

Scosa Limited

# Rosewood Lodge

## Inspection report

9 Uphill Road North  
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Tel: 01934644266

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21 August 2020

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rosewood Lodge is a residential care home. It provides accommodation and personal care for up to 20 older people. At the time of the inspection there were 19 people living at the service.

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

People were safe and well supported. Recruitment of staff followed the provider's policies and there was enough staff to meet people's needs. The service was clean and well maintained. Infection control procedures were in place.

Medicines were administered and managed safely. Assessments were in place to identify and reduce risks to people.

The service was well-led. We received positive feedback about how the service was managed. There was a positive staff team and culture. Systems were in place to monitor and review the quality of the service.

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](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 December 2019), there was one breach 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 regulation.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in regard to Regulation 19; Fit and proper persons employed.

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 and Well-led which contain those requirements.

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

Rosewood Lodge on our website at [www.cqc.org.uk](http://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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### 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.

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 48 hours notice of the inspection to ensure we could manage the risks related to COVID-19.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

#### During the inspection

We spoke with four people who used the service. We spoke with six members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the

management of the service on behalf of the provider.

We looked at four people's care and support records, four staff files and five medicine administration records (MAR). We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment information, policies, audits and health and safety records.

After the inspection

We spoke with three relatives and received feedback from one health and social care professional.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last three inspections the provider had failed to follow their policies and procedures to ensure the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- The provider followed safe recruitment processes and followed their policies and procedures to ensure staff employed were suitable for the role. This included a Disclosure and Barring Service check (DBS), obtaining references and a full employment history.
- Recruitment files were regularly audited and checked.
- Staffing levels were kept at the level deemed safe by the provider. A staff member said, "There is always enough staff on. We have enough time to sit and chat with people." One person said, "Yes I think so, there is enough staff." A relative said, "There is always staff around."
- Staffing was organised and planned in advance. An on-call rota supported staff out of office hours.

### Systems and processes to safeguard people from the risk of abuse.

- People felt safe. One person said, "Staff are nice. I've been well looked after. I feel safe here." Another person said, "Staff come when you ring your bell."
- Staff knew how to observe and report any safeguarding concerns. One staff member said, "It's about protecting the residents. Report it [concerns] to management."
- Where safeguarding concerns had been raised, investigations had occurred and actions had been taken to mitigate and reduce the risks to people.

### Assessing risk, safety monitoring and management

- Assessments identified individual risks for people. For example, health conditions, mobility and nutrition. Guidance for staff explaining the risks and how to support people in managing and reducing risks was clear and informative.
- Regular checks and monitoring of fire safety systems, the environment and equipment were undertaken.
- An action plan around refurbishments and improvements to the service was monitored and progressed.

### Using medicines safely

- Medicines were stored, managed and administered safely. Systems were in place to regularly check this.
- People were supported with their medicines as they preferred. Protocols for, 'as required' medicines were

in place. These guided staff to when people may need additional medicines and how they would communicate this. One person whose medicines was time specific said, "My medicines are always given on time."

- Medicine Administration Records (MAR) were completed accurately. Temperatures of medicine areas were monitored and actions taken as required. Medicines that required additional storage in line with legal requirements were stored appropriately.

#### Preventing and controlling infection

- The service was tidy and well maintained. All relatives we spoke with commented on the cleanliness of the service when they had previously visited. One relative said, "The home is always smelling fresh and looking clean."

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider would admit people safely to the service, when appropriate.

- We discussed with the provider ensuring personal protective equipment (PPE) was consistently used effectively and safely by staff.

- We were assured the provider was accessing testing for people using the service and staff.

- 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.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Staff knew the procedures to follow.

- Analysis occurred of accidents and incident to monitor for patterns or trends and to ensure actions taken to prevent reoccurrence were effective.



# 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 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

- The provider had fulfilled their action plan from the previous inspection. Recruitment processes were fully completed and monitored.
- Staffing roles and structure were clear and organised. One staff member said, "Staff are now in place for the right roles."
- Systems were in place to monitor and review the quality of the service by the registered manager and provider. Actions were monitored and progressed to ensure changes and improvements were made.
- We received positive feedback about how the service was led and managed. A relative said, "Can't speak highly enough of them. Since [registered manager] and [nominated individual] have been there it has improved." A staff member said, "[Name of registered manager] is great. Things are a lot better now." Another staff member said, "There is structure and more guidance. You know what you are doing now."
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.

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

- People enjoyed living at the service. One person said, "I like it here." A relative said, "[Name of person] could not be happier."
- We were told of the positive support people received. One person told us about the emotional support staff provided for them. They said, "Staff have been very comforting and supportive." A relative explained how their family member had been supported with a hospital visit. "Someone [staff] goes with [Name of person] and stays with all day."
- There was a calm and positive atmosphere at the service. A relative said, "There is a nice atmosphere, always very welcome when we arrive." A staff member said, "The atmosphere is so much nicer. Nice to come into work and do my job well."

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

- The provider understood their responsibilities under the duty of candour. Relatives confirmed they were informed of any incidents or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People could participate in regular meetings to express their views and opinions. One person said, "We have residents meetings, I bring up things."
- Surveys had been completed in December 2019 with people, relatives, professionals and staff. The overall results were positive. Areas for improvement were actioned. Comments included, "A fantastic service. Rosewood is very welcoming and has a positive and happy atmosphere," and "We as a family are very happy how [Name of person] is looked after."
- A newsletter communicated information and updates to people and relatives.

Continuous learning and improving care; Working in partnership with others

- Systems were in place to communicate information and guidance to staff. Regular team meetings occurred. One staff member said, "Any concerns can be raised. At team meetings we can raise anything."
- Relatives said there was positive communication and they were kept well informed. A relative said, "I speak to the managers. If I need to, I could raise anything."
- A staff member said, "We are supported as an individual. We have come back together as a team, we work well together."
- The service had worked with external professionals such as the medicine optimisation team and health professionals. A health and social care professional commented communication with the service was good.