

Rose Cottage Care Limited







# Rose Cottage Residential Home

## Inspection report

School Road  
Broughton  
Huntingdon  
Cambridgeshire  
PE28 3AT  
Tel: 01487 822550  
Website: [www.rosecottagecare.com](http://www.rosecottagecare.com)

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### Ratings

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

### Overall summary

This unannounced inspection took place on 19 January 2015 and was completed by two inspectors.

At our previous inspection on 17 June 2013 the provider was meeting all of the regulations that we assessed.

Rose Cottage Residential Home provides accommodation for up to 38 people who require nursing or personal care. It is not registered to provide nursing care. At the time of our inspection there were 36 people living at the service.

The home had a registered manager in post. They had been a registered manager since 2012. A registered

# Summary of findings

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 told us they were always safe living at the service. Staff were knowledgeable about the processes and procedures to protect people from harm. Staff were confident that if they had to whistle-blow on poor standards of care they would have no hesitation. People were safely administered or supported with their medicines.

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff who had deemed suitable to work at the home were employed. This was only after all pre-employment checks had been satisfactorily completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The registered manager had correctly submitted four DoLS applications to ensure that people were only deprived of their liberty to ensure their safety. People who had limited capacity to make decisions were supported with their care and support needs in their best interests.

All staff respected people's privacy at all times. People were always provided with their care when this was required and people did not have to wait for their care needs to be met. This meant that people's dignity was respected and met in a timely manner.

People's assessed care needs were planned and then these needs were met by staff who had a good

understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed and provided staff with appropriate information to care for people in the right way. A variety of advocacy services were offered and people had access to confidential and independent support.

People were supported to access a range of health care professionals. This included a GP, hospital appointments and visits from district nurses. People were consistently supported with their health care needs in a timely manner. Health risk assessments were in place to ensure that people were safely supported with their health risks.

People were provided with a varied menu and had a range of healthy options to choose from. People with complex care needs including those people at an increased risk of malnutrition were supported with a diet that was appropriate. There was a sufficient quantity of food and drinks available at all times.

People's care was provided by staff in a caring and compassionate way. People's hobbies and interests had been identified and were supported in a way which always involved people and prevented social isolation.

The home had an up-to-date complaints procedure which all staff were aware of. People were supported to raise concerns on an almost daily basis before their concerns could turn into a complaint. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

People were provided with several ways they could comment on the quality of their care. This included regular contact with the registered manager, provider, annual quality assurance surveys and meetings. The provider sought the views of a wide spectrum of other organisations as a way of identifying improvement. Where people suggested improvements, these were implemented promptly and to the person's satisfaction.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were safely cared for by staff who were knowledgeable on how to keep people safe. They were also supported by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding and medicines administration procedures.

People were safely supported with taking their prescribed medicines. Medicines were stored, recorded and managed by competent.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Good



### Is the service effective?

The service was effective.

People made choices as to their preferences and were supported with these. Staff were skilled in meeting people's assessed needs.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Appropriate requests had been submitted to the local authority to lawfully deprive some people of their liberty.

People had access to a regular supply of drink. People were supported to eat a balanced diet. Sufficient quantities of nutritious food and drink were always available.

Good



### Is the service caring?

The service was caring.

People's care was provided with compassion and in a way which respected people's independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them. Sensitive communication was used to ensure that people's care was always dignified.

Referrals were made to the most appropriate health care professional in a timely manner.

Good



### Is the service responsive?

The service was responsive.

People, including their relatives, were involved in their care assessments and reviews of their care.

A wide range of social interest activities and hobbies were in place for people to access throughout the week. People were supported to prevent social isolation.

Regular reviews of people's care were completed to ensure that people's individuality was put first. Action was taken swiftly in response to people's suggestions and concerns before they became a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The provider used innovative ways to ensure people were always at the forefront of the service. This included independent and confidential counselling.

People were supported to access the local community or be involved in it. The values of the home about always ensuring people came first and foremost were adhered to by all staff.

The registered manager and provider had an open and honest management style and were aware of the day to day culture in the home. Staff were supported to follow these values and all staff knew what was expected of them in maintaining a high standard of care.

Good



# Rose Cottage Residential 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 unannounced inspection took place on 19 January 2015 and was undertaken by two inspectors.

Before our inspection we looked at information we held about the service including notifications. A notification is

information about important events which the provider is required to tell us about by law. We also spoke with the service's commissioners, two health care professionals and received information from the home's GP practice.

During the inspection we spoke with nine people living in the home, five relatives, the provider, registered manager, deputy manager, five staff members and three non care staff. We also observed people's care to assist us in understanding the quality of care people received.

We looked at six people's care records, service user, residents', relatives' and staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as audits, policies and staff records. We looked at audit and quality assurance records.

# Is the service safe?

## Our findings

We asked people if they felt safe living at Rose Cottage, one person said, "I am as safe as houses with all these kind people looking after me, what could go wrong." A visitor said, "It was a great relief finding this wonderful place. I know they [family member] are safe."

All staff had a comprehensive understanding, and told us, about all the safeguarding organisations they could escalate any concerns to protect people from harm. A person told us, "You don't need to worry about anything. The girls are just so careful." One staff member said, "I feel well trained in recognising the signs of abuse and I would have no issue to report any concerns to my manager or the deputy." Another member of staff said, "I keep up to date with current practice with (safeguarding) training from the Local Authority." All staff were confident in how to escalate any concerns they had in respect of people's safety.

We found that staff had identified people at risk of health issues and followed risk management strategies and procedures to protect people. We found that people's individual risk assessments had been completed and regularly updated for risks, including falls, moving and handling and nutrition. During our inspection we observed staff using equipment to support and move people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

Each person had an individual evacuation plan within their care plans. This helped ensure that effective support would be in place in the event of an emergency such as a fire. Up to date policies and procedures were also in place to provide guidance for staff on how people's safety was to be assured.

Accident and incident records included details of all incidents and also near misses. These were reviewed by the registered manager and provider to ensure that any action required to prevent recurrence was taken. An example of

this was a person who had experienced several and repeated falls which had led to a change in their medication. People were assured that risks to their safety were managed effectively.

People told us, and we saw, that there were always a sufficient number of staff available. One person said, "There is not a thing I could want for. When I ask for help it is provided quickly." Staff told us that there was a minimum level of staffing but most of the time there were one or two extra staff and this made a difference. The registered manager told us that if staff rang in sick or were absent then it was possible to arrange cover with the use of 'bank' staff. We found that people's call bells were answered within a few minutes and explanations were offered by staff if there were any delays. People were assured of their safety at all times.

Staff recruitment records showed us that there was a robust process in place to ensure staff were only employed at the service after their suitability to work with people living at the service had been established. Checks included those for physical fitness and health checks, previous employment history and references from employers. Staff confirmed that they had only started work after these checks had been completed. This showed us the provider only employed staff who were found to be suitable to work with people living at the service.

We found that regular and up-to-date checks had been completed on things such as the home's water, kitchen, gas and fire safety systems. This helped ensure that the home was a safe place to live, visit and work in.

Staff were trained in, and followed, medicines administration procedures and people's self-administration procedures were in line with the provider's policy. The home also had a clear 'as and when required' ('prn') and homely remedies policy. People who lived in the different areas of the home were safely supported with their prescribed medicines. This was by safe storage, accurate recording, disposal, and management of their medicines. This meant that people were provided with the support they needed with their prescribed medication in a safe way.

# Is the service effective?

## Our findings

One person told us, "The staff know what they are doing and always ask me what I want to do today." Staff told us there was staff members who championed each subject including medication, palliative care, nutrition and continence care. It was their responsibility to keep themselves updated and ensure care was based on best practice. We saw that people's care was based on best practice. An example of this was the way people were supported with their dementia and end of life care needs.

People were supported to take part in interests that were important to them and were provided throughout the week including religious services, board games, painting cooking and musical instruments. A relative said, "[Family member] isn't able to take part in things but staff ensure they share as much as possible including photographs of what is going on. They often raise a smile at the pictures."

The registered manager was aware that some staff had not had an annual appraisal. They had plans in place to address this in February 2015. However, staff told us they had regular supervision and almost daily support. One staff member said, "The provider and registered manager are very keen when it comes to training. We always get the training we need and are kept current with any changes in current care practice. A relative told us, "The staff are busy but whenever I ask anything about [family member's] care they come up with the right answer for me."

Staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. They demonstrated a good understanding and were able to explain how the requirements worked in practice. DoLS apply when people who lack capacity have restrictions on their freedom where this is in their best interests to keep them safe. We found that the registered manager had completed four applications to lawfully deprive people of their liberty and ensure their safety. We found that people's capacity to make certain decisions had been assessed and that a MCA assessment had been completed. This included relatives who had authority to give permission on behalf of someone who lacked the capacity to make their decisions. We also saw people were provided with information as to how to access independent advocacy services where necessary and appropriate.

We saw that people had been asked to consent to the use of bedrails for their safety and for their photographs to be taken. We heard staff asking people before providing care for permission, for example, "Can I help you get up." This showed a dignified approach to relating to people.

People's care plans included advanced directives including do not attempt cardio pulmonary resuscitation (DNACPR) records which had been signed by a health care professional. Staff knew when this decision was to be respected. This showed us that DNACPR current guidance was followed.

A relative of a person who was reluctant to drink said, "They work really hard to encourage people to drink enough because they understand about dehydration." We saw that drinks were recorded as they were given. However, as they were not totalled we were unsure if staff would recognise the warning signs of a person who was not drinking sufficient quantities. We observed lunch being served. This was done without keeping people waiting. We saw that people were offered a selection of hot nutritious food and three choices of drink. One person said, "The food is amazing. There is plenty of choice and if I change my mind this is never a problem."

The cook told us they spent time with people who were new to the service discussing their preferences so they knew what people liked. They were able to demonstrate an understanding of nutrition and how food could be fortified or offered in a soft food format for those whose ability to eat had reduced. The cook also told us about the special diets, mainly diabetic, they prepared. This showed us that people were safely supported with their hydration and nutrition.

People were weighed regularly and their weight was recorded. Where there were any deviations from their normal healthy weight these were acted upon and health care advice sought as necessary. People could be assured that their health care was monitored and appropriate referrals and actions were taken.

We saw records that confirmed a variety of health professionals supported people including GP's, chiropodists and community nurses who visited people regularly. On the day of our visit a community nurse was

## Is the service effective?

visiting a person to be treated and confirmed the person they were treating. They knew the treatment the person needed and the reason why this had been requested. This showed us that people's health care needs were met.

One member of staff told us about recent health and safety training where hazards had been planted in the home for

the staff to identify. They said they found this type of hands on training beneficial. We spoke with a recently employed member of staff, who was new to care, and they reported they had received a thorough induction which they believed equipped them for role. They said, "All the staff are very approachable and want to help you learn."



# Is the service caring?

## Our findings

People told us that the home was very homely, staff were very caring and sensitive in the way that care and supported was provided. One person said, "All the girls are so caring and good to me." Another person said, "The staff look after me ever so well and speak to me like I would like to be spoken to."

We observed that all of the staff team provided compassionate care throughout our inspection. One person said, "The staff do everything I ask and they do it with pleasure." One relative said, "The staff are fantastic. It has been an emotional time for me and the staff have supported [family member] and me at the same time. My expectations have been far exceeded I have total confidence in the care [family member] receives." One example we saw in the staff meeting minutes was where people were supported and encouraged with their choice of going for a walk in the garden.

A relative said, "I looked at 12 other homes for my [family member] before I found this one and I haven't regretted the decision. The staff are all so caring." During our inspection we saw a lot of positive interaction between staff and people using the service and noted any requests for assistance were responded to promptly. For example, calls bell were responded to within two to three minutes before they were answered. We observed one person request a drink and it was made immediately and people were taken to the bathroom as soon as they asked and not kept waiting. One person told us, "I get a bath every day and this is absolutely the place for me to live."

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff told us they discussed dignity frequently and were encouraged to consider how they would like care provided to them or a family member. We saw staff enter the lounge area and they always enquired after people and made sure they had everything they needed. Before entering a person's bedroom, which people could lock, most staff would knock and wait to be given consent to enter. We saw that any personal care was provided in the privacy of a person's bedroom.

People told us that they were regularly asked if they were "alright", if they wanted anything and that their views were acted upon. One person said, "I attended a residents' meeting and I was able make suggestions and be involved in how the service is run." Another person said, my [family member] is here now and we can visit anytime we want." They also added, "They (staff) generally give us lunch, too, which we appreciate." People were able to see their friends and relatives without any restrictions.

People's care records were held in their room and daily care records were used to record the care people had chosen to receive. Staff used the shift handover records to ensure that any changes to people's care were duly noted and acted upon. People could be confident that their care was provided and based upon the most up to date information. A relative said, "The staff or managers always keeps [family member] and us aware of anything that affects or could affect [family member]. We are never in any doubt whatsoever about the decisions which staff have made to plan [family member's] care."

# Is the service responsive?

## Our findings

One person said, "I have lived here eight years and I haven't had time to spend one day in my bedroom yet." They told us that this was because there was always so much going and interesting hobbies to take part in. A member of staff said, "It is important to spend time with the people we care for so they can tell us what is right and where we can do better." This was confirmed by a person who said, "They (referring to the staff) are always checking to see we are happy with things." Four people told us that they had been on many trips out to places including the local pub, church, various fetes and also in the home's mini bus to the sea side.

We spoke to people about the planned activities in the home which they said were good and varied. We observed that during our inspection the TV was not used for stimulation but instead staff interacted with people. Staff told us about how activities were based upon people's hobbies and interests and how one to one support was built in. For example, a care plan recorded that a person had received one to one time to have poetry read to them at least twice a week. There was also a record of the effect the activity had on the person which was how much they enjoyed this.

We observed a reminiscence session being provided for a group 12 people in the morning. This included a large number of appropriate themes from the second world war. We saw that people were enthralled and engaged with this occasion and had many memories which they shared with the staff. One person said, "I remember all this and this is what we used to do and wear." There was a real sense of enjoyment and a happy atmosphere which staff had created. Another person said, "That was so interesting. I have a lot to think about now."

People told us they were asked about activities, one person said, "I mentioned the evenings could be a bit boring and we now have a weekly evening activity such as cheese and wine." Staff told us they had people living in the home who would take the lead on introducing new people to the home. We observed the people living in the home and the visitors interacted very well and offered encouragement. For example, one volunteer who could not take a friend out

took two people on their regular shopping trip. Another volunteer supported a gentle exercise session. This made the whole home very homely. One member of staff described the home as, "One big happy family"

One member of staff told us that following dementia training they had provided a person with a 'fiddle cloth' which had helped to calm them. We saw that people who were able had been involved in discussions about how their care was assessed, planned and delivered and had signed their care plans as an agreement.

We saw that care plans included information about people's preferences, including how they wanted to be called, what time they wanted to get up or go to bed and what was important to them. Daily records showed that people made choices about their care. For example, we read [name of person] did not want to wash today. We also read what encouragement and strategies were used in the future to ensure that their personal care needs were met.

The front page of care plans gave a clear pen picture of each person. We also found useful information included about a person for example their allergies, favourite interests and family contacts This helped to personalise people's plan of care.

People told us, and we found from records viewed, that prior to using the service a comprehensive assessment of their care and support needs was completed. This supported the provider's decision in being able to meet all of each person's needs.

One relative said, "[Family member] has only been here a short time and even in that time they know them as well as me." One person said, "The reason I chose this home is all the activities that are going on and they support me with my hobbies too."

People's care plans had been reviewed regularly and changes had been made to people's care where this was required. An example of this was the provision of specialist beds to meet a change in people's care and support needs and appropriate signage to assist people with their movement around the home. Staff said, "It can be very simple; for example I noticed a person struggling to eat and suggested a lip for their plate which meant they were able to eat independently and did not need support at mealtimes." This demonstrated the staff understood what helped to maintain a person's dignity.

## Is the service responsive?

A relative said, "We never need to complain. If we suggest things (Name of registered manager) sorts things out for [family member]. When they started to live here [family member] requested a new mattress then a bed and a reading light and these were provided very quickly. The person confirmed that this had happened. One relative said, "The manager keeps in touch with us and is always checking that everything for [family member] is what they want. We can visit whenever we like, which is most days."

The provider an effective complaints process and managed complaints to the satisfaction of the complainant. We saw that in the past 12 months only one complaint had been received and acted upon by the provider. All of the people told us that they had never had to complain.

# Is the service well-led?

## Our findings

People and relatives we spoke with told us they knew who the owner and registered manager was and that they frequently met with them around the service. One person said, "I feel 100% supported. If I have anything on my mind I can talk to the manager. It is all so open and nothing is ever dismissed. A relative confirmed that if there was anything to be improved it, "Happened as soon as humanly possible."

The home had a registered manager who had been in post since April 2010. We found the registered manager had submitted notifications to the Care Quality Commission when this had been required. This showed us that the manager was aware of their legal responsibilities.

All staff told us that the manager's door really was always open and that the support from the registered manager and provider was "Fantastic." Staff told us that at their meetings, suggestions for improvements were always considered, often implemented and the way in which this happened made staff feel valued. One example of this was for new members of staff to be supported. District nursing staff told us, "The home is just like home from home. You are always welcomed and offered a drink which I appreciate."

The registered manager told us the key challenge was keeping on top of everything. Each situation was judged on its merits and then prioritised accordingly. They also showed us the up to date guidance accessed and used from organisations such as the Alzheimer's Society and the Royal National Institute of Blind people (RNIB).

A range of training was arranged for staff development to meet people's needs. Staff said, "We are empowered to make decisions and constantly supported with training. If a person started to live here with specific needs we aim to always meet or exceed them."

People were supported to access the local community or be involved in it. This was demonstrated in the meeting minutes and other records we looked at. One occasion had been a garden party where local villagers had attended and commented about their enjoyment. Other events included a school choir visit, which again people we spoke with told us they had enjoyed. A volunteer worker told us, "They (staff) report things to me that require replacing or repairing and if I don't need parts, it is done straight away."

The registered manager and all staff had a clear understanding about the values of the home in putting people and everything about their lives first. All staff we spoke with confirmed this was the case. Four of the staff we spoke with had worked at the home for over 10 years and cited reasons for this that it was just like a big family and that everyone pulled together as a team. One person said, "I have lived here for quite a few years and in that time it just gets better."

Records viewed and staff we spoke with confirmed that regular checks and audits were completed on things including, but not limited to, call bell response times, medicines administration and health and safety. The home had received a rating of five out of five from the food standards agency in June 2014. Part of this assessment includes the way the provider manages the standards of food. This demonstrated good management as well as high food hygiene and preparation standards. One person said, "The manager, owner, staff and my family are always calling in to see if I am well or if I need anything." They also told us that it was the best decision they had made in choosing this home.

People told us that they felt that staff always knew what they were doing. If new staff started they were supported by experienced staff until they, "Got to know the ropes." All staff told us they loved working at the service that they felt well motivated, and supported by the registered manager and the deputy manager. Although the registered manager was only able to attend the service briefly due to leave, during our inspection the deputy manager was able to provide everything we requested in a timely manner. This showed us that staff were empowered and supported with their role.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. Where improvements had been suggested we saw that prompt actions had been taken to prevent recurrence. Examples of this were as a result of the November 2014 quality assurance survey and December 2014 staff meeting, the provider had implemented changes to the meal options and the way one to one time with people was provided. One person said, "They (staff) are always checking on me and if there is anything I feel could be improved." A recent comment we saw from a relative quoted how happy they were with [family members] care and support they had received.

## Is the service well-led?

The management team and all staff told us that they were confident that if ever they identified or suspected poor care standards they would have no hesitation in whistle blowing and that they would be supported (whistle-blowing occurs when an employee raises a concern about a dangerous,

illegal or improper activity that they become aware of through work). One staff member said, "We are such a good team if anyone ever stepped out of line this would be acted upon immediately."