

R.C. Developments Limited

Rose Cottage Nursing Care Home

Inspection report

Station Road, Halfway
Sheffield, S20 3GU
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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 

Overall summary

Rose Cottage is a nursing home providing personal and nursing care for up to 29 older people. Rose Cottage is situated at Halfway in a residential area of Sheffield. There is good access to public services and amenities. The accommodation is over three floors which are accessed by stairs or a lift. The majority of rooms are for single occupancy but the home does have one double bedroom. The gardens are landscaped and there is a car park.

Our last inspection of Rose Cottage was on 24 October 2013 and the service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 10 November 2015 and was unannounced. This means the people who lived at Rose Cottage and the staff who worked there did not know we were coming.

There was a manager at the service who was registered with CQC. A registered manager is a person who has

Summary of findings

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 told us they were happy living at Rose Cottage and felt safe there. Staff told us they enjoyed working there.

Staff we spoke with had a clear understanding of safeguarding people and they were confident their managers would act appropriately to safeguard people from abuse.

There were enough staff to keep people safe and to meet people's individual needs. Staff told us they received good training and support to make sure they had the right skills and knowledge for their job.

We found systems were in place to make sure people received their medicines correctly and on time. Medicines were stored appropriately and securely.

We saw and people told us there were enough staff were employed to keep people safe

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Care plans contained person centred information which meant staff had personal and medical information available to them. This ensured the person was supported in the way they preferred to meet their health and social care needs. People's care plans also included comprehensive risk assessments which contained clear information for staff on how to manage and reduce these risks.

People knew how to raise concerns and make complaints. We saw that the registered manager took all issues seriously and responded appropriately.

We saw staff interactions with people were caring, and they treated people with dignity and respect. There was calm and relaxed atmosphere at Rose Cottage.

There were effective systems in place to monitor and improve the quality of the service provided. Regular audits were undertaken to make sure procedures were adhered to. Where any problems were identified the registered manager took action to resolve them.

Summary of findings

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 was safe.

People who lived at Rose Cottage told us that they felt safe.

Staff knew how to recognise abuse and were confident any concerns they had would be taken seriously by management and dealt with appropriately.

There were sufficient staff in place to meet people's needs in a timely way.

There were robust recruitment and selection procedures in place and appropriate checks were undertaken before staff started work.

Procedures were followed to ensure the safe storage and administration of people's medicines.

Good



Is the service effective?

The service was effective.

All staff received ongoing training to make sure they had the knowledge and skills required to carry out their jobs effectively.

Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

We found the service to be meeting the requirements of the Mental Capacity Act 2005.

People were supported to maintain good health through having sufficient to eat and drink.

Good



Is the service caring?

The service was caring.

People living at Rose Cottage and their relatives told us that staff were caring.

We saw people were treated with dignity and respect, and that staff were caring and attentive to people's needs.

Staff were knowledgeable about people's needs.

Good



Is the service responsive?

The service was responsive.

There were some activities, events and outings available to the people living at Rose Cottage. There was a part time activity coordinator employed at the home.

There was a complaints policy clearly displayed. People told us the registered manager was responsive to any concerns raised or suggestions made.

People needs were fully assessed, comprehensive care plans were in place and these were regularly reviewed.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People told us they knew who the registered manager was and that she was approachable.

Staff we spoke with felt the service was well led and the manager was approachable and listened to them

There were effective quality monitoring systems in place to monitor, maintain and improve the service.

Good



Rose Cottage Nursing Care 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 10 November 2015 and was unannounced. The inspection team was made up of one Adult Social Care inspector, a Specialist Advisor and an Expert by Experience. A Specialist Advisor is a professional with experience of working with someone who uses this type of care service. This Specialist Advisor was a qualified nurse. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services who had no concerns regarding the service.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. We spoke with 11 people living at Rose Cottage Nursing Home and two of their relatives. We also spoke with eight members of staff, including the registered manager.

We reviewed a wide range of records including five people's care records, four staff files and a number of records relating to the management and quality assurance of the service. We checked the medication administration record charts for 23 people. We also reviewed the policies, procedures and audits relating to the management and quality assurance of the services provided at Rose Cottage Nursing Home.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Rose Cottage. One person said, “Yes I feel safe. All the staff are kind and I get the help I need.” Another person told us “I’m well looked after. Everyone is very friendly and I feel safe here. I’ve nothing to worry about as staff are always on duty to help. I was having falls at home. Now I’m here I’ve not had any falls. When I have a bath staff are there so I feel safe.”

All the staff we spoke with told us they had received training in safeguarding adults. There was a safeguarding policy and procedure readily available. They all had a clear understanding of what abuse was and were able to describe how they would recognise different types of abuse. All staff we spoke with told us that they would know what to do if they witnessed or suspected any abuse and that they would report their concerns to management straight away. They were confident their concerns would be taken seriously and investigated properly.

Staff also had a good understanding about the service’s whistle blowing procedures and felt that any issues they raised under this process would also be taken seriously. Whistleblowing is one of the ways in which a member of staff can report concerns, by telling their manager or someone they trust. This meant staff were aware of the systems in place to protect people and how to report any unsafe practice.

CQC had been notified of four allegations or incidents of abuse in the previous 12 months. Appropriate action had been taken by the provider to deal with these safeguarding concerns. We saw the registered manager had an up to date record of safeguarding incidents that had been reported to the Local Authority for investigation.

People living at Rose Cottage and staff working there told us there were enough staff to meet everyone’s needs in a timely way. Staffing rotas showed that care staff mainly worked either a 12 hour day shift or a 12 hour night shift. In addition to three or four carers per shift there was also a registered nurse on duty. The home also employed a cook and kitchen assistant every day, as well as domestic and office staff. There was an activities coordinator employed for 20 hours per week. One person told us, “I’ve a bell in my room and if I ring it someone comes.” Another person said,

“The staff look after me and help me when I need it.” One person did say “We don’t have as many activities as I would like. I put up with what they do.” During our visit we saw there were enough staff on duty to meet people’s needs.

We looked at four staff files. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. All the staff files we looked at confirmed that recruitment procedures in the home helped to keep people safe.

We looked at five care plans. In each one there was evidence of comprehensive risk assessments, including those relating to: falls; moving and handling; pressure ulcers; and nutrition using the Malnutrition Universal Screening Tool (MUST). People were regularly weighed and we saw evidence of the development of appropriate care plans to mitigate any risks associated with significant and rapid weight gain or loss. There was further evidence of carers responding to risk with referrals to appropriate services noted e.g. Tissue Viability Service, Speech and Language Therapy, Dietician. We saw that care plans were then amended to take into account the advice and recommendations of these specialist services. The risk assessments we looked at were all regularly reviewed and updated to reflect any changes.

We looked at 23 Medication Administration Recording (MAR) charts. We found each MAR chart to be appropriately completed, identify known allergies, contain a photo of the resident to which the chart related and were signed, and countersigned where needed. We saw there were processes and records for the safe return of unwanted medicines to the pharmacy. The medicines were appropriately stored in a locked clinical area and within a secure cabinet. There were two medicine trolleys that we saw were locked when not in use. Some prescribed medicines are controlled under the Misuse of Drugs legislation and these are often referred to as controlled drugs (CD). We looked at the CD register and found it was fully completed and stock balances were accurate. We reviewed the records for the temperature within the clinic area and found that the temperatures of the room and

Is the service safe?

medicines refrigerator were checked and recorded daily. The temperature readings for the refrigerator included maximum and minimum readings. There were no gaps noted in the records.

We observed the nurse on duty preparing and administering medicines for people living at Rose Cottage and saw the medicine was checked against the MAR chart, and the medicine was individually prepared and administered before commencing the administration of next person's medicine. The nurse engaged with people warmly and provided water to assist the person to take their medicine. The MAR chart was not signed for until the medicine was actually taken by the person. All of this meant that medicines were stored safely and securely at Rose Cottage, and the people received the correct medicine at the right time.

We did see that there were instances where PRN (as required) medicines were recorded as "N" (offered but not required) on the person's MAR chart, whilst other PRN medicines had no entry. This included instances where the medication was prescribed "four times a day, as required" e.g. one person had no entries for the "tea time"

medication round from 4 to 9 November 2015, but had "N" for other times. We brought this to the attention of the manager who agreed to consistently enter "N" when people declined PRN medicines. This meant that the manager would be able to demonstrate that everyone was always asked if they needed their PRN medicines.

We saw that Rose Cottage had a policy and procedures in place for looking after people's money. Some people chose to keep control of their own finances and they were provided with a safe for their room. The administrator explained to us that each person had an individual amount of money kept at the home that they could access. We checked the financial records for four people and found the records clear, counter signed and up to date. This showed us that procedures were in place and correctly followed in order to keep people's finances safe.

On arrival at Rose Cottage we walked around the premises and saw that they were warm, clean and smelt fresh. Staff were wearing disposable aprons and gloves as required to reduce the risk of spreading infection. Information about upcoming activities and photographs of people enjoying previous social events were prominently displayed.

Is the service effective?

Our findings

Staff told us they received an induction programme and ongoing training to give them the skills they needed to carry out their job roles and responsibilities. They said their induction covered key areas such as safeguarding and infection control, and this was provided to all staff. Some staff had been supported by the organisation to complete an NVQ level 2 in hospitality. Care staff and nurses also received more specialist training. One member of staff told us, “We are offered training all the time.” They went on to explain that every year they have mandatory training such as refreshers in moving and handling techniques. In addition this particular member of staff had recently completed training in how to care for someone at the end of their life.

Rose Cottage had a number of “champions” for dementia care, continence care and end of life care in place. These members of staff had particular knowledge and additional responsibilities in their specialist area. A member of staff told us they “enjoyed the extra responsibility [of being a champion]” and felt supported by management in taking on this additional role.

We saw written records of supervisions and yearly appraisals taking place and staff told us that supervision happened regularly. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member’s performance and improvement over a period of time, usually annually. Staff told us they also had regular group meetings with their supervisors. Staff told us they felt supported and motivated to undertake their jobs.

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). At Rose Cottage there were no key pads on doors requiring a code to enter or leave and we were told that the front door was only locked at night. The registered manager told us she had applied to the local supervisory body for DoLS authorisations for two people living at the home.

We found the service to be meeting the requirements of the Mental Capacity Act and the care staff we spoke with had some knowledge and understanding of what it means for a person to have mental capacity. The care plans we saw demonstrated that people’s mental capacity had been considered. For example, some of the care plans we saw showed that the people concerned had bed rails in place. Bed rails can be used appropriately to keep people at risk of falling out of bed safe. There was evidence of capacity assessments being undertaken to ensure the rails were needed and in the person’s best interest to have them in place. This meant the MCA and Code of Practice had been followed when assessing a person’s ability to make a decision.

We found evidence of staff seeking out people’s personal preferences routinely in the care planning. One person was supported to manage their own medicines, ensuring that the process was safe and effective whilst enabling them to be as independent as possible.

People we spoke with were generally positive about the food served at Rose Cottage. Comments included, “My breakfast today was lovely. I get plenty to eat and drink,” “The food is lovely,” “The food is plentiful. I’ve had seconds today.” Other people told us, “It’s [the food] alright,” and another said, “I am getting used to the food.”

We observed people having lunch. Most people chose to eat in the downstairs dining but there was also the option to eat in the upstairs dining room or in the person’s room. The dining room was clean and bright. There were clean tablecloths with flowers on the tables and music playing in the background. The chairs were comfortable. People had chosen from two options for their main course and two options for dessert. A selection of drinks were served with the meal. A variety of condiments and paper napkins were on all the tables. No one appeared to need help to eat but some people required a soft diet and some were given assistance by having their food cut up. Staff were very courteous when serving the meals, we heard one member of staff say “Excuse me ladies” as they interrupted a

Is the service effective?

conversation to put their meals down. Some people had second helpings when they were offered and one person who didn't want either of the desserts was offered yoghurt instead.

Staff told us there was a three week menu cycle and there was always the option of soup, sandwiches or salad if people didn't want one of the two options offered. We were told there were never any shortages of food or cleaning equipment and staff could order what was needed as and when required. A drinks and snacks trolley went round to all residents twice a day and people could also ask for drinks or snacks at any time. One person told us, "I can have snacks and drinks when I like, I just ask." Another person said "There's not a lot of variation but the food is good and there is fresh fruit on offer."

The premises appeared well maintained with a lift between floors for those that couldn't manage the stairs. The registered manager told us that pupils from the local junior school were going to create some pictures for display in the communal areas. There was clear signage to the use of rooms and people had their names on their bedroom doors. A menu board was displayed in the dining room. A lounge upstairs was being used for storage which did restrict its use for people and their visitors. We spoke with the registered manager about this who told us it was a temporary measure following a recent flood of the garage, which was usually used for storage.

Is the service caring?

Our findings

All the people living at Rose Cottage and the relatives we spoke with were positive about how their care was delivered. One person told us, “The staff are very good. I’m respected, my privacy is respected. People knock before they come in.” Another person told us, “I came here because my family were worried, I’d had a fall. I came here because [a relative] used to be here so we knew it was good. The staff are very kind.” Another person was keen to tell us about a particular member of staff, “[Name] is very good – she’s an angel.”

One person told us, “On the whole everyone is kind and considerate; 9 out of 10.” We asked why not 10 out of 10 and we were told there were times when staff were busy. A relative we spoke with said, “[Name] seems well cared for. The nurses are very nice and caring. I’ve never seen anything to worry me. [Name] had a couple of falls and they have always contacted me to inform me and discuss what has happened.”

We saw staff assisting people to move around the home. They did so with courtesy and care. They clearly told the person what they were doing and what to expect. Staff were aware and attentive to people’s needs. For example, we saw a person coughing and another person rubbing their eyes vigorously. On both occasions staff noticed and

went to speak to the person and said they would ask the nurse to have a look. We saw people having lunch in the dining room and again staff were very attentive and there were enough on duty as no one was left waiting for help. The staff were cheerful and encouraged two people who seemed disinterested in eating to try to eat something. They showed concern and spoke kindly.

Staff spoke warmly of the people living at Rose Cottage, one member of staff said, “I love it here, I love interacting with the residents.” Staff we spoke with had an understanding of how to treat people with respect. One member of staff told us how they would respectfully provide personal care, taking the time to explain to the person what they were going to do and keeping them covered with a towel.

We saw that people’s privacy and dignity were upheld. We saw staff knocking on doors before entering bedrooms. One person told us, “When I have a bath a hoist is used. Everything works wonderfully well. My privacy and dignity are respected, oh yes!”

We saw that staff knew the people living at Rose Cottage well. It was clear from talking to the staff that they knew people’s personal history, their preferences, likes and dislikes. There was a calm and relaxed atmosphere in the home and we heard plenty of laughter while we were there.

Is the service responsive?

Our findings

An activity co-ordinator was employed to work at Rose Cottage for 20 hours each week. We observed this member of staff playing dominoes with one of the people living there and interacting positively with others. We saw there was a timetable of activities on the notice board. This was limited due to the 20 hours that were available. One person told us “all the staff help to make it very sociable here.”

Comments from people living at Rose Cottage were generally positive about the opportunities to undertake activities and socialise: “The hairdresser comes once a week and I also have a manicure,” another person told us “I like to read and I like the TV. I have the Radio Times every week. I prefer to stay in my room as I find the lounge rather noisy and I like my own TV so that I can choose what I want to watch.” One person told us that, “The garden is used when the weather is better. We enjoy sitting out watching the children playing in the playground,” (there is a school opposite the home). Another said, “I like it when the weather is nice and I am taken out for a drive.” The registered manager told us the home’s mini bus had recently been sold, however she explained they now hire one when trips are planned.

We observed that there were two TVs on at either end of the “through” lounge downstairs, which were quite loud. However, plenty of people were sitting in the lounge and there was a busy, happy atmosphere. Everyone spoke with each other by name and were friendly and open. There were books and magazines available and the room was decorated and furnished in a homely and comfortable style. Two people were sitting together and told us, “We are friends. We like to go in the lounge and we like watching the football.”

Relatives and friends were able to visit at any time and were welcome to attend events at the home. We saw an upcoming carol concert advertised, children from the local school would be coming to Rose Cottage to sing and perform. People told us, “I can go out when I like and have visitors when I like,” another person said, “My family visit whenever they like.”

The registered manager told us she operated an ‘open door policy’ where people living at Rose Cottage and their friends and relatives could come and see her to discuss any concerns or suggestions any time. There was also a formal complaints policy on display in the entrance hall which told people how to complain and what to do if they were unhappy with the response they received. We saw that the registered manager also kept a record of all formal complaints she received with action taken to resolve the issues raised.

People we spoke with told us that the registered manager was approachable and responsive to any issues they raised, “I can’t think of any improvements” and another person told us “There’s nothing here that could be any better.” One person said, “Nothing I have seen here has ever worried me. I know the manager and if I had a problem I’d go to the office and have a word.”

A District Nurse visited Rose Cottage while we there to see a number of people who were living at the home on a residential rather than nursing contract. We saw that the District Nurses had their own nursing files for people stored securely within the home. Nursing staff at Rose Cottage could also access these to ensure continuity of care between different professionals. The District Nurse told us that staff were knowledgeable and they had no concerns about the home.

All the care plans we looked at were fully completed and gave comprehensive information about the person. There was clear evidence of person centred assessments and care plans that were reviewed monthly. Person centred care is a way of supporting someone to plan their life and support they need, focusing on what’s important to the individual person. The care files were in a structured format and included references to all areas of daily living and night care needs, including foot care and oral health.

The care plans we saw did not hold any written record of the person contributing to the process, although people told us that they were verbally consulted and asked about their likes and dislikes and how they were feeling. We spoke with the registered manager about this and she told us she already had identified the need to fully involve people in their care planning and reviews.

Is the service well-led?

Our findings

People told us they knew who the registered manager was and that she was approachable. One person told us, “If I had a problem I’d speak to the Matron but I’ve not had a problem. I know she’d listen to me.” We observed that the relationships between management, staff, people living at Rose Cottage and relatives appeared to be open and positive.

People told us that they weren’t sure if there had been a recent survey about what they thought of living at Rose Cottage, however they were sure they could go to the registered manager any time if they needed to. The registered manager told us there was a survey given out to people living at the service to complete every six months. We saw that responses had been gathered for the previous month and were in the process of being analysed.

The registered manager operated an ‘open door policy’ rather than having frequent organised meetings with people and their relatives. There were also comments books in every person’s bedroom. This was another opportunity for people and their visitors to comment on the service provided.

Staff were very positive about the registered manager. Comments included, “She is on the ball and knows the service really well,” “She is very approachable and we can talk to her any time we need to,” “The manager provides us with lots of support. She is very experienced and knows her stuff” and “She is one of the best managers I have worked with.”

Staff told us there were team meetings held every two months. We saw copies of the minutes of these meetings which confirmed this. The minutes were distributed to all staff and contained information about what was discussed and any actions to be taken. Staff were also asked to complete a survey about working at Rose Cottage, the last one was undertaken in April 2015.

We saw that clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication and pressure care. The registered manager or a senior member of staff undertook a daily walk around the home. This gave managers the opportunity to observe and talk to people living and working at Rose Cottage, and also to check that all furniture and equipment was in working order. Any problems were noted on the daily sheets and a written record was made of what action was taken to rectify any issues identified. The registered manager also told us she tried to complete a more detailed walk round with the housekeeper every month. We saw up to date service records for the lift and other equipment in the home, such as hoists. Our review of all these documents evidenced that there was effective quality monitoring systems in place at Rose Cottage.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were up to date. This meant any changes in current practices were reflected in the home’s policies. The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

Overall people living at Rose Cottage and the staff working there were happy with service. One person told us, “I’d definitely recommend here to others” and another person said, “There’s nothing here that could be any better.” Staff told us they would recommend working at Rose Cottage to others and would be happy for their friends and relatives to live at the service. One member of staff told us, “I would recommend this place. All the staff are great.” Another staff member told “I would recommend [Rose Cottage] to anyone. I enjoy working here.”