Country Court Care Homes 2 Limited

Rose Lodge

Inspection report

35a Church Street
Market Deeping
Peterborough
Cambridgeshire
PE6 8AN

Tel: 08435069452
Website: www.countrycourtcare.co.uk

Date of inspection visit:
07 September 2017

Date of publication:
06 October 2017

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

We inspected the service on 7 September 2017. The visit was unannounced which meant that the registered manager and staff did not know we were coming.

Rose Lodge is a registered care service providing personal care and support for up to 33 older people. There were 33 people using the service when we visited and some were living with dementia.

There was a registered manager. It is a requirement that the service has a registered manager. 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.

Staff knew their responsibilities to help keep people safe from harm and abuse. The registered manager took action where an accident or incident occurred to try to prevent a reoccurrence. Risks to people's health and well-being were assessed and monitored. Staff had guidance on how to help people to remain safe including in the event of an emergency. The provider had safely recruited a suitable number of staff to provide care and support to people.

People received their medicines when they required them by staff who had received training and guidance to administer them safely. The registered manager planned to remind staff to remain with people until they were sure people had taken their medicines as this had not always occurred.

People received care from staff members with the necessary knowledge and skills. Staff received on-going support and they knew their responsibilities. They received training in areas such as the safe handling of medicines and assisting people to move from one position to another.

People were asked for their consent before care was undertaken. People were supported in line with the Mental Capacity Act 2005. People's mental capacity had been assessed where required and any decision made in a person's best interest involved important people in their life. The provider had made applications to the appropriate body where they had sought to deprive some people using the service of their liberties to make sure this was safe. Staff understood the requirements under the Act.

People were satisfied with the variety of food and drink available to them. The provider was making changes to the serving of people's food based on the feedback they had received. Staff knew people's dietary requirements and where there were concerns about a person's eating and drinking, specialist advice was sought.

People were supported to maintain their health and close observation occurred where this was required. People had access to healthcare professionals such as to a doctor and optician.

People's privacy and dignity was protected and staff offered their support in caring and compassionate ways. People's friends and family could visit without undue restriction.

People's life history and things that mattered to them were known by staff. Their independence was maintained for as long as possible by staff who offered encouragement.

People received care based on things that mattered to them. This was because people or their relatives contributed to the planning and review of their care. Staff had the guidance they needed to meet people's preferences and care requirements.

People and their loved ones spoke highly of the activities available at Rose Lodge. The activities available were based on people's interests and things that mattered to them.

People and their visitors knew how to make a complaint. The registered manager took action to make improvements where this was required following a complaint being made.

The service was well-led and it had an open approach to sharing information with other agencies. There were opportunities for staff, people and their families to offer suggestions for how the service could improve. The provider and registered manager listened and took action based on the feedback received.

The registered manager was aware of their responsibilities. The provider and registered manager carried out quality checks of the service to make sure that it was of a high standard.

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 were protected from avoidable harm and abuse by staff who knew their responsibilities for supporting them to remain safe.

The provider had recruited a sufficient number of staff to meet people's care needs. Prospective staff were safely recruited and checks on their suitability occurred.

People received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge they needed to offer good care to people.

People received care that upheld their rights and freedoms. Where decisions were made on a person's behalf, these were made in their best interest.

People were satisfied with the variety of food and drink available to them. Specialist advice was sought where staff had concerns about people's eating and drinking.

People were supported to maintain their health and had access to healthcare services.

Is the service caring?

Good

The service was caring.

People were supported in caring and kind ways by staff and their dignity and privacy was protected.

People were involved in decisions about their care wherever possible.

People were supported to retain their skills for as long as

possible.

Is the service responsive?

Good

The service was responsive.

People experienced care that was based on things that mattered to them.

People or their representatives had contributed to the planning and review of their care.

People took part in activities they enjoyed.

The provider had informed people and their visitors how they could make a complaint and they responded appropriately to any received.

Is the service well-led?

Good

The service was well led.

The provider had an open approach to sharing information with other agencies.

Staff received good support and knew their responsibilities.

People, relatives and staff had opportunities to give suggestions for how the provider could improve the service.

The registered manager was aware of their responsibilities. The provider and registered manager carried out a range of checks on the quality of the service to make sure it was of a high standard.

Rose 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.

The inspection visit took place on 7 September 2017 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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 reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Lincolnshire (the consumer champion for health and social care) to ask them for their feedback about the service. We received feedback and took this into account when making our judgements.

During our inspection visit we spoke with six people who lived at the service and with the relatives and friends of nine other people. We also spoke with the registered manager, an area manager, a senior care worker, four care assistants and an activities worker. We observed staff offering their support to people throughout our visit so that we could understand people's experiences of care.

We looked at the care records of four people who lived at the service. We also looked at records in relation to health and safety, people's medicines and documentation about the management of the service. These included training records, policies and procedures and quality checks that the provider and registered manager had undertaken. We viewed three staff files to look at how the provider had recruited and how they supported staff members.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Oh yes, I'm safe. There are so many people around to call on." Another person said, "It's a safe place, we're well looked after." A relative commented, "It's safe, it's clean and there's enough staff to give [person] the attention they need."

Staff knew how to protect people from avoidable harm and abuse. One staff member told us, "Straight away I would speak to the seniors and report concerns to the manager. I wouldn't leave it." Staff could describe the types of abuse people could face and the signs that someone might be at risk. The provider had made available to staff a procedure for reporting abuse so that they knew their responsibilities. The registered manager had referred significant incidents to the local authority for them to decide if further investigation was necessary. This meant that people were supported to remain safe by staff who knew their responsibilities.

Risks associated with people's care had been assessed and reviewed. Where people were at risk of injury to their skin as they could not move position independently, an assessment had been undertaken with clear guidance for staff to follow. People were assisted to change position according to their care plan and records were maintained detailing the support staff had given. There were other assessments in place to guide staff on the type of support each person required which they knew about. Staff understood how risks were managed. One staff member told us, "Some people have a sensor mate if they can't walk very well so we know they are up and about. We can get to their room to help them quickly." We found that people had the equipment that was documented in their care plans as being required. This meant that there were measures in place to help people to remain safe and well.

The provider had systems in place to respond and manage accidents and incidents. Staff sought medical attention where required and recorded the details. These records were then passed to the registered manager for them to make sure all of the required action was taken as well as looking at ways to minimise the likelihood of a reoccurrence. For example, where a person had an accident in their wheelchair, a risk assessment was agreed with them to reduce the chances of it happening again.

The provider and registered manager routinely checked the safety of the equipment that people used and the environment to minimise risks to people's well-being. For example, we saw that checks occurred on the fire system, on the temperature of the hot water to prevent scald risks and on the safety of utilities such as the gas and the electric. People's equipment to help them move from one position to another was serviced in line with manufacturing guidelines. The provider had arrangements in place to support people in the event of an emergency, such as a fire. The emergency plans included information to guide staff on the amount and type of support each person would require to stay safe. This meant that the provider had considered people's safety should a significant incident occur.

There was a suitable number of staff to offer people the care and support they required. One person told us, "There seem to be plenty on duty usually." Another person said, "They come quickly. There's the odd occasion there may be a wait but I've no complaints." Relatives were generally satisfied with the amount of

staff available to support their loved ones. One relative told us, "There is always going to be a gap but they do their very best. Staffing is okay." Staff members were complimentary about staffing numbers and felt there were enough. One staff member told us, "We are well staffed. There are always enough to help those who need it." We found that people's call bells were met in a timely manner and people did not have to unduly wait for support when they requested it.

Where new staff were recruited, the provider had carried out checks on their suitability. We found that the checks followed the provider's recruitment process. This included the provider obtaining a minimum of two references that asked for feedback about prospective staff, one being from their previous employer, and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff confirmed that these checks occurred. One staff member told us, "I was asked for references and a DBS was done. I couldn't start until they checked." This meant that people were supported by staff who were appropriately verified.

People received their medicines when they required them. One relative told us, "I have no concerns about [person's] medication management at all." We received feedback from three people that staff sometimes left their medicines with them to take. One person said, "Most of the time they [staff] wait but some leave them with me. I've done it for years after all." Whilst people were not unduly concerned about being left with their medicines, there was a risk that other people might have access to it. We spoke with the registered manager about this. They told us they had not observed this practice when they had undertook their own checks. They told us they would remind staff of the need to stay with people until they were sure they had taken it.

People's medicine records accurately reflected the medicines that they had been offered. Medicines were stored safely and there were clear arrangements in place for the ordering and disposing of them. Where people required 'as and when required' medicines such as pain relief, there were clear instructions to guide staff which they were knowledgeable about.

Staff knew their responsibilities for handling people's medicines safely as the provider had made available to them a medicine's policy which they followed. We observed a staff member offering people their medicines. They secured the medicine's trolley every time they left it so that people not authorised to access it could not. We also saw that they approached each person and sought their consent to have their medicines. Staff knew the action to take if they made an error. One staff member told us, "Straight away I would report it to the manager. If I gave the wrong medication I would contact the GP." Staff received training and their competency was checked to make sure their practice remained safe.

Good

Is the service effective?

Our findings

People received care from staff members who had the knowledge and skills they needed. One person told us, "They use a rotunda [to assist to move position] for me and the girls [staff] manage me well." Confirming that staff members had the necessary skills, one relative said, "Every single one is excellent and they will help each other out. It's superb care. They all muck in together." Another relative commented, "The staff are fantastic and manage her moods well and give great care. They distract her when I leave. They're well trained in dementia." Staff communicated well with each other and spoke about people's care needs in ways that were both professional and knowledgeable.

New staff completed an induction before they supported people. They described this as useful. Where staff did not have experience working in care, they were supported to complete the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the requirements within the health and social care sector.

Staff received training relevant to their role that they were complimentary about. One staff member told us, "I've done my NVQ [National Vocational Qualification] and training in dementia, health and safety, moving and handling and challenging behaviour. It's all been updated and been very useful." Staff completed training in topic areas such as infection control, equality and diversity and supporting people to move from one position to another by the use of equipment. Training in basic life support was being undertaken by new staff when we visited. The registered manager had planned for the future training needs of staff and we some examples of training that had been arranged for later in the year.

Staff received on-going guidance from the registered manager about their role. One staff member told us, "I had a supervision last week and an appraisal with the manager. They are regular and I'm up to date." Staff met routinely with the registered manager or senior staff to discuss their progress and any training requirements they had. The registered manager also observed the practice of staff to make sure they were meeting the provider's expectations when caring for people.

Staff sought the consent of people before they provided care. This was important so that people were happy to receive the support offered. People confirmed the approach of staff. One person told us, "They always ask me first if they can do something." Another person said, "They always make sure I'm happy first." Staff explained to people what they were going to do and gave additional information where this was required to gain a person's consent. Where staff had difficulties gaining a person's consent they used a variety of methods to help people to understand what was being asked. One staff member told us, "With personal care we try and prompt some people as they can be confused. We encourage and spend time showing them, that usually works." We found that although some people had signed their care plans to consent to the planned care, often their relatives had signed them. The registered manager told us that people had requested their family member to sign on their behalf and that they would reflect this in each person's care plan where it was relevant.

The Mental Capacity Act (MCA) 2005 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. We checked whether the provider was working within the principles of the MCA.

Where there were concerns about a person's mental capacity to make a decision, the provider had completed an assessment to determine their understanding. We saw that assessments were completed where there were concerns about people being able to consent to their care. We saw that where it was determined a person did not have the mental capacity, a decision in their best interest had been made with significant people in their lives such as their family. We saw that the decisions made were based on the least restrictive option available to make sure the person's rights were respected. Staff understood their responsibilities under the MCA. One staff member told us, "If a person refuses personal care over time we might need permission in order to provide it."

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive some people of their liberty.

People were satisfied with the variety of food and drink that was available to them. One person told us, "I was hungry the other night at bedtime and asked for a sandwich, which they did." Another person said, "We get a choice or can ask for anything else." We received some feedback that portion sizes were sometimes too large which put some people off their meal. Two people also commented that the food took too long to serve and therefore was not as hot as they would have preferred. The registered manager told us that they were changing their serving arrangements to improve the experience of people's meals as they had received feedback about this themselves. Snacks and drinks were available throughout the day and the daily menu was available so that people could decide what they wanted to eat. Where people required assistance to eat and drink, we saw staff sitting with them and helping at a pace that was suitable to them.

People's dietary preferences and requirements were recorded in their care plans. Staff were knowledgeable about these and offered people choices in line with them. Guidance was available for staff to follow from a specialist (Speech and Language Therapist) where there had been concerns about a person's eating and drinking. We found this was followed. In these ways, people received the food and drink they preferred and required.

People were supported to maintain their health. One person told us, "They're very quick to get the doctor, straight on the phone. I had some new glasses from the optician and get my feet done too." People's relatives were updated about changes to their loved one's health which they commended the staff on doing. People received the medical treatment they required when they needed it. One relative told us, "They got the doctor in straight away when [person] had a bug." Where people became ill, temporary care plans were put in place detailing the care they required during the illness so that staff had the required guidance. We saw that people had accessed a range of health care services such as opticians and local doctors' surgeries.

Good

Is the service caring?

Our findings

Staff offered care that was kind and compassionate. One person told us, "I don't know who picks them but they're all very kind. I've no complaints at all." Another person said, "Most are patient and kind folk." Relatives were equally complimentary about the care staff provided. One relative told us, "It's a lovely place and they're always helpful and can't do enough for people." Staff spoke to people politely and took time to listen to their concerns when they were upset. The atmosphere in the communal areas of the home was relaxed and we heard staff offering good care during a mealtime. One staff member was heard saying, "The plate's hot my darling so take care. Would you like any salt and pepper or vinegar on your chips?"

People's privacy and dignity was respected. One person told us, "I like my privacy and keep my door shut in the day from all the noise. They put a frosted pane up at my window as people stand and look in from the garden." Another person said, "Even when my door's open, they knock. I'm kept private as they shut the door and curtains when we're doing things." Staff knocked on bedroom doors and gained people's permission before they entered. Where a person was assisted to move position using their equipment, staff took care to make sure their dignity was maintained by placing a blanket over their legs. We heard staff discreetly ask people if they required assistance to freshen up and they made sure that doors to people's rooms were closed whilst offering this support.

We saw that people's care records were stored safely to restrict those not authorised to see them from having access. We also saw that staff were careful when discussing people's care requirements. These discussions took place privately to make sure that people's sensitive and confidential was not overheard by those who should not hear it.

People were involved in decisions about their care wherever possible. One person told us, "I can make all my own decisions." Staff took time to listen to people's choices and responded to these appropriately. Where people required extra time for their communication to be heard and understood, staff provided this. People were given food choices and were consulted throughout the day about how they wanted to spend their time. Where people may have required additional support to make decisions, the provider had information available on advocacy services. An advocate is a lay person who can support people to speak up for themselves. In these ways people were involved in making decisions about their lives.

Staff knew the people they were supporting. One person told us, "They know me now, so I feel happy with their help." Staff could describe people's personal histories and things that mattered to them. They told us how they got to know people well. One staff member said, "I looked at the care plans when I first started work." We found that background information was available to staff for each person which helped staff to develop good relationships with people. Staff used this information when talking with people which people told us they enjoyed.

People were supported to remain independent where this was important to them. One person told us, "I do what I can for myself and get help if I can't cope alone." Another person said, "I get left to do what I can but they keep an eye." People were encouraged to eat for themselves where they could and were prompted by

staff to do so. We also saw that people were assisted to walk where they were able to and staff gave them encouragement to motivate them. Staff knew how to help people to retain their skills. One staff member told us, "I give people the opportunity to do things for themselves. Let them have a go first and give them their independence."

People's family and friends were able to visit without undue restriction. One person told us, "My son can come any time convenient for him." A relative commented, "I can come any time at all." This meant that people were able to maintain relationships that were important to them.

Good

Is the service responsive?

Our findings

People received care that was based on their preferences and requirements. One person told us, "I can ask to go anywhere in my wheelchair. They're very kind at doing what I ask." Another person said, "I ring [call bell] when I'm ready to go to bed and I can wake up when I want. I choose what to wear and they help me dress." Another person commented, "I can have a shower every day if I want, I've never been refused." People told us that they had been asked for their preferences regarding the gender of staff offering them care which they valued .Staff responded quickly to requests for assistance and listened to what people wanted. Routines that people preferred were detailed in their care plans and we found staff respecting these when we visited.

During our visit, some people could not locate the bathroom on their own. When they asked staff, support was given to direct them. We found that signs to aid people's orientation around the home were not always in place. Signs and pictures can be useful to meet the needs of people with memory difficulties to gain information about where facilities are located. We spoke with the registered manager about this who told us they would consult with people about the types of signs that would be helpful to them.

Before people moved into Rose Lodge, the provider carried out a pre-admission assessment. These are important so that the provider can be sure they can meet people's care requirements. One relative told us, "They did an assessment at home and asked lots of questions." We saw that when people moved into the home, a comprehensive care plan was written with them or their representative wherever possible. These contained the level of support each person required. These are used by staff to guide them on how people's care should be delivered. People's care plans were centred on them as individuals and contained information about their likes and dislikes. We saw staff following people's care plans when we visited.

People's care plans were reviewed to make sure that staff had the most up to date information to guide them when offering their care. One relative told us, "I did a review a few weeks ago with the senior and we went through [person's] care plan." Another relative said, "I'm always informed if anything happens. The flow of information is so good. I have a regular update with the senior and do the care plan. I feel very involved." Staff explained how people contributed to the reviewing of their care. One staff member told us, "Every three months we go through with it [care plan] with [person]. People choose who they want involved."

People were complimentary about the activities available to them at Rose Lodge. One person told us, "They have things on often like quizzes and get entertainers in now and then. They took me in a wheelchair round the town the other day." Another person said, "I join in if I'm up to it. I like the quizzes and bingo. We went to the garden centre on a trip and a carer will take me to church most Sundays." People's loved ones spoke highly of the activities available. One relative told us, "All the activity girls [staff] are fantastic. A great team and they gel well. The fun and games we have here is amazing. They're a jolly lot and everyone is involved and gets attention. They put the residents' needs first all the time." The provider had employed activities workers who offered activities to people seven days a week based on people's interests.

There was a programme of activities displayed for people so that they knew what the offer was each day. This included activities occurring within Rose Lodge as well as opportunities for people to join in local community events and day trips to places that people chose. When we visited we saw a bingo activity occurring followed by informal group chats that people told us they enjoyed. A staff member described how they had received positive feedback about their work. They told us, "The other day we did 'interviews in progress' using an old fashioned phone and they got to do role play. They loved it once they'd got the idea. I love it when people ask me keenly now, 'What are we doing today then?'"

People and their relatives knew how to make a complaint or to raise a concern should they have needed to. The provider's complaints procedure was displayed that detailed the process they would take to respond to any received. Where a complaint was made, people and their loved ones told us they were resolved to their satisfaction. One person said, "I complained that [person] keeps coming in at night, so they put the mat by the door so staff know if anyone walks in now." A relative commented, "Just a few usual small niggles which are always quickly sorted." The provider had received three complaints in the last 18 months. The registered manager had taken action to make improvements where this was required.

Good

Is the service well-led?

Our findings

People and their relatives told us that Rose Lodge had a positive atmosphere. One person told us, "It has a nice feel here." A relative said, "It's very welcoming here." People and their loved ones spoke highly of the registered manager and how they ran the home. One person told us, "She's [registered manager] on the ball and will do anything to oblige you. She's just brilliant and here all hours." A relative said, "[Registered Manager] is super to the staff and it rubs off on them. There's not a high staff turnover here. [Registered manager] is lovely, but serious if needs be. I never feel awkward asking her anything." During our visit the registered manager spent time with people and their relatives making sure they were satisfied with the quality of care provided.

Rose Lodge had an open culture that welcomed feedback. One person told us, "They [staff] have a chat and ask me how I'm doing. The manager will ask if I've any comments or complaints so she can put it right" A relative said, "Every so often I get a questionnaire. I'm listened to and actions are taken where needed." Questionnaires were issued to people throughout the year and we read many positive responses. Some relatives had suggested improvements to the outside area so that people could use the garden area without the support of staff. The provider was taking action to act upon the feedback received. The provider had arranged for meetings to be held with residents and relatives where suggestions for day tips, activities and improvements were discussed. People and their relatives were aware of what actions had been taken following the discussions. As a result of being listened to and the high quality care that was delivered, people and their families told us they would recommend the service.

Staff received good support from the registered manager. One staff member told us, "She's lovely, caring and very helpful. Also very approachable." Another staff member said, "The manager does support us. She's at the end of the phone if I am worried." Staff confirmed that they could offer ideas for improvements and that their ideas were listened to.

Staff knew their responsibilities. This was because staff met with a senior member of staff or the registered manager to discuss the provider's expectations of them. They also attended staff meetings where topic areas such as people's care requirements and training was discussed. Staff were observed working with people to make sure their support met the provider's expectations and they received feedback on things that they did well and if improvements were required.

The provider had made available to staff a range of policies and procedures that they were knowledgeable about. This included the provider's whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have concerns. One staff member told us, "I would speak to the person to one side if it wasn't too serious. I would pass on any concerns to the manager. They would deal with any concerns. You can go higher within the company." Staff members were aware that they could raise their concerns with other organisations if required such as CQC or the local authority.

The provider had clear aims for the service that staff were knowledgeable about. One staff member told us,

"We promote independence and make it their home." We read the provider's aims and objectives that were displayed for people and their visitors. We found that the promotion of people's independence matched what we read. We saw staff also working to the provider's other aims such as respecting people's differences and working in ways that put people at the heart of the care they received. This mean that staff worked to shared goals.

The registered manager was aware of their responsibilities. This included them informing us of significant incidents that they are required to send us by law. We saw that they had also notified the local authority of incidents that had occurred so that they could determine that the appropriate action had been taken. This showed us that the registered manager worked openly with other agencies.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.

The provider and registered manager carried out a range of checks on the quality of the service. We saw that they monitored people's care records to make sure they contained the guidance staff required to offer people the care they needed. We also saw that checks took place in many areas of care delivery including people's medicines, staff training and call bell times. We saw that where action was required to make improvements, the provider and registered manager undertook this.