

Rose Cottage RCH Ltd

# Rose Cottage

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 6 June 2018 and was unannounced. Rose Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates up to 16 people in one adapted building. At the time of the inspection 15 people were living in the home.

At the last inspection in April 2017 we found the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. This was because risks associated with skin integrity were not assessed or mitigated. At this inspection we found improvements had been made in this area. We found routine care to be very good, delivered in a friendly and personalised environment. Staff knew people very well. However, we found some issues with how staff were recruited and improvements were needed to medicine management practices and working practices in relation to the Mental Capacity Act (MCA). Because of this the provider continues to be rated as 'Requires Improvement.'

A registered manager was not in place. A manager was in place who had put in an application to become the registered manager for the service. 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.

People said they felt safe living in the home. Risks to people's health and safety were assessed and mitigated. Where incidents had occurred, action was taken to help prevent a re-occurrence.

We found there were enough staff deployed to ensure people received the required care and support, although there were periods when staff did not have time for much social interaction with people.

Recruitment practices were not always safe. The required checks and documents were not always completed before recruitment decisions were made.

The premises was safely managed and suitable for its intended purpose. It had been adapted to meet people's individual needs and requirements.

Most people received their medicines as prescribed, although some practices needed improving to ensure medicines were consistently managed in a safe way. We made a recommendation relating to medicines management.

People received a range of training and support to help ensure they could meet people's needs. Staff said they felt well supported in their role. We made a recommendation around ensuring the manager kept up-to-date with the latest guidance and best practice.

Improvements were needed to working practices to evidence the service was fully compliant with the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We made a recommendation regarding this.

People's nutritional needs were met by the service. People had access to a suitably variety of food. Where nutritional risks were identified appropriate action was taken to protect people from harm.

The service worked effectively with a range of health professionals to help ensure people's healthcare needs were met.

Staff were kind and caring and treated people well. Staff knew people very well and delivered personalised care and support that met their individual needs. People were listened to and their views were acted on.

People's needs were assessed prior to admission and a range of appropriate care plans developed. People said their care needs were met by the service.

People's complaints were taken seriously by the service, appropriately responded to and used to further improve the service.

People, relatives and staff said the service provided good care. We found a friendly and inclusive atmosphere within the home. Care was personalised and people were cared for by familiar faces.

Improvements were needed to the way the service was managed to ensure consistent compliance with the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. We saw evidence some checks and audits had been effective in identifying and actioning areas for improvement.

People's feedback was sought and valued and used to make improvements to the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People said they felt safe and risks to people's health and safety were assessed and mitigated.

Safe recruitment practices were not always followed. There were enough staff deployed to ensure people received prompt care and support.

Most people received their medicines as prescribed although some improvements were needed to support consistently safe practice.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

The service needed to improve systems to ensure it could fully evidence compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received a range of training relevant to their role. Staff said they felt well supported.

People's needs were assessed and the service worked with a range of health professionals to meet peoples' individual needs.

People said the food was good and they had sufficient choice.

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with kindness and compassion and knew people well. Information on people's past lives was sought and used to ensure personalised care and support.

People and their personal possessions were respected by the service.

People's views were listened to and acted on by the service.

### Is the service responsive?

Good 

The service was responsive.

People's care needs were assessed and used to develop care plans and risk assessments for staff to follow. Staff were familiar with people's care needs and we concluded people's needs were met by the service.

People had access to a range of activities and social opportunities within the home.

A system was in place to log, investigate and respond to any complaints. Complaints were taken seriously and acted on.

### Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Improvements were needed to ensure the service was consistently compliant with our regulations. A range of audits and checks were undertaken and we saw evidence these had been effective in making some improvements to the service.

People's feedback was valued and used to further improve the service. People were involved in how the home was run.

We found a pleasant, friendly and inclusive atmosphere within the home.

# Rose Cottage

## **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 6 June 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority Commissioning and safeguarding teams to gain their feedback about the service.

During the inspection we spoke with four people who used the service, two relatives and a visitor. We also spoke with the manager, the deputy manager, two care workers and the cook. We also spoke with two healthcare professionals who visited the home. Following the inspection, the provider sent us some further information to clarify points we could not resolve on the day of the inspection.

# Is the service safe?

## Our findings

Safe recruitment practices were not in place. We looked at the files of three recently recruited staff. Files did not contain proof of staff identity which is a legal requirement. In one person's file, their application form had been completed and references received after their induction and start date. This meant key information about the person had not been obtained to inform a safe recruitment decision. Another person's file had no application form included and there was no information relating to their work history. Their references and Disclosure and Barring Service (DBS) check had been returned after their start date. Again, this meant the required checks were not completed prior to the person starting work to ensure they were suitable to be working with vulnerable adults.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations.

Risks to people's health and safety were overall safely managed. At the last inspection we found the provider was in breach of Regulation 12. We were concerned that risks to people's safety and welfare were not always managed properly, particularly in relation to pressure area care. During this inspection we found the provider had made improvements to risk management. The manager and a visiting health care professional confirmed none of the people living at the home had skin damage caused by pressure. We saw people's risk of developing pressure sores was assessed and the records showed the actions being taken to manage the risk. We saw when people had pressure relieving mattresses in place the district nurses had checked them to make sure they were set correctly and the setting was recorded. This was important because it made it easier for staff to check the mattresses were kept at the right setting to provide effective pressure relief. The manager and staff understood people's individual needs well and liaised with health professionals over any risks associated with their care.

Other risks to people's health and welfare such as nutrition and falls were also assessed. The risk assessments were up to date and including information about the actions being taken to reduce or manage the risk. Risk assessments were in place for the use of bed rails in line with guidance from the Health and Safety Executive.

When people required support with moving and handling risk assessments were in place which included key guidance for staff. However, the risk assessments we looked at did not include details of the equipment being used. For example, in the case of one person who needed a hoist the moving and handling assessment did not make it clear which hoist should be used or state what slings the person used. The manager told us the person had their own slings which had been supplied following an assessment by an Occupation Therapist. They told us they would update the risk assessment to make sure this was recorded.

Incidents and accidents were recorded. These were subject to monthly analysis by the manager to look for any themes and trends. Monthly analysis showed the actions taken to help reduce the likelihood of further incidents.

Overall, we found there were enough staff deployed to meet people's care needs. People and relatives said staff were available should they need assistance. Staff said they were able to respond to people's care needs, but were very busy and said they did not always have time for as much social interaction as they would like. This was confirmed by our observations as there were periods when staff did not have time to interact with people. The manager also worked on the floor during busy periods to support staff in ensuring care tasks were completed in a timely manner. One person was funded for one to one support hours, and we saw these were consistently provided by a dedicated staff member.

People told us they felt safe and secure living in the home and said they were always treated well by staff. A relative said, "Yes, it is safe, the staff are wonderful, I have never heard a raised voice." Staff had received training in safeguarding vulnerable adults and understood how to identify and raise safeguarding concerns. They all said they were confident people were protected from abuse whilst living in the home. There had been no recent safeguarding incidents. We saw the manager had liaised with the local safeguarding team over minor concerns. The manager had attended safeguarding training and was booked on more detailed training for managers to update their skills and knowledge in the area.

Overall, we found the home's environment was safe. Safety features were installed on the building to reduce the risk of injury. For example, window restrictors to reduce the risk of falls and radiator guards to protect against burns. Safety checks were carried out in line with best practice and legislation for example to the gas, electric and water systems as well as lifting equipment. A fire risk assessment had been carried out by an external contractor. There were a number of actions recommended by the contractor, however it was unclear whether these had been actioned. The manager said the maintenance worker had been addressing the actions but there was no record of which actions had been completed. Fire checks had been carried out weekly by the management team but there had been few checks in recent weeks due to the staff member responsible being on leave, the manager said they would ensure this was sorted as a matter of priority.

We found the building clean and tidy. Infection control audits and checks were undertaken to check the service was adhering to the required standards. The service had achieved a five-star food hygiene rating from the Food Standard Agency. This is the highest award that had been received and demonstrated food was prepared and served in hygienic conditions.

We found most people received their medicines safely and as prescribed, although some improvements were needed to demonstrate medicines were consistently given in a safe way. Medicines were given by senior care workers who had received training in medicines management. Medicines were stored safely and securely. Medicine Administration Records (MAR) were in place and were well completed, demonstrating people consistently received their medicines. Stock checks were regularly undertaken to ensure all medicines were accounted for. We saw staff knew people well and were patient and kind with people during medicine administration.

Although staff demonstrated they knew people well, the administration of 'as required' medicines was not supported by information in care plans to ensure they were offered in a consistent way. We spoke with the manager about the need to develop these.

Some medicines need to be given before food to ensure they are safe and effective. We found this was not always the case. For example, one person was prescribed Alendronic acid which needs to be given on an empty stomach. Staff told us everybody received their medicines after breakfast. A number of people were also prescribed Lansoprazole which should be given 30-60 minutes before food. This was not taking place.

We recommend the service accesses training and support in order to support staff to consistently



administer medicines in a safe way.

## Is the service effective?

### Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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. We found a lack of clear information available, demonstrating for whom the service had applied for a DoLS and who had one in place. The manager told us they did not know which DoLS applications had been submitted by the previous manager. They said they had contacted the DoLS team at the end of April 2018 to ask for a list of the applications which had been submitted but did not have this information at the time of our inspection. As a result, there was confusion over who had a DoLS in place. As an example, the manager told us they thought one person had an authorised DoLS in place. The person told us they were unhappy about not being allowed to go out alone. Whilst we saw staff regularly took this person out and tried to minimise the restrictions placed on them, the manager was unable to find any paper work relating to this DoLS authorisation. Following the inspection, the provider told us that a DoLS was not yet in place for this person but an assessment had been sent off to the local authority. The provider also clarified the status of applications for other people. We found applications had been made for appropriate people, based on their mental capacity and the accumulation of restrictions placed on them. However, this information should have been available at the time of the inspection.

We saw people were asked for their consent and their relatives were involved in decisions about their care and treatment. However, there was no information about Lasting Power of Attorney in the records we looked at. A Lasting Power of Attorney is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. It is important this information is available so that management and staff know what decisions relatives can make on people's behalf. We saw examples where documentation suggested relatives without power of attorney had made decisions for people without demonstrating following the Mental Capacity Act (MCA) code of practice. Following the inspection, the provider confirmed additional training and guidance was being provided to staff in this area.

We recommend the service consults guidance and puts systems in place to ensure it can fully evidence compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

The manager told us they always carried out an assessment of people's needs before they offered them a

place at the home. They said they gathered information from as many sources as possible to get a detailed picture of people's needs. When considering if to offer a place at the home to prospective residents the manager told us they took account of the knowledge and skills of the staff team and the needs of people already living at the home. The information gained during the initial assessment was used to develop people's care plans. The manager told us people and/or their representatives were invited to look around the home before moving in. The relatives we spoke with confirmed this and told us people were initially offered a trial period to make sure the home was suitable for them before they moved in permanently. This helped to make sure people received effective care and support which met their needs.

Staff received a range of training appropriate to their role. New staff without previous experience completed the Care Certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. Staff received a range of regular training. Most of this was delivered face to face by recognised training organisations. For example, staff had received regular updates in manual handling, safeguarding and Mental Capacity Act (MCA). Local health professionals had also been utilised to provide training updates to staff.

Staff said they felt well supported by the management team and said there were support mechanisms in place. This included supervisions and appraisals where developmental needs were discussed and performance reviewed.

We found some areas such as recruitment, the Mental Capacity Act (MCA) and the management of "as required" medicines where recognised guidance was not consistently followed. The manager told us they were seeking out further training and support for example in the Mental Capacity Act (MCA) and safeguarding to become more confident and be able to apply best practice in these areas.

We recommend the service consults recognised guidance to ensure a consistent high-quality service is provided in keeping with the latest best practice guidance.

People were supported to eat and drink a varied diet which took account of their preferences. We observed the meal service at breakfast and lunchtime. People were offered a choice of food and they told us the food was always good. The cook knew about people's likes and dislikes and kept a list of people's needs and preferences. Staff were clear on who required diet of a specific consistency and this was provided. Hot and cold drinks and snacks were offered throughout the day.

People's weights were monitored at weekly or two weekly intervals depending on their risk of poor nutrition. When people were at risk due to having a low weight, or having lost weight they were provided with fortified food to increase their calorie intake. When this was not effective people were referred to their GP and/or a dietician. At the last inspection we found people's food and fluid charts were not always well completed. During this inspection we found this had improved. We saw the fluid charts were regularly checked by the manager and when people's fluid intake was low staff were reminded to encourage people to drink more.

The home worked with other health care professionals to ensure people received the support they needed to meet their health care needs. The records showed people had access to a range of healthcare professionals such as district nurses, GP's, occupational therapists and speech and language therapists. Visiting health care professionals told us staff made appropriate referrals and always followed their advice. Relatives told us they were always consulted and contacted when people's healthcare needs changed.

The service had 'Hospital transfer forms' which were used to share essential information about people's needs in the event of an admission to hospital. This included information about people's communication

needs. This helped to make sure people continued to receive effective care when they transferred between services.

The building was appropriately adapted to meet people's individual needs. There were adequate amounts of communal space for people to spend time, including, a dining room, lounge and conservatory. A pleasant enclosed garden area was also available where people were encouraged to spend time. Bedrooms were well maintained and furnished to a high standard with people who used the service being encouraged to personalise their rooms. Signage was in place throughout the building to assist people living with dementia to navigate safely around the building. We saw plans were in place to make the environment more dementia friendly. For example, new carpets were to be installed.

## Is the service caring?

### Our findings

People, relatives and health professionals all said that the staff were kind, compassionate and caring. One person said, "Staff all nice, very helpful." Another person said, "The staff are very good, I would soon tell them if they weren't." A visiting healthcare professional told us, "The staff are great." Another professional said they were impressed with how well staff knew people.

We observed a lot of positive interactions between staff and people who lived at the home. Staff were kind and considerate and it was evident they knew people well. There was a lot of banter and laughter. At breakfast time we saw the cook greeted each person by their name as they came into the dining room. People were offered choices which reflected their preferences. For example, one person was offered a jam sandwich, another Weetabix with honey and another porridge. Staff and the manager knew people's likes, histories and preferences. They used this to ensure personalised care and support was provided. For example, one person liked tractors and staff had made them a birthday cake with a tractor on it, as well as taking them to a tractor show. Information on people's histories was contained within care files for staff to reference.

We saw people looked well cared for and were dressed in their own clothes. People's bedrooms were personalised to reflect their tastes and people were consulted about the décor of their rooms. This showed staff treated people with respect. Staff were able to give examples of how they ensured people were treated with dignity and respect. For example, in ensuring people looked presentable, knocking on doors before entering and giving people privacy.

Relatives told us the staff were very caring and respected people's wishes. For example, one family member told us their relative liked to sit in the dining room where they could look out the window. We saw the person spent the morning in the dining room. We saw people's feedback was taken on board through various mechanisms. This included an annual survey, resident meetings, and informal contact with the management team. For example, comments about improving the activity provision in the home had been acted on. The records showed people who lived at the home and their relatives were involved in decisions about their care and treatment through care plan reviews. Relatives we spoke with confirmed this. This demonstrated people's views were listened to and their opinions acted on.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service. For example, we saw people who wished to do so were supported to attend church services.

## Is the service responsive?

### Our findings

People, relatives and health professionals all spoke positively about the quality of care and support and said it met individual needs. Health professionals said staff were responsive to people's changing needs and always acted on advice.

People's needs were assessed and this information was used to develop care plans. The care plans covered areas such as personal care, continence, eating and drinking, mobility and people's emotional and social needs. The care plans contained some information about people's preferences. The manager had identified the care plans would benefit from more detailed information about people's likes and dislikes and was addressing this. Staff knew about people's individual needs which provided assurance care would be delivered in a responsive and person-centred way.

We saw the service was responsive to people's individual needs. For example, one person's mobility had reduced and as a result they were no longer able to use the stairlift. We saw arrangements were being put in place to move them to a downstairs room to reduce isolation. Handovers took place between shifts to inform staff of any changes required to people's care.

People's care plans included information about the communication needs and any support they required with this aspect of their care.

Within the records we saw people and their relatives were supported to plan for their end of life care. The manager told us they were working with the local palliative care team to update staff training on this aspect of people's care. This would help to ensure people received end of life care which was responsive and took account of their individual needs and preference.

There were a range of activities, social opportunities and outings for people, although during the inspection we did find periods of time when people would have benefited from more social interaction. One staff member said, "not as much time as we would like for activities as we are busy, however we try to include residents in everything we are doing." An activities programme was in place to ensure activities were available to people on a daily basis. This included games, quizzes and film days. The service had a pleasant garden area and people had been involved in gardening. People went to the pub regularly for food and drinks and entertainers visited the home including dog therapy and an annual barge trip on the canal took place. Links were developed with the local community. For example, people were taken to a local community centre once a month to socialise and have coffee. Volunteers also visited from a local college to provide people with interaction and stimulation. We saw staff had tried to personalise activities around people's interests and past lives. Families were kept involved by the provider through the sending of a regular newsletter and emails about what had been going on within the home.

The complaints procedure was clearly displayed in the reception area of the home and there was also a 'suggestions box' to help support people to raise feedback about the service. We saw complaints were appropriately logged, investigated and responded to. These were taken seriously with the provider often

responding direct to people.

## Is the service well-led?

### Our findings

A registered manager was not in place. A manager was in place who told us it was their intention to become the registered manager for the service. However at the time of the inspection we had not received an application for them to become the registered manager for the service. The manager was supported by a deputy manager and a team of senior care workers.

We found a pleasant and inclusive atmosphere within the home. Staff knew people very well and their individual needs and requirements. We received good feedback about the home from people, relatives and health professionals. One professional said the home was like "a breath of fresh air" and the staff listened to advice and provided good quality care. Staff all praised the home. Many of them had worked at the home for a number of years. One staff member said "really like it here, staff are really hard working, residents lovely." Another staff member said, "lovely home, like it here, all staff get on and we know the residents well."

Systems to assess, monitor and improve the service were in place but some of these needed improvements to ensure the service was consistently compliant with the regulations of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. For example, we found recruitment practices were not safe and improvements were needed in relation to medicines management and to evidence full compliance with the Mental Capacity Act (MCA). Systems should have been operated to ensure a high performing service.

This was a breach of regulation 17 of the health and social care act 2008(Regulated Activities 2014) Regulations.

A number of audits and checks were carried out and we saw evidence some of these were effective. For example, the manager completed an audit which looked at a range of areas including medicines, and care plans and maintenance. The management team also did an walkaround audit of the home on a regular issue to look for issues. The provider visited the home regularly and undertook audits. We saw they were very involved and keen to improve the service. Actions arising were sent to the manager for action. For example, it was noted that some care plans needed improving to demonstrate the social opportunities available to people and this had been actioned.

Residents/relatives completed an annual survey. The individual feedback with confidential information received was available in the entrance area. We saw where negative comments had been received, these had been discussed at the relative/resident meetings to communicate how the service would address these issues. We saw examples of how issues raised such as lack of social activities had been addressed by the service. This demonstrated people's views were listened to and valued. Three monthly resident and relative meetings took place. We looked at the minutes from these which showed that a range of topics were discussed including activities, a new daily schedule and decoration to the building.

The service worked in partnership with a number of agencies. For example, this included local colleges to obtain volunteers to provide people with enhanced social interaction. The service worked with local



community organisations to involve people in events happening in their local community such as the village fete.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  (1) Systems and processes were not operated effectively to ensure compliance with the regulations
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  (2) Recruitment procedures were not operated effectively and safely