

# Counticare Limited

# Rose Cottage

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### Care service description

Rose Cottage is a residential care home for four people with learning disabilities. Rose Cottage is a detached building in the rural village of Mersham outside Ashford. The accommodation is spread between two floors. People had individual bedrooms and use of a shared bathroom, lounge kitchen and separate dining room.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

### Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Why the service is rated good

People continued to be protected from potential harm and abuse by a staff team who were trained to identify safeguarding concerns. Where risks to people and the environment were identified, staff took action to mitigate the risk, whilst promoting people to take positive risks. There were sufficient numbers of staff to meet people's needs. We reviewed recruitment files, the provider had completed the necessary pre-employment checks before staff worked unsupervised. Medicines were stored, administered and disposed of safely. People were protected by the prevention and control of infection. Lessons had been learned when things went wrong.

People's needs were assessed before they moved into the service, and regularly thereafter in line with best practice. People were supported by a staff team that had received sufficient training and on-going supervision, and worked internally and externally to provide effective care and treatment. People were supported to eat and drink sufficient levels to maintain a balanced diet and were supported to access healthcare professionals as and when required. People lived in an environment that was suitable for people with learning disabilities and where required the provider had made the necessary adaptations to the service. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with kindness, compassion and respect. Staff knew how to recognise changes in people, and provided emotional support where necessary. People were supported to make their views known. Staff adapted communication according to each individual. People's privacy, and dignity was respected. Staff supported people to be as independent as they could be.

People received personalised care responsive to their needs. People were supported to spend time doing

meaningful activities. There had been no concerns or complaints raised since our last inspection, however people and their relatives knew how to raise concerns. At the time of our inspection no one was being supported with end of life care.

There was a clear culture of empowerment and openness within the service. People and their relatives told us the service was well-led and achieved good outcomes for people. The provider governance systems ensured that shortfalls in service delivery were identified and improvements actioned. The provider sought feedback from their stakeholders. The registered manager had formed links with the external agencies including the local authority safeguarding team.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 7 June 2018 and was unannounced. The inspection team consisted of a single inspector.

Before the inspection, we reviewed information we held about the service, such as previous inspection reports, and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people who lived at the service. We spoke with two care staff and the registered manager and a visiting healthcare professional. We sampled records such as two care plans, health plans, medicine records, audits, and daily notes. Following the inspection we spoke with one staff member and one relative.

## Is the service safe?

### Our findings

The service continued to provide safe care and treatment. One relative told us "I have always felt they are safe there. Staff protect them from harm and are careful with the road. They are safe in all aspects there."

People were safeguarded from potential harm and abuse. Staff had received training in safeguarding, and were able to describe potential signs they would look for if they had concerns about a person. People were asked if they had any concerns during keyworker reviews. Staff meeting notes documented a change in the provider safeguarding documentation, which the manager used as an opportunity to review the process with staff to ensure their knowledge was up to date.

Risks to people and the environment had been assessed and mitigated, with risk assessments containing up to date information. One person was known to become anxious when there were visitors at the service. This person had a positive behaviour support plan (PBS) in place to help staff support the person with behaviour that could challenge. We observed staff follow this guidance throughout the inspection, which supported the person's anxieties to successfully be reduced. Risks to the environment were assessed regularly and action taken to address any areas of concern. Monthly health and safety audits were completed by the registered manager. Regular fire drills were carried out, and people were able to tell us what they should do if the fire alarm were to sound.

There continued to be sufficient staffing to meet people's needs. Rotas were completed by the registered manager a month in advance, and according to people's activities and appointments. The registered manager told us, "Having a stable staff team is a huge bonus, the team are very supportive ." Recruitment records showed the necessary checks had been completed before new staff started to work with people independently. The provider recruitment process ensured that people with protected characteristics were not discriminated against.

People continued to receive their medicines in a safe way. Staff kept accurate medicines administration records (MAR), which were audited regularly by the registered manager, and annually by the supplying pharmacy. Staff had received training in medicines administration, and were competency checked by the registered manager prior to administering medicines. One person had reduced a medicine over a period of time, with support from the community mental health team. During the reduction, staff worked with the community mental health team to regularly review the person and ensure there was no adverse effects. At the latest review the person was deemed to be 'very stable'.

People were protected from the risk of infection. Staff had received training on the prevention and control of infection. On the day of our inspection we observed the service to be clean and fresh smelling. People told us they were involved in the upkeep of the service including hoovering and cleaning with support from staff. Staff were observed using personal protective equipment appropriately.

Accident and incidents were recorded appropriately, and lessons learnt when things went wrong. There had been one incident since our last inspection, and the registered manager was able to evidence appropriate

action had been taken to reduce the risk of the incident re-occurring.

## Is the service effective?

### Our findings

The service continued to be effective. One relative told us "I've never seen any of the staff unable to deal with them. They even asked to go in the car with a new staff member recently to collect me from the station which has not happened previously. They have a good relationship."

The registered manager continued to review people's care plans to ensure they met people's needs and were delivered in line with best practice. One person had voiced their preference to live with males, and staff had considered their preferences in terms of which gender staff people wanted to be supported by. There were processes in place to ensure there was no discrimination when people's care was planned. People's pre-admission assessments contained an equalities section where people's cultural, sexual and religious needs were considered.

Staff continued to have the training, skill and experience to provide effective care and treatment. Staff told us the training offered by the provider was 'extensive'. The registered manager told us the provider's training offered increased development for the management and staff team. Staff told us they received a comprehensive induction which prepared them fully for the role. Where people's needs changed, the staff were quick to seek support from external health care professionals.

People continued to be supported to eat and drink sufficient to maintain a balanced diet. On the day of our inspection, we observed people making the breakfast of their choice. People told us they enjoyed the food and relatives were confident the service was providing nutritious meals for their loved ones. People were involved in planning and purchasing food for the service. We observed one person who was able to make hot drinks independently.

On the day of our inspection, staff supported one person to attend a healthcare appointment. Staff were able to reduce the person's concerns with attending the appointment by making plans to do their favourite activity of visiting a café following the appointment. A visiting healthcare professional told us that people received good timely treatment and had not had any deterioration. The healthcare professional told us "The staff are very friendly and welcoming. Staff made sure people were happy for me to be here. There's a nice relaxed feeling here."

Improvements had been made to the decoration of the service since our last inspection. When improvements were carried out, people were informed, and encouraged to ask the maintenance staff questions to reduce anxieties. People's bedrooms continued to be personalised. One person was known to remove their curtains so the provider had fitted privacy glass to ensure the person's privacy and dignity was protected.

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). We observed that staff were working within the principles of the MCA, and that any conditions on authorisations



to deprive a person of their liberty were being met. When DoLS applications were re requested, the conditions were discussed at the staff meetings to ensure all staff were working within the conditions. One relative told us "They always ask them to make the decision. They want to smoke, staff tell them it's their choice. They are always given choices, I notice that. It's the way it should be."

## Is the service caring?

### Our findings

People continued to be supported by a staff team that knew them well and treated them with kindness. A staff member told us "The guys are the best thing about working here. It gives me joy to work with these guys and give them the best life." One relative told us "We are very pleased with the service."

People were treated with kindness, respect and compassion. Staff knew people well, and adapted their communication to reflect the needs of the person they were interacting with. We observed people receiving different greetings personalised to them, for example one staff member greeted a person with a 'fist bump' to which the person responded, smiling and laughing with staff. One relative told us of the staff "They are great with them."

Staff knew people's histories and backgrounds and had a good understanding of what may trigger behaviours that can challenge. One person was known to become anxious before visitors came to the service, and struggled to sleep. Staff told us they were able to recognise what could make the person anxious, and speak with the person, to help reduce those anxieties. One staff member told us if the person struggled to sleep, they would sit and talk to the person throughout the night, or offer any further emotional support the person needed. The staff member told us, "they enjoy our one to one chats."

People continued to be supported to express their views and be actively involved in their care. One relative told us their loved one was "always able to make their point known". We observed staff signing with one person. Others were supported to make their views known through picture cards, for example to choose activities or make food choices. People were supported to go to bed and wake up when they chose. We observed one person, who staff told us preferred to sleep later than the other people at the service, wake when they chose.

People's privacy and dignity continued to be respected. Staff told us, and we observed them knocking before entering people's rooms. Staff told us it was important to seek consent to carry out personal care, and the importance of ensuring people were covered up when going from the bathroom to their rooms for example. One staff member told us, "We treat them with 100% respect all the time." People were supported to be as independent as possible. One staff member told us it would be 'easy' to do everything for the people living at the service, but that staff wanted to support people to be independent. For example, staff told us when they go to the shop with one person, they encourage them to choose what they want, and then hand them the money to pass over, which people enjoyed doing. One person chose to have a lock on their door, whilst others had decided they did not want to lock their rooms.

Staff told us, and a relative confirmed they were always welcome at the service. People were supported to maintain relationships with those most important to them. Staff supported people to call and speak with their family. One relative told us the service would collect them from the train station to enable them to visit their loved one.

## Is the service responsive?

### Our findings

People and a relative told us the service continued to be responsive to their needs. During our inspection, we observed people being treated in a person-centred way, with staff adapting their approach depending on who they were supporting.

Staff understood the meaning of person centred care, and how to apply it when supporting people. People had person centred care plans which informed staff on how best to support that individual. People had goals individual to them, set to their abilities, which one staff member told us were "major to that individual". Goals were reviewed during one to one meetings with key workers and people, and staff discussed them during staff meetings. Care plans had been adapted when people's needs changed, as well as formally by the registered manager six monthly. For example, one person stopped smoking for a period of time, and recently re-started. Their care plan contained the up to date information, and staff were aware of the most recent guidance.

People continued to be supported to take part in activities they chose, that were meaningful for them. On the day of our inspection, one person told us with enthusiasm about their day ahead at the day centre, and what they enjoyed about it. Staff told us they constantly sought new ideas and suggestions for activities for people to take part in, and that ultimately people decided what they wanted to do on a daily basis. People took part in a wide range of activities including bowling, going to the golf range, visiting nearby towns and visiting cafes. People were able to tell us of a BBQ they had at the service, which they told us they enjoyed. People were known at the local pub and shop, where staff supported them to be part of the local community. Staff were in the process of applying for a bus pass to enable one person to access the community with increased independence. One person had built a friendship with a person from another of the providers local homes. Staff supported the person to meet with their friend, to visit them at their home or for them to host their friend at the service for a cup of tea, or days out together. People were supported to use electronic devices to hold video calls with their loved ones.

Since our last inspection, there had been no complaints or concerns raised with the service. There continued to be a complaints process in place, which referred people to the Local Government Ombudsman. Staff told us people were encouraged to voice any concerns during regular keyworker meetings, and told us they were confident people would make any concerns known. A relative told us they had not had cause to raise a complaint, but felt confident that if they did, the registered manager would be very responsive and resolve any issues promptly. Another relative commented that they were "always made to feel I can talk about any matter at any time".

At the time of our inspection no one was in receipt of end of life care. One person had a funeral plan in place, which contained personalised information including religious beliefs and wishes and music to be played personal to them and their likes. The provider had 'my wishes' documentation to complete with people, and advised us would be considered during the next review. The provider documentation also considered people's personal preferences around cultural and spiritual beliefs, where the person would prefer to be, and who they would want to support them at the end of their life.

## Is the service well-led?

### Our findings

At the time of our inspection, there was a registered manager in post. 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 and staff were united in their feedback that the service continued to be well-led. The service has an established registered manager, with an extensive background in supporting people with learning disabilities and mental illness. One relative commented that the registered manager was "welcoming and willing to listen to any points of view or concerns".

We observed, and relatives and staff confirmed there was an open positive culture at the service. One staff member told us of the registered manager "We are very supported. They mentor us and are the most supportive manager I've had." During our inspection we observed people to be very relaxed in staff members' presence, smiling and joking with them frequently. The registered manager told us the provider was very supportive. The registered manager had monthly visits from their manager, who told us was also always at the end of the phone.

The registered manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating in the service and the provider had displayed the service's rating on their website.

People, their relatives and staff were involved in developing the service. People and relatives completed yearly feedback questionnaires, which the registered manager used to drive improvements at the service. We reviewed the most recent questionnaires and observed that the feedback was positive. Feedback from the surveys included that the service was "Very welcoming, always friendly atmosphere". Staff told us that they were able to share improvement ideas during team meetings, or directly with the registered manager, and that their ideas were taken on board. Staff told us they worked together to find solutions to problems as a staff team.

There continued to be processes in place to learn and improve the service. The registered manager and provider completed regular audits of the service to drive such improvements. These included medicines audits, health and safety reviews and following up on maintenance needed within the service. There was also shared learning from any accidents and incidents and potential near misses.

The registered manager and staff continued to work in partnership with other agencies. This included working closely with the local authority safeguarding team, commissioners and healthcare professionals.