

Mrs Nicola Schofield

# Rose Cottage Rest Home

## 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

This was an unannounced comprehensive inspection that took place on 20 December 2016.

Rose Cottage is a care home registered to provide accommodation for up to 12 older people. The accommodation is on two floors. There was a communal lounge and dining room where people could spend time together. At the time of this inspection there were 12 people using the service.

The service had a registered manager. 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 were protected from the risk of harm because staff had a good understanding about what safeguarding meant and how to report it. They had undertaken training to recognise and respond to safeguarding concerns.

There were effective systems in place to manage risks and staff knew what action to take to minimise risk while still supporting people's freedom to make choices. The premises and equipment were checked and serviced regularly. Staff knew the correct action to take in the event of an accident or an emergency.

People's medicines were managed in a safe way so that people got their prescribed medicines at the right time and in the right way.

There were enough skilled and experienced staff to meet people's needs and keep them safe. Recruitment procedures were safe and made sure that as far as possible only staff with the right character and experience were employed.

Staff received the training and support they required to meet people's needs. Staff knew people well and provided care and support in the way that people preferred.

People were supported to have enough to eat and drink. The menu was varied and people were able to choose their meals. They said they enjoyed the meals provided. Risk of malnutrition was assessed and appropriate action taken when risk was identified.

Staff and managers had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before delivering care and support. People were supported to make their own decisions.

People had access to the healthcare services they required. Staff knew how to recognise deteriorating health and who to report it to.

There was a varied range of activities on offer. People were able to follow their chosen religion and had their social and recreational needs met.

People knew how to make a complaint and felt confident they would be listened to and action would be taken.

We have made a recommendation about the management of complaints.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. The vision of the service was shared by the staff team and put into practice. There was a positive and open culture.

Systems were in place which assessed and monitored the quality of the service. This included obtaining feedback from people who used the service and their relatives.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse because staff had a good understanding about what safeguarding meant and how to report it. Risk was assessed and management plans were in place.

There were sufficient numbers of staff to meet people's needs and staff were recruited in a safe way.

People had their prescribed medicines in the right way and at the right time.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs.

People were encouraged to make decisions about their care and day to day lives. Consent to care and treatment was sought. Staff understood the requirements of the Mental capacity Act.

People were supported to maintain a balanced diet.

Staff knew how to recognise deteriorating health. People had access to the healthcare services they required.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Independence was promoted and people were able to maintain links with their family and friends and the local community.

People had their privacy and dignity protected.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs and in the way they preferred.

There was a range of social and recreational activities on offer.

People knew how to make a complaint and were confident they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

People knew and had confidence in the management team. They said they were accessible and approachable.

People were asked for their opinion on the quality of the service that they had received.

Systems were in place to monitor the quality of service so that improvements could be made.

# Rose Cottage Rest 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 20 December 2016 and was unannounced. The inspection was carried out by one inspector 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 had experience of caring for someone who used this type of service.

Before our inspection we reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service and the local Healthwatch. Healthwatch collect important information about people's views and experiences of care.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at two staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager who was also the provider, the deputy manager, two care workers and the cook.

We spoke with nine people who used the service and to one relative. This was to gather their views of the service being provided.

# Is the service safe?

## Our findings

People told us they felt safe. One person said "I feel safe as they (staff) are here for us. I have the equipment I need to feel safe and get around independently". People were protected from abuse because staff had a good understanding of safeguarding. They had received training about this. The provider had policies and procedures in place for staff to follow in the event of suspected abuse. Staff knew how to recognise the signs of abuse and how to report it. They knew how to contact other authorities such as the local authority safeguarding team and CQC should they need to. Staff felt confident that action would be taken if people raised any concerns about their safety. A relative told us "it is such a relief to know that my relative is safe here".

Risk was assessed and discussed with people who used the service and their relatives. People were encouraged to remain as independent and as mobile as possible. Staff explained how they enabled people to make decisions and respected their freedom to do so. We observed two staff members using mobility equipment to assist a person from a chair to a wheelchair. This was done carefully and at the right pace for the person. Staff spoke with the person throughout the manoeuvre. The person told us they felt safe and said the equipment "helped them get about".

We looked at records of accidents and incidents and saw that there were very few since our last inspection. People had personal evacuation plans for staff to follow in the event of an emergency. There was an incident plan that staff could access in the event of an emergency. Staff knew the correct action to take in the event of an accident. They told us they would call an ambulance for any head injury and would call 111 or the person's GP for advice if they were unsure.

The premises and equipment were checked and maintained. At the time of our inspection there was building work taking place to extend the service. Some areas of the home required redecoration and the communal areas appeared crowded at times. The provider told us that all areas of the service were being redecorated and refurbished and the size of the communal areas would be increased with the provision of another lounge and conservatory once the building work was completed.

There were sufficient numbers of staff to meet people's needs and keep them safe. People and their relatives told us there were plenty of staff and they never had to wait for very long. Staff also felt they had the time to meet people's needs and were not rushed. Staffing numbers were decided by the provider based on people's needs. We looked at staffing rosters and saw that planned staffing levels were achieved. Where there were shortfalls, existing staff members worked extra hours.

Recruitment procedures were safe. Potential employees were assessed and checks were carried out prior to employment being offered. This meant that so far as possible only staff with the right character and experience were employed.

People had their medicines managed in a safe way. At the time of our inspection there was nobody wishing to manage their own medicines. The provider told us this could be accommodated if requested and would

be risk assessed. Staff responsible for managing medicines had received training and had their competency assessed. Medication administration records were accurate and up to date. Storage areas were clean and well organised. Medicines were stored at the correct temperatures. Records were kept of medicines received into the service and those returned. This meant there was a clear audit trail to check that people had their medicines at the right time and in the right way.



# Is the service effective?

## Our findings

People and their relatives said they liked the staff and had confidence in them. One person said "The staff are really good , they always go out of their way." Another person said ""it's a lovely place, I really enjoy living here I have settled well"

Staff had the experience and training they required to meet people's individual needs and preferences. Induction training was provided to all new staff. Working practice was observed and staff had their competency assessed to check they were following the provider's policies and procedures. All staff had a nationally recognised qualification in care or were working towards this qualification. This meant that staff were made aware of current best practice within the sector. Staff said they were supported to do their jobs and received supervision from their manager and an appraisal of their performance.

We spoke with a visiting community nurse. They told us that staff always followed their guidance. For example they applied creams and took action to prevent the development of pressure sores. The community nurse had confidence in the staff and praised their communication skills.

People told us they received the care and support they wanted and were able to make choices. One person said "We can get up and go to bed when we like". We observed staff asking permission before they carried out care and support and giving people choices.

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. We checked whether the home was working within the principles of the MCA and found that they were. Staff had received training and they had an understanding of the MCA. The provider had considered people's capacity to make decisions and sought advice from the local authority to check that a person was not being deprived of their liberty.

People were supported to eat and drink sufficient amounts. People told us they enjoyed the meals provided. One person said "The food is very good, you always get choices and they would make you something else if you don't like it". Another person said "The food is really good and they come and ask you what you want". We saw that people were given appropriate support with their meal. The meal was unhurried and people were relaxed.

People had their risk of malnutrition assessed so that action could be taken as soon as risk was identified. We saw that staff had contacted a person's GP following a drop in their weight and food supplements had been prescribed. Staff knew about people's dietary needs and preferences and this included their preferred portion sizes. Staff knew how to fortify meals with extra calories when this was required. People were offered a choice and the menu was balanced and varied. The cook told us they were provided with the resources they required and could ask for anything they needed to be put on the shopping list.

People had access to health care services such as GP's and community nurses and were supported to attend hospital appointments. They told us that staff called the GP as soon as people were poorly. Staff knew when to contact healthcare professionals and records showed they did so as soon as this was required.

## Is the service caring?

### Our findings

People said they liked the staff and told us they were caring. One person said about the staff "They are marvellous, really caring and thoughtful". Another person said "The carers are nice and helpful, I can't think of anything they could do to make it better".

We spoke with a visiting community nurse, they told us that staff always had time for people and in particular were supportive to people when they first moved in. We saw that staff treated people with respect and kindness. The atmosphere was calm and quiet and people were relaxed. One person said "We like it to be quiet here."

Staff knew people's needs and preferences and the way they preferred to receive care and support. People's social and cultural needs were recorded in care plans and staff respected these. People were able to follow their chosen religion.

One person was struggling to read a letter they had received because of the pale ink. A member of staff took time to sit and read it with them even though their shift had ended.

Staff told us they had time to sit and chat with people. One member of staff said "We do have some fun, it's just like a family". Another staff member was able to describe a person's routine of getting ready for bed. They told us how important it was to follow this routine. Staff said they would not hesitate to recommend the service to people that they cared about.

People were given choice and were encouraged to maintain their independence. One person said "I go by myself to bed as I like to stay as independent as possible". At lunch time people were provided with the adaptive aids they required so that they could eat their meal independently.

The provider had consulted people and kept them informed about the building work and plans for redecoration. People told us they were looking forward to the extra space and redecoration. One person said "The building work has not bothered me and they have been working next to my bedroom" and "it's not too noisy. It will be good when it's done for more space." The provider had brought in samples of pictures and fabrics and people were able to choose the ones they liked.

The menu was based on the meals that people enjoyed. The cook spoke with people daily to get feedback about the food. Each week a different person was able to choose their favourite meal and this was provided. The cook knew people's likes and dislikes and always provided an alternative meal when required.

People had their privacy and dignity protected. The provider had spoken to people about what dignity meant to them. The service had been awarded a gold standard dignity and care award from the local authority. The provider and deputy manager had attended training and had become dignity champions. This meant they had received training about maintaining people's dignity. Staff received training about privacy and dignity as part of their induction training. They were able to describe how they protected

people's privacy and dignity. For example they put signs on people's doors when care was in progress so that people knew not to enter the room.

## Is the service responsive?

### Our findings

People's care and support was centred on them as an individual and this was reflected in their plans of care. People had their needs assessed and care plans were in place for each identified need. People were involved in the care planning process as much as possible. Care plans were regularly reviewed to ensure they were up to date and reflective of people's current needs. Care plan review meetings were held and people and or their families were able to discuss their care and support needs and give their views and feedback. One person told us they had been asked about their likes and dislikes. A relative said "We were very involved in the care plan. Other meetings for people and for staff were also held so that people could give their views and feedback.

Staff were knowledgeable about people's needs and preferences. They were able to describe the ways in which people preferred to spend their time and the things that were important to them. We spoke with a visiting health care professional who told us the service was very responsive to peoples changing needs and staff always identified things early to ensure care and support could be implemented. They said that communication with staff was good.

There was a dedicated activities person on duty three times a week. During our inspection we saw that people were taking part in activities around a dining room table. People were smiling and chatting and enjoying themselves. Trips out had taken place. Some people had been to a pantomime the day before our inspection. One person said about the outing "It was brilliant". A relative told us how pleased they were their relative had been taken to the pantomime; they told us "They absolutely loved it".

The activities organiser told us how they involved people in choosing activities and taking part. They knew people well and knew the things they liked to do. Friends and relatives were made to feel welcome and could visit at any time and could have a meal with their relative. People had formed strong friendships with other people in the service.

People had internet access and were able to keep in touch with their families via skype if they were far away. A newsletter was produced once a month to keep people informed about upcoming events.

People knew how to make a complaint should they need to. They told us they would feel comfortable making a complaint to any of the staff or directly to the manager. There was a complaints procedure in place but there had not been any complaints recorded since our last inspection. The manager explained that issues were dealt with quickly before they developed into a complaint. We recommended that verbal complaints should also be recorded so that any trends could be identified and used for opportunities for learning and improvement.

## Is the service well-led?

### Our findings

People were consulted about changes and asked to give their views. For example people were involved in choosing décor and furnishings for the new extension and for their bedrooms. Relatives told us that communication was very good. One person said "Communication seems very effective at the home, especially with the current the building works as they let us know what is going on".

People spoke positively about the building work and were looking forward to the extra space. People were asked about the day to day menu and about what to have for Christmas day lunch. A food survey had been carried out to inform the weekly menu. A person had asked for a change of washing powder and this had been implemented. This showed that people were listened to and actively involved in the day to day running and developing of the service.

Staff understood the provider's visions and values. A member of staff told us they worked well as a team and said "there is no us and them" meaning that people who use the service were involved in decision making and staff worked in a way that met people's individual needs. Staff explained that the vast majority of people had grown up in the local community and knew each other well.

Staff also said they were listened to and could discuss their ideas and suggestions. A staff member told us they had suggested a better system in the laundry for organising the clothes, this had been implemented and had worked well. Staff meetings were regularly held but staff felt they could approach the manager at any time.

People said the staff and managers were approachable. One person said about the manager "They are wonderful and have done so much for us". Staff had opportunities to discuss their learning and development needs and to give their views at one to one meetings with the manager. Managers carried out observed practice to check that staff were competent and working in line with their policies, vision and values. Staff knowledge surveys were also carried out periodically. These were used to identify gaps in knowledge and training needs. For example a recent knowledge survey had identified that not all staff were confident about the fire alarm board. The manager arranged a demonstration for all staff.

The registered manager who was also the provider understood their responsibilities and CQC registration requirements. They told us about incidents they were required to report to us and to other authorities.

There were effective systems in place to monitor and improve the quality of the service. The manager was highly visible and spoke to people and to staff every day. There was a suggestions box at the service so that people could give their views. There were on-going audits so that different aspects of the service were checked. For example medication systems and care plans were checked to see if they were up to date and accurate.

Satisfaction surveys were sent out to people twice a year. These were analysed so that changes and improvements could be made. We looked at the most recent survey and saw that the vast majority were

positive. Where negative comments had been made these had been followed up and action taken.