

TAS Care Limited

Rose Cottage Nursing Home

Inspection report

47 High Street
Haydon Wick
Swindon
Wiltshire
SN25 1HU

Date of inspection visit:
23 May 2016

Date of publication:
24 June 2016

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 this service on 23 May 2016. This inspection was unannounced. Rose Cottage provides care for up to 21 older people requiring nursing or personal care. On the day of our inspection 21 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People felt safe living at Rose Cottage. People's individual risks were assessed and management plans how to reduce these risks were in place. People received their medicines safely and as prescribed. Appropriate records were kept when medicines were administered to people. There were enough staff on duty to meet people's needs. Staff were clear about their responsibilities to identify abuse and to report any concerns to protect people who lived at the service.

Staff received regular training appropriate to their roles. Staff told us they felt valued and well supported by the management and their colleagues. The registered manager followed safe recruitment processes.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). 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. DoLS provides legal safeguards for people who may be unable to make their own decisions or who may be deprived of their liberty for their own safety.

People were provided with a choice of food and drink that met their nutritional needs. People told us they were happy with the food and confirmed they were able to choose what they wanted to eat. People were supported to meet their health care needs. This included proactive referrals to various specialist services and professionals to source further advice if required.

Staff supported people in a caring and friendly manner. People were happy with how care was provided. They made positive comments about the staff and the support received. People had access to an in-house activities programme. People told us they enjoyed the activities but could choose not to participate if they preferred.

People's needs were assessed prior to admission to ensure their needs could be met by the service. Care records were detailed and contained details of people's personal histories, health issues, their likes, dislikes and preferences. Care plans and risk assessments had been reviewed on a regular basis to ensure the planned care was working, or if changes needed to be made.

People we spoke with said they had no complaints, but would feel comfortable speaking to staff if needed. We saw that when concerns had been raised these had been logged, investigated and resolved promptly. The registered manager sought people's opinions through a yearly satisfaction survey and regular meetings.

The registered manager conducted regular audits to monitor the quality of service. There was an open and transparent culture and staff spoke positively about the management and the team. Accidents and incidents were recorded, investigated and the records confirmed appropriate action was taken when people had been involved in an accident or incident.

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 told us they felt safe.

Staff knew how to recognise signs of potential abuse and they were aware of the reporting procedures.

Individual risks to people were identified and plans were in place how to manage these risks.

There was sufficient staff on duty to meet the needs of people living at the service. Provider followed safe recruitment processes.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and received training appropriate for their roles. Staff were well supported and able to continually develop their skills.

People were involved in decisions about their care. Staff understood the requirements of the Mental Capacity Act 2005.

People's nutritional needs were met and people were happy with the food.

The service worked with other health professionals to ensure people's health needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

Staff supported people in a friendly and compassionate manner.

Staff showed a commitment to involve people and treat people with kindness and dignity.

Is the service responsive?

The service was responsive.

People's needs were assessed to ensure they received support they required.

Staff were knowledgeable about people's needs and preferences.

Provider had a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the staff.

Good ●

Is the service well-led?

The service was well led.

The manager conducted regular audits to monitor the quality of service.

The registered manager promoted a person centred culture focused on people.

People and relatives had opportunities to give their views about the service.

Good ●

Rose Cottage Nursing Home

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 took place on 23 May 2016 and was unannounced. The inspection team consisted of one inspector and a Specialist Advisor with nursing experience.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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 looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

On the day of our inspection we spoke to six people, two relatives, three care staff, one registered nurse and two staff members from the ancillary team. We also spoke with the provider and the registered manager. We looked at five people's care records and three staff records including their training and supervision. We also viewed a range of records about how the service was managed.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I do feel safe, it's very good indeed". Another person told us, "I am safe". One relative commented, "[Person] is definitely safe here".

People were protected against the risks of potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff we spoke with were able to describe what they would do if they thought people were at risk. Staff told us they would report any concerns to the registered manager or the provider. One member of staff said, "If I had any concerns I would tell the nurse in charge or go to the manager". The registered manager was aware about local authority's safeguarding procedure and liaised with them to report any concerns.

The provider had safe medication administration systems in place. We observed the administration of medicines and we saw that people received their medicines as prescribed. The medicine was kept securely. The amount of medicines, including Controlled Drugs in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. People confirmed they received their medicines when needed. One person said, "I get my medication on time. The staff help me to cream my legs". One external professional commented, "I was impressed as they (staff) had requested additional support from the doctors as they felt that some of residents would benefit from an additional medication reviews".

Risks to people's personal safety had been assessed and plans were in place to manage these risks. For example, one person had been assessed as being at moderate risk of falling. We noted the person had a detailed risk assessment and a clear instructions were recorded how to manage this risk. The management plan read, "Ensure the areas are clutter free. Encourage [person] to use the call bell. Report any concerns to the GP".

People were protected as risks to their safety and health in relation to the premises were assessed and managed. We noted a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and water systems.

People told us there were sufficient staff to meet their needs. When people needed assistance we noted that staff responded quickly. People who remained in their rooms had call bells within their reach. We observed the bells were responded to promptly throughout the day of our inspection. One person told us, "If I need help, I press my bell and staff would come quickly". Staff rotas evidenced planned staffing levels were consistently maintained. Staff told us they felt staffing levels were sufficient. One staff member said, "We have enough staff to cover shifts".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

The provider had procedures in place to act in the event of an emergency to help keep people safe and comfortable. These included emergency evacuation plans for people using the service.

Is the service effective?

Our findings

People commented positively about the way staff supported them. One person told us, "Staff are good, yes they seem to be well trained". Another person added, "They work well". A relative told us, "Staff are well trained".

Staff had received the training they needed to carry out their roles effectively. The training plan demonstrated that training relevant to the care needs of people such as dementia awareness, safeguarding and moving and handling had taken place. The staff we spoke with confirmed they had undertaken a structured induction when they started to work at the service. One member of staff said, "Induction was very good, the senior staff helped me and I also did shadowing (worked with an experienced member of the team), training prepared me well for the role". Another member of staff told us, "Training is appropriate for the job we do".

There was a system of staff supervision in place for staff and the records confirmed this. Staff received regular supervision and we noted an action plan was agreed where an area for improvement had been identified. Staff we spoke with confirmed they worked closely with the management team and they were also able to discuss any issues with them in between their next planned supervision meetings.

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. The application procedures for this in care homes are 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 were being met.

The registered manager and the staff had an understanding of the MCA. One staff member told us, "It's about giving people the ability to have their say without putting them in danger, explain to them if any unsafe decisions were to be made. We always ask, what they want to wear, eat, things like that, we give choices and don't really think about it, as it's automatic". Observations showed staff sought people's consent before providing care. One person needed to have their clothing changed and we observed a member of staff asking, "Can I help you to change"?

People's care records contained information about people's capacity. One person's care plan stated the person was 'unable to make important decisions related to their care' but the records reflected the person was 'able to communicate on daily living'. The care plan highlighted the importance of involving the person in making any decisions and stated 'to keep options clear and simple and give plenty of time to respond'.

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS

aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a care home. One person had been assessed as lacking the capacity to make a decision about them residing at the service. We saw a request for a DoLS authorisation has been applied for and granted by the appropriate authority. The documentation was detailed and gave a clear rationale for the application. There was clear evidence that the best interest decision meeting took place and the person, their family and social worker were all involved. We found the registered manager made further referrals for individuals who had been assessed as lacking capacity to make certain decisions and the confirmation was awaited.

People told us they liked the food and were able to make choices about what they had to eat. One person said, "Very good food, excellent". Another person added, "Food is excellent, they ask in the morning, they are very good". A third person commented, "The food is good, we have different options, breakfast is usually cereal but they cook you anything if you ask them". Care plans provided guidance to staff about the level of support people needed. We noted that people's weight was monitored on monthly basis. People had risk assessments in place to manage any acute condition, such as a risk of dehydration as a result of sickness. We observed lunch being served and we noted the staff interacted positively with people. The staff were attentive and we noted they were encouraging people to eat if needed. Where people required help with their meal the staff assisted appropriately, they sat down and maintained the communication with people.

People were supported to maintain good health and access healthcare services. General Practitioner (GP) visited the people when required. Care files contained details of visits from external professionals and their advice was reflected in care documentation. For example, one person has been recently seen by their consultant psychiatrists and we noted their assessment was reflected in person's care plan.

Is the service caring?

Our findings

People and the relatives we spoke with told us that the staff were considerate and kind. Comments received from people included; "Very lovely staff", "Care is excellent" and "I'm very satisfied with the care". One relative told us, "The staff are very good with [person]. The atmosphere here is what we need, homely and caring".

Throughout the day we observed a number of positive and friendly interactions between staff and people who lived at the service. We noted the staff communicated with people appropriately and never missed an opportunity for a meaningful interaction. The staff spoke with people in a gentle manner as they passed through the communal areas and as they supported them with care tasks.

People were treated with dignity when receiving care and support. Staff offered assistance to people discreetly without being intrusive. When people needed support, for example with a transfer we noted the staff spoke with them constantly, reassuring them and telling them how they were going to assist the person. People told us the staff treated them in a dignified way. One person told us, "The staff are good, they knock at the door". The staff we spoke with were able to tell us how they would promote people's dignity and privacy. One member of staff told us, "I would close the door and draw curtains when providing personal care. I would cover people with a towel or an extra sheet". The registered manager carried out a dignity audit earlier this year and the results were very positive. The registered manager also showed us they gave the staff questionnaires the staff could complete to self-reflect on their own practices.

People were complimentary about their relationships with staff. They described the team as very good. Throughout the day we saw positive banter and heard laughter. One person told us, "The staff work well together in harmony". Another person told us, "The staff are good, they are polite, they work well". People were cared for by enthusiastic staff that enjoyed their roles. One member of staff told us, "I like it here, the job is very rewarding". Another member of staff told us, "I like working here, I used to care for my grandparents".

People were involved in their care and were encouraged to be as independent as possible. One person told us, "The staff are helpful". Another person told us, "My choices are respected". A relative told us, "My [person] is unable to do things but the staff helped them in a non-intrusive way so they did not feel as their independence was affected.

People's rooms were personalised with their own possessions, people had their own possessions around them, which were important to them. We saw people's bedrooms were neat and tidy and had been looked after. One person told us, "I love my room". Another person told us, "This used to be in my lounge at home" pointing at the big mirror in their bedroom.

People's personal and confidential information about them and their needs was kept safe and secure. Staff were aware about how to maintain people's confidentiality.

People were provided with information displayed on notices boards in the communal areas. This included information about the service, fire evacuation instructions and details about planned activities. This meant people and their relatives had the information that they needed so they could plan how they wanted to spend their time. There also was a display of current date in a large format available in the lounge. This aided people who might suffer from memory impairments with orientation about the time.

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure that the staff would be able to meet people's needs. Each person had a care file which contained information about what was important to them, such as their likes and dislikes, religious needs, what they could do independently and information about their medical history. The care plans were personalised and included details about people's personal care, communication, social and mobility needs. All the care files we viewed contained detailed care plans and risk assessments and were reviewed regularly. One of the external professionals commented, "Paperwork is up to date, clear and relevant".

The service was responsive to people's changing needs. One person received end of life care and they were prescribed morphine. We noted they had an appropriate pain management care plan in place. The person was observed to be comfortable and well cared for. The person told us they were not in pain and if they need medication to help manage their pain this was given.

Staff responded to people's individual needs. For example, we observed the medicines round and we saw the nurse considered each person and their specific needs. Although the drug round was undertaken by route as per bedroom numbers, the nurse recognised who needed or wished their medicines at a certain time and ensured this was met. We also noted the nurse was meticulous and identified an error from pharmacy and she immediately contacted the pharmacy to rectify this issue so the person could receive their medicines as prescribed.

People had access to social activities during the day. The staff provided a choice of activities such as hand massages, reminiscence, and fish and chips night. A new activities coordinator was being recruited to offer people a wider variety of activities. On the day of our inspection some people enjoyed the word game with staff, while other people chose to watch the television. Some people had families visiting them and they enjoyed time with them either in their own bedrooms or in the communal areas. People told us there was enough to do. One person said, "We have entertainment if you want but I like my own company, I could go if I wanted". Another person told us, "Not many people are capable of doing much. I like my crosswords, I usually sit here (in the lounge) and have tea and then I'd go back to my bedroom and watch TV".

People told us that they did not have any complaints and they knew how to raise any issues if needed. One person told us, "I never had to raise any complaints, I attend the meetings, we can say anything and we can ask questions". Another person told us, "If I needed anything I would speak to staff". One relative told us, "I raised some concerns once and was very pleased with the way it was resolved by the manager. The manager dealt with this immediately. I am very pleased to know that anything will be deal with so quickly". An external professional told us about their involvement with the service, "This was in response to a complaint, and on looking at the care files I could see they were very detailed and that Rose Cottage had been proactive in identifying and appropriately escalating concerns in relation to the individual concerned. The concerns were unfounded and the complaint was closed". The provider had a complaints policy in place. We viewed the complaints log and we noted there were three minor complaints received in the last year. These were responded to promptly by the registered manager and in line with the provider's policy.

Is the service well-led?

Our findings

People and relatives told us the service was well run. They said they were very satisfied with the service and would recommend it. One person told us, "All is good, I have no worries". Another person told us, "I would really recommend this home". One relative said, "I would be happy to recommend this place". One external professional told us, "It is a small family run home and has a warm homely feel to it. Rose Cottage is well run. The owner, manager and staff are always very open and friendly".

People's opinion of the service was sought by way of an annual satisfaction survey. The last survey had been completed in April 2016 and the feedback from this was very positive. In addition to the questionnaires the registered manager held meetings with people and relatives at which they were able to discuss the operation of the service. Minutes of the meetings showed that topics people had discussed included how to make a complaint and the décor of people's bedrooms. The minutes also reflected people were actively encouraged to express their views.

Staff complimented good communication and how the shifts were managed. Processes were in place, such as regular meetings and shift handovers to share important information between staff and the registered manager. We observed staff attended a handover meeting in the morning of our inspection. This meant the staff were able to share any updates about people's condition after the weekend and the nurse in charge was able to allocate the work for the day.

On the day of our inspection the staff seemed to be well organised. The team worked together well and people's needs were met in a timely manner. The registered manager told us they had an open door policy and walked round the home each day to check how the service was running. The registered manager told us the aim of the service was to provide people with care and support that reflected the core values of privacy, dignity, independence, choice, rights and fulfilment. The registered manager and the team aimed to provide personalised care with emphasis on giving people the attention they need.

The staff we spoke with all told us they felt supported by the management and felt they were able to talk to them at any time. The staff told us the morale of the team was good and they all supported one another in a team spirit. One member of staff said, "We're a good team". The registered manager also praised the support they received from the owner of the service. They told us, "He used to be a manager here before and supports me with any clinical issues".

The provider had an effective quality assurance system in place. Quality audits completed by the registered manager covered a range of areas related to the running of the service including care planning, medication and infection control. Additionally the registered manager carried out regular audits of people's needs such as nutrition or pressure area care. This was to ensure people received personalised care and appropriate support when required.

When people had accidents or incidents these were recorded and monitored to look for developing trends. We viewed the accidents log and noted these were recorded appropriately and that the further action was

taken as necessary. For example, one person sustained two falls in recent months, we noted the staff ensured person was thoroughly assessed, their blood pressure was taken and regular observation commenced to monitor the person's well-being.