

TAS Care Limited

Rose Cottage Nursing Home

Inspection report

47 High Street
Haydon Wick
Swindon
Wiltshire
SN25 1HU

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14 December 2018

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23 January 2019

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?	Requires Improvement 

Summary of findings

Overall summary

About the service: Rose Cottage Nursing Home is a nursing care home that provides accommodation and personal or nursing care to people aged 65 and over. There were 18 living at the service at the time of the inspection.

People's experience of using this service:

- At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. However, we have made a recommendation about the effectiveness of the quality assurance systems being used to monitor the quality of care being delivered. This was because the quality auditing tools being used to monitor the service had not always been effective in identifying potential risks to people. This had no impact on people as they were supported by an established staff team who knew people well and how they should be supported.
- Feedback from people and their relatives about the care people received was positive. They complimented the caring nature of staff and felt that the service was well-led.
- People praised the approach of staff and stated that they felt their relatives were safe living at Rose Cottage Nursing Home.
- People's needs had been assessed and their support requirements were recorded in detail to provide staff with the guidance they needed to support people.
- People were supported to have maximum choice and control of their lives.
- Effective systems were in place to manage people's medicines so that they received them safely and on time.
- People were supported to access health care services and to maintain a healthy lifestyle.
- Sufficient numbers of staff were available to ensure people's safety and well-being. New staff were suitably vetted and trained before they supported people.
- Staff had a good understanding of people's needs and had been trained to carry out their role. They understood their responsibility to report concerns and poor practices.
- The registered manager worked alongside staff which enabled them to have a good understanding of people's current needs.

The service met the characteristics of Good in four of the five key questions and an overall rating of Good. More information is in 'Detailed Findings' below.

Rating at last inspection: Good (Last report was published on 24 June 2016).

Why we inspected: This was a planned inspection based on the previous rating at the last inspection.

Follow up: The rating of this inspection and the information and intelligence that we receive about the service will determine the timeframe of our next inspection.

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

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 checked 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.

Inspection team:

The inspection was carried out by one inspector, one Specialist Professional Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in supporting older people.

Service and service type:

Rose Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection we reviewed the Provider Information Return (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 reviewed other information we held about the service as well as previous inspection reports and notifications we had received from the service. Notifications are information about important events that the service is legally required to submit to CQC.

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with eight people and two relatives. We looked at the care plans and associated records of eight people. We also spoke with three care staff, two nurses, the chef, a student nurse and the registered manager. We also spoke with one visiting external health professional.

We looked at staff files relating to their training and personal development as well as the provider's recruitment procedures. We reviewed a range of records including accident and incident reports and other records relating to the monitoring and management of the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People and their relatives felt Rose Cottage Nursing Home was a safe and a comfortable place to live. We received comments from people such as "Oh yes. I feel safe. I just feel safe" and "Safe? Yes. I'm very lucky to be in a place like this. Nothing to complain about."
- Staff had been trained in safeguarding and understood their responsibility to report any concerns of abuse or people's wellbeing. They understood the importance of reporting any concerns outside the organisation if the register manager or provider did not respond to any allegations of abuse or harm of people.
- Safeguarding procedures and policies were available to staff.
- The registered manager was aware of their regulatory responsibility to notify external organisations if alleged safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- Risks to people had been assessed in line with current practices and were being managed well by staff such as the risk of falls, choking and tissue damage. Where risks had been identified, people's care plans contained clear guidance for staff on how to manage these. For example, one person had been assessed as being at high risk of falling. Safe working practices had been clearly documented, including the use of a hoist and low-level bed. This provided staff with the information they needed to help reduce the risks of falling for this person.
- Where people's skin integrity had been compromised, their care plans informed staff how to care and manage their skin. Detailed treatment plans, dated photographs of the wound and body maps informed the care plan and were regularly reviewed.
- The risk assessment had been reviewed monthly, and the plan had been updated as the person's needs changed.
- Staff spoke confidently about the management of people's risks and how they supported people to help mitigate risks to people's well-being such as regularly repositioning people who were at risk of pressure areas. Staff were informed of people's latest support needs through comprehensive handover systems.

Staffing levels:

- There were sufficient numbers of staff to support people. This was confirmed by staff members and people. People told us staff were prompt in responding to their requests for assistance or when they used the call bell. One person said "I have a call bell in my room. If I want assistance I would go to my room and ring the bell. You don't have to wait long."
- There was an established staff team. This meant people were supported by staff who were familiar with their background, interests and care needs.

- Safe systems to recruit new staff were in place. Staff recruitment records showed that relevant checks had been completed before staff worked unsupervised such as previous employment and criminal history checks to ensure staff were of good character.

Using medicines safely:

- The management and administration of people's medicines were safe.
- People received their medicines as prescribed. The care records relating to the administration of people's prescribed medicines were detailed.
- People's medicines were stored in line with manufacturers guidance and medicines management national guidance's. Safe systems were in place to order, check and store people's medicines safely. A safe disposal system was used when medicines were unused.
- Appropriate systems were being used for people who required their medicines covertly.
- Staff who administered medicines had received training to do so and were observed to be competent by the registered manager.

Preventing and controlling infection:

- People benefitted from an environment that was clean and odour free. People and their relatives told us they had no concerns about the cleanliness of the home.
- Sufficient housekeeping staff were available to ensure the cleanliness of the home and the frequency of managing people's laundry was maintained.
- Staff wore personal protective equipment when assisting people with personal care to help reduce the spread of infection.

Learning lessons when things go wrong:

- An open and transparent culture was promoted and honesty was expected from staff when things went wrong or errors were made. The registered manager and staff had a proactive approach in reviewing their systems when incidents occurred to help prevent future incidents.
- Staff reported and recorded any accidents and incidents to the registered manager and senior staff. They reflected on the incidents and took actions to help reduce further occurrences. Any actions or changes in systems were shared with staff during shift hand overs and reinforced during staff meetings.
- The accident and incident reports were regularly analysed by the registered manager to identify any patterns or common factors.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Staff skills, knowledge and experience:

- People's needs were assessed before they moved to Rose Cottage Nursing Home to ensure staff could meet their needs.
- Records showed that nationally recognised health care assessments were used to assess people's needs and level of risks to their health. The outcomes of the assessments then informed people's care plans.
- Staff received relevant training to be able to meet people's needs and choices safely and in line with current best practice. Nurses were supported to maintain their registration and professional development requirements with their professional regulator the Nursing and Midwifery Council (NMC).
- Staff had received training which was relevant to their roles. An effective system was in place to monitor the staff training and to ensure they attended refresher courses so that their skills and knowledge remained current.
- Staff were encouraged and supported to advance in their role and carry out national health and social care qualifications.
- The nurses had received training in areas such as Catheterisation, Parkinson's disease, Diabetes; Nursing care plans and updates, End of life care and Dementia Awareness.
- Staff told us their colleagues, senior staff, nurses and management were supportive. One staff member said, "We work well as a team. I can go to anyone and ask for advice," Records showed that staff received annual appraisals and regular supervisions meetings to discuss their wellbeing, professional development and training needs.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to maintain a well-balanced diet and were encouraged to make healthy choices. People's specialist dietary needs and personal requests were catered for and known by the kitchen staff.
- The home's chef provided a variable and nutritional menu. They were informed by staff of people's dietary requirements and preferences.
- People told us they enjoyed the food and they had access to drinks throughout the day. We received comments such as "The food is very nice. Yes, a choice. Oh of course enough" and "The food is quite good".

Staff providing consistent, effective, timely care within and across organisations. Supporting people to live healthier lives, access healthcare services and support:

- Staff worked with health care services to help prevent unnecessary hospital admissions. The nurses felt they had a good working relationship with their local GP surgeries. The external health professional praised the knowledge and care of the staff at Rose Cottage Nursing Home.

- People told us staff were responsive if there was a change in their health and well-being. For example, one person said, "They pick up quickly if you're not feeling well. You can stay in your room, go to bed and see the doctor. if needed". Relatives confirmed that they were always informed by staff if there were any changes in people's well-being or there had been any incidents relating to their relative.
- Records showed that people were supported to have access to healthcare professionals such as chiropody to maintain their physical well-being as well as specialist services such as physiotherapy. The outcome and recommendations from the health care appointments were recorded and informed people's care plans.
- One person was receiving support from a reablement team to help them build up the confidence and strength to return to their own home.

Adapting service, design, decoration to meet people's needs:

- People lived in a home which was homely. The service had been festively decorated for Christmas. Framed photographs of people enjoying activities were displayed on the walls around the home.
- People's bedrooms had been personalised with personal items, pictures and items which were important to them.
- Adaptions had been made to the home to promote people's independence such as specialised baths and walk in showers. People had access to a secure garden.

Ensuring consent to care and treatment in line with law and guidance:

- People were involved in their decisions to move to Rose Cottage Nursing Home and the care that they received at the home such as their medical treatment and support.
- Staff supported people to make informed choices about their day to day care such as choices about the clothes and meals,
- In line with the principles of the Mental Capacity Act 2005, where people lacked mental capacity to make specific decisions, their capacity was assessed. The records showed decision where needed had been made in people's best interests.
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home had an open-door policy which mean that people were free to leave the home if they wished, therefore nobody liberty was being restricted. There was evidence that staff had sought appropriate authorisation under DoLS when restrictions had been placed on people to ensure their safety.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- We observed kind and supportive interactions from staff towards people.
- Staff spoke to people in a respectful and caring manner. They clearly knew people well and showed a genuine interest in what people had to say.
- Staff spoke to people appropriately and were aware of people's individual communication needs such as giving people time to express themselves.
- Feedback from people about staff was positive and comments included "Yes, everybody is caring and kind" and "The staff are very good".
- Relatives also spoke fondly about staff. They told us they felt welcomed at the home and could visit at any time. We received comments such as "So very caring those girls and they're quite good with me" and "I know most of the staff. It feels like a family home".
- A consistent staff team which worked flexibly ensured people were cared for by staff who knew them well.
- People's care plans reflected their diversity and protected characteristics under the Equality Act. Their communication and sensory needs had been identified and staff were prompted to make sure people had access to equipment to assist them with their independence. For example, staff assisted people to wear their hearing aids and glasses. One person who lived at the home had limited understanding and knowledge of English. Staff had personalised their bedroom with pictorial aids to help communicate with the person.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in making decisions and planning their care. Their wishes, preferences and expectations were explored with them, and where appropriate, with their families. People told us staff explained the care and support that they planned to deliver. One person said, "Oh yes, they talk things through with me before they start helping me". Another person said, "Yes, I choose my own clothes, bath, bed times etc".
- Staff provided people with information about their care and treatment to help them make informed decisions.
- People's individual communication needs were known to staff and recorded in people's communication care plans. The registered manager was aware of the need to make information available to people in a format such as large print. This would ensure they met the Accessible Information Standards (AIS). AIS sets out a specific, consistent approach to identify, record, flag, share and meet the information and communication support needs of people with a disability, impairment or sensory loss.

Respecting and promoting people's privacy, dignity and independence:

- We observed people's privacy to be maintained. Care was delivered behind closed doors, staff knocked on people's doors before entering their bedroom.

- People told us their dignity and independence was maintained during personal care. We received comments from people such as "Yes, they protect my dignity" and "Yes, they help me to stay as independent as I can".
- Staff supported people respectfully and encouraged people to retain their independence such as people were supported by staff to do what they could for themselves when supporting people with their personal hygiene.
- Staff gave people the time and space to retain their independence. For example, staff explained one person ate their meal very slowly but independently. The registered manager explained this was their choice but staff monitored the person from a distance to ensure they ate sufficiently.
- A quiet lounge was available so people could receive visitors and spend time alone with them.

Is the service responsive?

Our findings

Responsive – this means the service met people's needs.

People's needs were met through good organisation and care delivery.

Personalised care:

- People were supported to take part in activities, social gatherings and outings.
- Pictorial information detailing activities planned for the week was displayed in the communal lounge. Additional information on Christmas activities was also displayed. The lounge was decorated with festive paper chains made by the people during recent activities session.
- A designated activities co-ordinator provided group and one to one activities. For example, we observed people enjoying a game of bingo facilitated by staff. People who were involved in the game were engaged and smiling. A member of staff was available and helping people where needed. The session was delivered in a respectful and caring way.
- The activities folder contained information regarding people's backgrounds and likes and dislikes.
- People's personal care and their treatment was planned with their involvement or, where appropriate, with the involvement of a representative and someone who knew them well.
- People's care plans contained detailed information about their care needs and actions required in order to provide safe and effective care which was responsive to people's needs. For example, information about the management one person's skin integrity and health care professional involvement was documented well. Staff were knowledgeable about this person and their care requirements and understood how to meet their needs.
- Records showed another person had a urinary tract infection and had commenced on a course of antibiotics. Their fluid intake was being monitored correctly and staff were monitoring their well-being.

Improving care quality in response to complaints or concerns:

- Staff listened to people comments about the service they received.
- People and their relatives told us any concerns about people's care was always immediately addressed by staff.
- Relatives told us they were confident that any complaints would be taken seriously and immediately addressed.
- Records showed that complaints had been investigated and acted on in accordance to the policy.

End of life care and support:

- Although at the time of our visit no one received the end of their life care; one person's condition deteriorated and they were supported by staff and their GP. Staff told us they were monitoring the person closely to ensure they remained comfortable and pain free.
- People's end of life wishes were explored and recorded so staff had guidance about these at the appropriate time. The registered manager explained that they spoke with people about their wishes when they first moved into the home but also at times when people felt able to or wanted to discuss views about

their end of life care and plans.

- Nurses had been trained in end of life care and told us they had a good working relationship with the GP and other health care professionals to ensure that people received prompt and appropriate end of life care if needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At our last inspection we rated this domain as Good, however we found that the effectiveness of the quality auditing tools being used had not always been sustained.
- We found some of the checks being used had not been effective in identifying some concerns which potentially may put people at risk. For example, recent checks of people's slings (to be used in conjunction with their hoists) had not identified that the loops and bindings of two slings had started to fray. We raised this with the registered manager who identified the possible cause of the fraying and agreed to contact the manufacturer for advice in the laundering of the slings to help prevent further damage to the slings. We were also assured that the provider was in the process of purchasing new slings.
- There was not a consistent approach in the daily, weekly and monthly recording of cleaning tasks carried out in the kitchen, which meant the registered manager could not be assured that the required cleaning tasks had been completed. However, we were reassured by the chef that all cleaning tasks were completed in line with the cleaning schedule but not consistently recorded. The registered manager carried out daily visual checks of the kitchen to ensure the cleanliness of the kitchen had been maintained and the had been rated five stars by the Food Standards Agency in March 2018.
- The medicines audit had not identified that the management of people's new topical creams were not always managed in line with guidance. This was raised with the registered manager who agreed that the frequency of their medicines audits would need to be increased to ensure that any new creams introduced would be correctly managed. Whilst staff knew people well and were responsive to people's changing needs, pain assessment tools were not being used for people who were unable to communicate their pain. Pain assessment tools enable staff to assess the levels of peoples' pain in a consistent way and evaluate the effectiveness of their medicines. The recording of people's nutritional requirements were not always clear and may put people at risk if they were given the incorrect food.
- Whilst we found some concerns about the effectiveness about the quality of audits being used we found no impact on people as they were supported by a consistent staff team who knew them well. Staff used a robust communication and handover system to ensure current and essential information about people was communicated between staff. Plans were in place for all staff to attend a course on the new numerical framework to describe the textures. This would ensure that staff have a clearer understanding of the different textures of food that people may require.
- The management and storage of some equipment used to move people and the temporary heating arrangements (while waiting for the boiler to be fixed) to keep people warm caused potential risk to people's safety, although we were told and observed that staff always supported people in these areas to help reduce the risk of harm.

- We discussed our concerns with the registered manager who acknowledged our comments and agreed that the frequency and quality of some of the audits used to monitor the quality of care being provided needed to be reviewed to help identify potential risks to people. We received further assurances that our concerns found during the inspection would be acted on promptly.

We recommend that the service seeks guidance from a reputable source in relation to effective quality assurances systems to identify and manage potential risks to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility. Continuous learning and improving care:

- People living at Rose Cottage Nursing Home and staff who worked there were supported by a competent and knowledgeable registered manager who had worked in the home for many years and knew people and staff well.

- The registered manager was involved in the delivery of care to people which gave them an insight into people's needs and the quality of care being delivered. They frequently worked alongside staff and carried out spot checks to observe the conduct of staff and assess their skills and competencies when caring for people.

- It was evident that both the staff and the registered manager had strong values and were fully committed to ensuring people received the best possible care in a safe and caring environment.

- Staff and people told us they felt supported and were confident in the management of the home.

- The registered manager received regular support from the provider. We were told that the provider was present in the home four days a week. The registered manager and provider formally met each Monday to discuss the management of the home, any on-going issues and the current needs of the people.

- The registered manager was a registered nurse. They explained that they worked and mentored the nurses which helped them remain current in their practices.

- Regulatory requirements were understood by the registered manager including their knowledge of a meeting current legislation, completing notifications to the Care Quality Commission (CQC).

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The registered manager and staff were committed to ensure people were treated equally and their views were valued and acted on.

- Staff approach was person centred and focused on the well-being of the people who lived at the home.

- People and their relatives felt involved in decisions about their care and running of the home. A recent customer surveys received positive comments and feedback from people about the support they received.

- We received many positive comments from people such as "I would recommend the home to others. It's small and compact. Nice" and "Nothing I can think of that could be done better".