

Rose Cottage RCH Ltd

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

About the service

Rose Cottage is a residential care home providing personal care to people aged 65 and over. The home accommodates up to 16 people in one adapted building located in the centre of Thornton near Bradford. At the time of the inspection there were 14 people at the home.

People's experience of using this service and what we found

People and relatives all told us that the service provided high quality and personalised care that met people's individual needs and requirements.

Systems were in place to protect people from harm. Medicines were managed in a safe and proper way to ensure people received them as prescribed. Overall there were enough staff to ensure appropriate care. The provider increased evening staffing levels in response to our inspection. Staff were recruited safely. The home was clean and well maintained.

People received effective care and experienced good outcomes. Staff received good quality training relevant to their role and felt well supported. People were provided with a variety of food which was cooked fresh on the premises. People's healthcare needs were assessed and well managed in conjunction with local professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and compassion. Staff knew people well and their likes and preferences. People were listened to and cared for in a dignified way. People's independence was promoted, including staff encouraging people to keep active.

People's care needs were met by the service, with good quality personalised care provided. People had a range of social opportunities available to them and the service had developed good links with the local community. Concerns and complaints were acted on in a positive way.

People, relatives and staff praised the way the service was managed. They said the management team were helpful and approachable. There was an open and inclusive atmosphere within the home with all levels of staff dedicated in providing personalised care. The provider and manager undertook checks to help continuously improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 23 August 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rose Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Rose Cottage is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We observed care in the communal areas of the home. We spoke with five people who used the service, six relatives, two care workers, the deputy manager, registered manager and the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and avoidable harm.
- People and relatives told us they thought people were safe at Rose Cottage. Staff also said they were confident people were safe and had not witnessed anything of concern.
- The manager and staff understood their responsibilities to safeguard people from abuse. Information on how to raise concerns was readily available for staff.
- Concerns and allegations were appropriately recorded and acted on to help ensure people were protected from harm. This included making safeguarding referrals to the local authority and ensuring any concerns were fully investigated.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and well managed. People and relatives said the service ensured people were protected from harm. They said that staff knew people well and how to care for them safely.
- People had clear risk assessments in place detailing how staff should keep them safe. These were understood by staff. People and relatives were involved in the creation and review of assessments. We saw safe plans of care being following including the use of appropriate safety equipment such as pressure sensors and mattresses.
- Overall the premises was safely managed and appropriately maintained. We saw appropriate checks were undertaken on the building and equipment and safety features were in place. We identified some minor defects with the building. Immediate action was taken to rectify these, by the registered provider.

Staffing and recruitment

At our last inspection in June 2018 we found staff were not always being recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff. Systems to audit and check recruitment processes had also been improved to ensure safe practice was always adhered to.
- People, relatives and staff said that they felt there were enough staff available in the home. One relative said "There are always enough staff when I visit." We observed care during the day and saw staff were available to promptly deal with people's requests for care and support. The management team were 'hands on' and assisted staff at busy times.

- We concluded the service was usually adequately staffed which helped ensure staff provided a person-centred approach to care delivery. However, we asked the registered manager to review the staffing levels between 7:00pm and 10:00pm as during this time there were only two staff in the building, meaning communal areas would not be appropriately supervised when both staff were assisting those that required two carers for personal care. Following the inspection, the provider informed us they had increased evening staffing levels and were reviewing the success and necessity of this measure.

Using medicines safely

- Medicines were managed safely by the service.
- People were supported to take their medicines by staff who had been trained to do this safely and had their competency to give medicines assessed.
- Medicines systems were well organised, and people received their medicines when they needed them for example before food. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Where people were prescribed medicines to help reduce anxieties and distress, staff demonstrated these were only used as a last resort and non-pharmaceutical interventions were preferred such as re-direction and meaningful activity.
- Protocols were in place to support the administration of "as required" medicines, although some of these would benefit from more detail about the exact circumstances they should be given.

Preventing and controlling infection

- The home was clean and odour free. One person said, "It's lovely and clean here."
- Staff had completed infection control training and gloves and aprons were readily available.
- Infection control audits and checks were undertaken by the management team to ensure high standards were maintained.

Learning lessons when things go wrong

- Accidents and incidents were logged, investigated and action taken to help prevent a re-occurrence. For example, following incidents such as falls, risk assessments were updated with new plans of care and after medicine errors, discussion and/or re-training took place with staff. These things helped reduce the likelihood of further incidents.
- Incidents were subject to monthly analysis by the registered manager to look for any themes and trends and ensure oversight of events happening within the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant 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

- People's needs were assessed prior to using the service with recognised risk assessment and care planning tools used to plan appropriate and person-centred care.
- Guidance such as National Institute for Health and Care Excellence (NICE) was used to ensure effective care, for example relating to medicines management and falls prevention.
- People and relatives said outcomes were good and the home provided high quality care.
- People's care and support needs were discussed with them and, where appropriate their relatives before admission and then at regular intervals.

Staff support: induction, training, skills and experience

- Staff had the required skills, training and support to undertake their role. People said staff were well trained and knew how to care for them.
- Staff received a range of training relevant to their role. This was mostly up-to-date with any expired training booked. Staff told us the training on offer was good and relevant to their role.
- New staff received appropriate induction training, read the service's policies and procedures and shadowed experienced staff to ensure they had the skills to undertake the role.
- Additional training was provided to staff by local health professionals. For example, training in skin integrity had been provided to three staff, who were now tasked with rolling this training out to the rest of the team. The manager assured us this would be completed in the coming months.
- Staff were given opportunities to review their individual work and development needs through supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydrational needs were met by the service. People were provided with a choice of food and drinks which met their needs and preferences.
- People told us they liked the food and there was lots of home baking on offer.
- The chef had a good understanding of people's dietary needs and menus showed there were a variety of meals available.
- People's weight was monitored for any changes and healthcare professionals were involved when necessary if people were losing weight or had difficulty eating or drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and relatives said healthcare needs were met by the service. One relative said, "They are very keen on researching about health conditions and speaking with professionals."
- People's healthcare needs were assessed by the service and their health was monitored by staff daily. Any changes in their health were communicated through staff handover.
- The staff and management team had a good understanding of the people they were caring and how to manage any health-related concerns.
- Systems were in place to ensure any changes in people's health were reported to other professionals such as district nurses and general practitioners. The registered manager had established good links with local professionals.

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

- The accommodation at Rose Cottage had been adapted to ensure it met people's individual needs and requirements. People had the option of spending time in various places including their bedrooms, lounge, dining room or conservatory. People's comments included, "I love it in here [bedroom]."
- People had easy access to a patio area where they could sit in fine weather.
- There were signs around the home to help people identify their bedrooms, bathrooms and toilets.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS referrals had been made for those who lacked capacity and the service suspected were being deprived of their liberty. Some DoLS authorisations had conditions attached to them which the registered manager was aware of. These had either been complied with or in the case of new authorisations the service was in the process of working to comply with them.
- Where people lacked capacity, we saw evidence best interest processes had been followed to ensure restrictive practices were only done as a last resort and in people's best interests. This helped protect people's rights.
- People were fully involved in decisions relating to their care. For example, one person had capacity to make some decisions and they had been involved in reviewing care plans and consenting to restrictions on their freedom to help ensure their safety.
- Staff had received training in the Mental Capacity Act and understood the principals of the Act.
- Where relatives had Lasting Power of Attorneys (LPA) these had been sought so the service was clear on the rights of people's relatives in terms of decision making.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives consistently said that staff treated them with kindness and compassion. One relative said, "They are lovely staff and are right to be working in a care home." Relatives said they visited at different times and always found staff caring and compassionate.
- We observed staff consistently interacted with people in a positive manner. Staff knew people well and engaged with them at every opportunity. Staff were caring and considerate and listened to what people had to say. We observed one person said to a member of staff, "Everything you do for me I love you for it."
- Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Reasonable adjustments were made to ensure people were not discriminated against. For example, one person was unable to communicate verbally so staff used a chalk board to communicate them. People's diverse needs in areas such as religion were assessed and the service supported people to access religious clergy where appropriate.

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

- We observed a positive and inclusive atmosphere where people were encouraged to make day to day decisions about their care. Staff listened to people and waited patiently for their responses to questions.
- People's views were recorded within their care plans. People were able to express their views informally with the registered manager on a daily basis or through more formal mechanisms such as resident meetings and care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff knew people well, their individual likes, dislikes, life history and interests.
- People looked well cared for and staff offered appropriate support to make sure people were well presented. For example, making sure people wore the jewellery they liked and their perfume.
- Staff supported people in a caring way to promote their independence. For example, at mealtimes and with mobility. People were encouraged to go out and undertake activities within the local community to help support and promote their independence.

- People were supported to maintain relationships with friends and relatives, who were welcome to visit at any time. Visitors told us there was always a warm, welcoming atmosphere.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in a personalised way from staff who knew them well. Everyone we spoke with said appropriate care was provided. One relative said "They are fantastic, they provide person centred care."
- Care plans were detailed, person centred and reflected the level of support people required from staff in areas such as physical health support, eating and drinking, personal care, activities and living with dementia.
- Care plans were reviewed on a regular basis and people and/or their relatives were involved in reviews with their views clearly recorded
- Relatives said communication with the home was good. One relative said, "They are very good about keeping us informed about [relative]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team ensured people's communication needs were assessed and any measures put in place to support them. For example, one person could not communicate verbally so arrangements had been made for them to write down their views and choices.
- Information could be made available in different formats if required. The need for this was identified through pre-assessment and ongoing care assessment of people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to use the facilities in the local village. People went out to the pub, cafes, shops and community centre. This had allowed people to make new friendships and develop links with the local community.
- Children from a local nursery visited the home frequently and the provider and manager were always looking for further opportunities to provide meaningful activities to people. People regularly visited the home to provide entertainment. For example, a 'Pets as Therapy' dog visited every week and was very popular.
- Following feedback from people, singers now visited twice a week between 6pm and 8pm, as this had been

identified as a time when people lacked stimulation. This showed the service was committed to acting on people's views and recognised the importance of social interaction.

- Staff also organised activities in the home such as, dominoes, flower arranging, cards and jigsaws.

Improving care quality in response to complaints or concerns

- Complaints were appropriately managed by the service.
- The complaints procedure was on display in reception and in people's bedrooms.
- The registered manager spent time with people and had a visible presence around the home. People were encouraged to bring any concerns to their attention. People told us if they had any concerns they would speak to the registered manager and were sure they would do their best to resolve any problems.
- Complaints which had been received had been recorded and responded to appropriately and in a timely manner.

End of life care and support

- People's end of life care needs were planned. We saw end of life care plans had been completed. These detailed any specific requests or wishes although some were more detailed than others.
- The service took steps to ensure people were comfortable at the end of their lives. This included reviewing staffing levels and working with people's relatives.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives all praised the home and said it was friendly, homely and provided person-centred care. One relative said "[Registered Manager] is lovely and very thorough,"
- People and relatives had developed good relationships with staff. People and relatives reported good outcomes for people.
- We found a positive and inclusive atmosphere within the home with all levels of staff dedicated to providing personalised care and support. Staff we spoke with were committed to ensuring people received high quality care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, relatives and staff said the management team were open and transparent and listened to any issues or concerns they had.
- We found the registered manager and provider were open and honest with us about the service, its strengths and weaknesses and areas they were further developing.
- The service had reported statutory notifications to us as required under law, so that we could be aware of events that occurred within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection in June 2018 we found robust governance systems were not always in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach of regulation.
- The service had acted on the improvements we asked them to make for example around recruitment and compliance with the Mental Capacity Act. This had been led by the work of the provider and registered manager, acquiring knowledge, training staff and involving other professionals. Audits and checks in these areas were frequently done to ensure good working practices were maintained.
- The provider was very involved in the service and committed to continuous improvement. They undertook comprehensive audits and checks and assigned actions to the registered manager or deputy which were

signed off once completed. We saw these had been effective in improving the service.

- The registered manager also undertook a range of audits and checks on a daily, weekly and monthly basis to help ensure high standards were maintained.
- The provider and manager had attended training and workshops to improve their knowledge of care quality matters. A consultant had also been appointed to help keep them up-to-date with best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service actively engaged with people, their relatives and staff over how the service was run.
- People's views were taken into account through care reviews, resident meetings and annual surveys. The results of the survey were listed in the reception area clearly showing action taken to address any areas for development. For example, evening entertainers had been put in place following people's feedback.
- Staff meetings were regularly held. We saw staff comments and feedback were recorded as well as discussing quality issues. Staff we spoke with said they had influence within the home and were able to make suggestions which were listened to by the management team.

Working in partnership with others

- We saw examples of the service working well with local community organisations including a nursery, an arts organisation and local church to help provide stimulation and activity for residents. Engagement with the local community was very important to the management team and people who used the service.
- The registered manager was booked onto events run by the local authority such as training opportunities and provider meet ups. This helped them network and keep up-to-date with best practice.