

Lakeview Rest Homes Limited

Rosewood Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection visit took place on 11 January 2017 and was unannounced.

This is a residential care home for up to 24 people. The home is situated along the promenade near St Annes town centre. The service offers short to long term care. Private parking facilities are available. At the time of the visit there were 20 people who lived at the home.

At the last inspection in July 2014 the service was rated Good. At this inspection we found the service remained good.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate their relatives were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "I must say the food is top notch."

We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in a range of activities that had been organised. Entertainers were arranged on a regular basis.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of the Rosewood Lodge. These included regular audits of the service and staff and resident meetings to seek the views of people about the quality of care being provided.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 11 January 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Rosewood Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service

We spoke with a range of people about the home including seven people who lived at the home, two relatives and five staff members. In addition we also spoke with the operations manager for the organisation and the registered manager.

We looked at care records of two people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Rosewood Lodge.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at Rosewood Lodge and the way staff supported them. Comments from individuals who lived at the home included, "You ask the question do I feel safe. The answer is yes because there is always staff around and the building is not very big so people are always coming and going." Another person said, "It's a lovely environment to live in I feel safe and sound."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely, appropriately trained and supported by the management team.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. Comments from staff included, "Staffing levels are fine we have a great bunch and have enough of us around to give the residents the care they need." One person who lived at the home said, "Yes there is always staff to talk to or solve a problem. No one is rushing around it is a good home."

We looked at how medicines were recorded and administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly. We looked at medication administration records for two people following the morning medication round. Records showed medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed and at the right time. The registered manager had audits in place to monitor medicines procedures.

The building was clean and free from offensive odours with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. We found equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example all staff we spoke with told us they knew the residents so well because it was not a huge care home. One staff member said, "We have 20 to 24 residents at a time so we know the people so well and get to know everyone." A person who lived at the home said, "It is a comfortable size home for us to get along well."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

We observed staff supported people to eat their meals wherever they wished, including in the lounge and their own bedrooms. Staff offered a choice of drinks and were patient when they supported people with their food. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they didn't like the meals on offer. Comments about the food were good. One person who lived at the home said, "Don't take any notice if anyone would say the meals are not good. They are brilliant." Another person said, "I must agree with [resident] the food is top notch."

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. We found staff assessed people against the risks of malnutrition.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the grounds which were enclosed and safe for people to use. In addition there were separate lounges for people to make a choice and spend their time. One person who lived at the home said, "I like the quite room to sit in". We observed people moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Is the service caring?

Our findings

During our inspection visit we observed people and relatives were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example comments included, "The staff are 100%, caring, kind and compassionate." A relative said, "Lovely caring people who work here."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. One person who lived at the home said, "[Staff member] sits and chats with me. [Staff member] is so kind and like a family to me."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred name.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives care and respect. For example, they had a friendly approach and one relative said, "They always greet me with a smile and offer me a drink and biscuits."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. For example a relative said, "They always keep us in the loop. If anything happens they respond straight away we don't have to worry about that."

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required. There was evidence of people being involved in their own care plan. People told us they had been consulted about support that was provided for them.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. We found assessments and all associated documentation was personalised to each individual who lived at Rosewood Lodge. Documentation was shared about peoples needs should they visit for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We spoke with people who lived at the home and relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. One person who lived at the home said, "I would speak with [registered manager] if I had to but no complaints from me."

Is the service well-led?

Our findings

There was a registered manager employed at Rosewood lodge. 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 we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example we only received positive comments from staff and relatives and they included, "[Registered manager] is tremendous. She is very well thought of by everyone at the home." Also, "The place is well organised and managed very well." A relative said, "I live away but I am comforted by the fact the home has good management and the care of the residents are paramount."

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition staff and 'resident/family surveys were carried out annually. The management would analyse any negative comments and act upon them. For example surveys from October 2016 were positive. However one person who lived at the home wrote, 'more staff would benefit people at mealtimes in the dining area'. The registered manager reacted by making sure all staff were available to support people at meal times. Other comments from surveys included, 'Rosewood Lodge is moving forward with the happiest staff team'. And, 'A great care home'.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. These included medication, the environment, care records, accidents and incidents and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. One environment audit carried out on 27 December 2016 identified the dining room radiator covers required repainting. Documentation stated this would be completed by January 2017. Regular checks were also made to ensure window restrictors were working and water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, psychiatrist's and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.