was preventing visitors from catching and spreading infections and the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service and there was regular testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks could be prevented or managed. We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends or learning points. We did find that the analysis of accidents hadn't always identified trends in falls, such as falls reoccurring in communal areas.

Systems and processes to safeguard people from the risk of abuse

- Policies and processes were in place to protect people from the risk of abuse. Staff had received training around identifying abuse and knew the appropriate action to take. There was regular refresher training around safeguarding for staff. The provider had a safeguarding policy in place for staff to follow.
- The registered manager had notified us about all safeguarding concerns and had worked in partnership with the local authority to fully investigate all of these.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Some parts of the service were appropriately decorated and designed to meet people's needs. Further consideration was needed to adapt the service for the needs of people living with a dementia. There was a lack of signage and colour consideration for people with a dementia to be able to identify bedrooms, bathrooms and toilets. The management team assured us that they would review and improve the environment.
- Since our last inspection we saw improvements had been made to the décor and overall cleanliness of the lounge and communal areas and furniture was used to support social distancing principles.

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

- People had comprehensive assessments of their needs. People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One person told us, "When I first came here, they [staff member] visited me at my home, and we discussed what I needed. My son gets involved now too."
- People told us that they were regularly asked if they needed any additional support and what they would like delivered as part of their care. One person commented, "If I wasn't happy and wanted more doing for me, I would ask, but they always ask me how I am."

Staff support: induction, training, skills and experience

- Staff had received regular training and supervision sessions. Additional training had been provided relating to the use of PPE and infection and prevention control.
- Staff told us they received regular training relevant to people's needs.

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

- People were protected from risks of poor nutrition and dehydration. People could access food and drink at any time.
- People were given choice to eat in their bedrooms or within their 'bubble' in socially distanced communal areas.
- A trolley of snacks and drinks was made available to people throughout the day from staff members who were knowledgeable about people's dietary needs.
- People were very positive about the food choices available. One person told us, "You never go hungry and there's always a cup of tea on hand."

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

- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to people's needs.
- People's oral health care needs were considered in line with best practice.
- People's care plans showed guidance and input from other healthcare professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were working within the principles of the MCA and in line with law and national best practice guidance. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.
- Staff asked for consent before providing support to people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was 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

At our last inspection the provider had failed to have accurate records or an effective quality and assurance system in place to monitor the quality and safety of the care provided to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found there had been improvements in relation to records and the quality and assurance framework in place and the provider was no longer in breach of regulation 17.

- The management team were aware of their regulatory requirements. The quality and assurance systems in place efficiently monitored the quality and care provided to people. Systems in place were used to continuously improve the service.
- Results from audits and monitoring tools were used to improve the service.
- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to us for significant events that had occurred at the service, for example accidents and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a positive staff culture at the service and the management team had an open and honest relationship with staff, residents, relatives and other healthcare professionals. During the inspection we observed the management team interacting positively with people and staff. Staff and people were happy. One person said, "The girls [care staff] are great."
- We found the management team were open and honest with us about the service, its strengths and weaknesses and areas they were further developing. People told us that the management team were involved at the service. One person said, "The managers in the office are nice too. They talk to me and you see them checking the place is okay."
- When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service. Investigations were completed for all incidents. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.

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

- Staff worked in partnership with health and social care professionals who were involved in people's care. Staff told us they had regular interaction with the district nursing team and local GPs.
- Staff meetings were held regularly. However, we found issues raised by staff in meetings such as staffing deployment had not been sufficiently addressed at the time of inspection.
- People and relatives were asked for their views of the service. One person commented, "They [the management team] ask us what we think of the place and how we are."
- Care records showed involvement from other health care professionals.