

Canterbury Oast Trust

Rosemary Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Rosemary Cottage is a residential care home providing personal care to up to six people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were six people using the service. The service is a purpose-built property and accommodation is provided on one level, located in a rural area on the outskirts of Woodchurch village.

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

People and their relatives told us they were happy with the support they received. People told us, or indicated with a thumbs-up, that they felt safe living at Rosemary Cottage. Relatives told us they were happy with the care and support provided.

Some care files contained out of date information which made it difficult to find the most relevant information. For example, some files contained different versions of care plans. Care plan audits had not been completed regularly. Parts of the kitchen were an infection control risk due to peeling cupboards. The kitchen is due to be replaced in January 2023.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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.

People were supported to make day to day choices and set goals and aspirations. When people needed support to make decisions with them, or on their behalf, staff followed appropriate processes to make sure decisions were made, with relevant people, in the person's best interest.

Right Care:

Staff had good knowledge about keeping people safe and how to report any concerns. Staff completed training about how to recognise and report abuse. People's care plans reflected their individual needs. There were enough skilled staff who knew people well. People had their medicines on time and as prescribed. Rosemary Cottage was clean, and people were generally protected from the risks of infection.

Right Culture:

Staff told us they felt valued and were supported well by the management team. There was a positive culture within the staff team and people were at the heart of the service. People and their relatives were closely involved in the planning of their care and support.

The management team completed checks and audits, such as environmental, medicines and infection control.

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

Rating at last inspection

The last rating for this service was good (published 19 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosemary Cottage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Rosemary 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rosemary Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosemary Cottage is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with three people who used the service about their experience of the care and support provided. Some people who used sign language were supported by staff to tell us about their experience. We spoke with the registered manager, two assistant managers and three staff. We reviewed a range of records. This included three people's care plans, associated risk assessments and multiple medication records. We looked at three staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. Following the inspection, we spoke with four relatives and three more staff.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care records were bulky and contained a large amount of out of date information. This meant it was not always easy for staff to access the most recent information about people's care and support needs. Whilst staff knew people's support needs well, the service regularly used agency staff and were recruiting new staff. There was a risk new staff may not access the most up to date information. This was an area for improvement.
- Staff kept accurate, complete, legible and up-to-date records, and stored them securely. However, as noted above, older versions of some documents had not been archived.
- People lived in safety and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Some people were at risk of choking. There was guidance for staff about how the person should be supported to sit whilst eating and detailed instructions of what action to take should the person begin to choke. These risk assessments were individual to the person's specific support needs.
- People were involved in managing risks to themselves and taking decisions about how to keep safe. For example, one staff had purchased some fabric to cover an item that was very important to a person. The person's relative told us, "Staff told [our loved one], 'We will make a cushion together'. The staff member brought in their sewing machine and [our loved one] was supported by them to use it. He was safe doing it and they were going over and above."

Staffing and recruitment

- The service had enough staff, including one to one support for people to take part in activities and visits when they wanted to. When staff levels had been low, the service used regular agency staff to ensure there was consistency for people. A member of staff told us, "We have had to use agency staff, but they are so regular that it feels like they are just part of the team. It's really nice."
- The numbers and skills of the staff matched the needs of the people using the service. One person told us, "The staff are brilliant. Even when I chose to spend time in my room, they are usually in and out like a yo-yo to see if I need anything." Relatives told us there were enough staff supporting their loved ones when they visited them.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs and goals.
- Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure Disclosure and Barring Service (DBS) checks had been completed and references obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer

recruitment decisions. Staff information was located in different places, such as locked in the office and some details held by the HR department. This made it difficult to effectively audit and was an area for improvement.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The kitchen had peeling and damaged cupboards which were an infection control risk. The registered manager had regularly highlighted their concerns about the kitchen to Canterbury Oast Trust. The kitchen is due to be refurbished in January 2023.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to have visitors in line with Government guidance. Relatives told us they were able to visit when they wanted to. A relative said, "When [our loved one] is going back to Rosemary Cottage, after being with us, they can become anxious and tearful. There is always a member of staff to greet them and make sure they are calm and settle quickly."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Rosemary Cottage. One person told us, "I feel very safe" and another indicated with a thumbs-up, smiled and put their arm around the member of staff supporting them. Relatives told us, "[My loved one] is definitely very safe. Staff really look after their safety" and, "I can't think of anywhere [my loved one] would be better looked after. I feel they are 100% safe at Rosemary Cottage."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise abuse and they knew how to apply it. One member of staff told us, "If I thought there was any concern about people's safety, I would report it immediately. I know action would be taken to keep people safe. I know I can contact CQC or the local authority if I needed to, but I know the management team would act straight away."

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. One person told us, "Staff make sure I have my medicine when I need it." A relative commented, "[Our loved one] is absolutely safe there. Their medicines are well-managed."
- When medicines errors had occurred, these had been identified quickly to ensure people were safe. For example, when a person returned to Rosemary Cottage after spending time with relatives, staff checked their medicines. If a person had extra or less medicine than they should, staff were able to immediately seek medical advice. A member of staff told us, "Medicines are managed safely. If there has been a medicines error, then staff are retrained. Any concerns are jumped on quickly."
- Some people had medicines on an 'as and when' basis, such as to relieve constipation. There was guidance for each person, individual to their needs, to guide staff about when the medicine should be administered and when to contact a health care professional. Staff spoke to us about the importance of

monitoring this closely to ensure people remained as healthy as possible. One staff member said, "We are really watchful of constipation. It is really important we know when a doctor should be contacted for advice."

- People could take their medicines in private when appropriate and safe. People had a locked medicines cabinet in their room and the temperatures were checked to ensure medicines were stored at a safe temperature.
- Staff made sure people were not controlled by excessive and inappropriate use of medicines. The management team and staff had a clear understanding of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. Staff reported accidents, incidents and near misses and these were analysed by the registered manager. This made sure any patterns could be identified so referrals could be made to the relevant health care professionals if needed.
- When a person needed to be referred to health care professionals, this was done in a timely way to make sure people received the right support.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Care plans had not been regularly reviewed and audited and care folders contained several versions of documents. This made it difficult to find the relevant information quickly. This was an area for improvement. However, staff knew people well and health care professionals were contacted when advice was needed. A one-page profile of each person was used to support agency staff to get to know people's needs. Care plans were due to go onto an electronic system in January 2023. Following the inspection, the registered manager confirmed care folders were being audited, reviewed and out of date information was being archived.
- Other audits, such as environmental, medicines and infection control were completed regularly. Checks were completed on the environment to ensure specialist equipment, such as wheelchairs and hoists, was in good working order.
- External audits were completed to monitor the quality and safety of the service. When shortfalls had been identified, action had been taken to address this. For example, one audit had identified body maps were not in use to guide staff on where to apply prescribed creams. These had been implemented immediately and were in use at the time of the inspection.
- The Care Quality Commission (CQC) and local authority safeguarding team were informed of notifiable incidents. However, we found one person's authorised deprivation of liberty notification had not been submitted to CQC. This was submitted during the inspection and the registered manager apologised for the oversight. Following the inspection, the registered manager confirmed a new double-checking process had been introduced with the management team to ensure this did not happen again.
- The registered manager understood their responsibility under the duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment. Relatives told us the registered manager lead the service well and there were always open lines of communication.
- Staff were confident about providing people's care and support. They were knowledgeable of their individual needs. Staff understood their roles and responsibilities.

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

- Staff felt respected, supported and valued. They said the service promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. All the staff we spoke with told us they could speak with any member of the management team when they needed to. Relatives told us the registered manager and their team were approachable and that

communication was good.

- People told us or indicated they were happy with their support. One person told us, "They [staff] are all nice. They help me if I cannot do something for myself." Another person gave a thumbs-up sign when we spoke about the staff who supported them. Staff provided people with encouragement and reassurance when they needed it.
- A relative said, "If there is ever anything of concern, they phone us and let us know immediately. The same goes for us, if there has ever been anything we were worried about then there is always someone available to talk to. We always talk things through, and that has always included talking through with [our loved one]. They are very involved in everything."

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

- People and those important to them worked with managers and staff to develop and improve the service. One person told us, "I let the staff know if I need something or want to do something and they always help me."
- A relative commented, "All of the communication is excellent. I am always involved. The welfare of residents is at the heart of it all. They are very good at making sure all the health professionals are contacted when they need to, and I am kept up to date. As parents, we are always included in everything."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. There were regular resident's meeting where people discussed the day to day running of the service. People were able to give ideas about things they would like to do.
- Staff had regular meetings. A member of staff told us, "We have regular staff meetings. Nobody is afraid to speak up and say what they think. I have supervisions on a regular basis. I feel supported by the management team. Training – I get a reminder when refresher training is due, and we have time set aside on the rota to complete training."

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their health and life outcomes.
- Staff worked closely with people's health care professionals, such as audiologists, psychologists, nutritionists and speech and language therapists. This helped make sure people received co-ordinated, joined-up care that met their needs.
- One person told us, "[Staff] help me see a doctor if I am poorly" and a relative said, "The welfare of residents is at the heart of it all. They are very good at making sure all the health professionals are contacted when they need to, and I am kept up to date."
- Managers engaged with other local health and social care providers and participated in the work of the local transforming care partnership.