

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 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. The inspection was unannounced.

Rose Cottage Rest Home provides care and support for up to 13 older adults. There are plans in place to extend the home to create further communal spaces for people to enjoy.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law as does the provider. At the time of our inspection a registered manager was in post.

# Summary of findings

People we spoke with told us they were satisfied with the care and support provided. They had developed good relationships with their care workers and told us they were treated with kindness and respect and felt safe using the service.

Staff had a good understanding of the needs of people they cared for and were positive about their role and the home. Staff recruitment procedures were robust and ensured that appropriate checks were carried out before commencing work. Staff received a thorough induction and on-going training to ensure they had up to date knowledge and skills to provide the right support for people. They also received regular supervision and appraisals in line with the provider's policy. There were sufficient numbers of staff available to ensure people's needs were being met.

People's needs were assessed and plans were in place to meet those needs. People's wishes and preferences were taken into account and recorded in care plans. Staff understood what people's individual needs were and acted accordingly. Risks to people's health and wellbeing were identified and plans were in place to manage those risks. People were supported to access healthcare professionals whenever they needed to and healthcare professionals we spoke with were positive about the quality of care being provided.

The manager was clear about their vision and aims for the home and had ensured this was understood by staff. They had continually taken action to develop and improve the service.

# 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 who used the service told us they felt safe and there were proper systems in place to minimise and respond to risks. There were sufficient numbers of staff available to meet people's needs safely and staff had been properly recruited.

Good



### Is the service effective?

The service was effective.

People were satisfied with the care and support being provided and with their care workers. Staff understood and responded to people's health and welfare needs. Staff had received appropriate training and support to enable them to deliver care effectively.

Good



### Is the service caring?

The service was caring.

People who used the service told us that care workers supported them appropriately and were kind and respectful. Staff showed consideration for people's individual needs and provided care and support in a way that respected their individual wishes and preferences. People were given opportunities, to express their views and opinions.

Good



### Is the service responsive?

The service was responsive.

People were encouraged to make their views known about the service and important information about their individual needs and preferences had been recorded. Staff had an awareness and appreciation for people's individuality and arrangements were in place to respond to people's concerns or complaints.

Good



### Is the service well-led?

The service was well led.

People were satisfied with the management of the service and staff felt their views were valued and respected. The manager had a clear vision for the service and there were quality assurance systems in place.

Good



# Rose Cottage Rest Home

## Detailed findings

### Background to this inspection

The inspection team consisted of one inspector and an Expert by Experience who had experience of supporting older people. An Expert by Experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show how they were meeting the requirements of the five key questions. We also reviewed all the information we held about the service.

At the last inspection on 17 October 2013 we found that people had not always been asked for their consent to their care and treatment and where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. This was a breach of Regulation 18 of the Health and Social Care Act 2008 and we asked the provider to make improvements in this area. The provider sent us an action plan detailing the action they had taken to comply with this.

We spoke with eight people who used the service, the registered manager and four care workers, one of whom was also the deputy manager. We also spoke with a GP and a district nurse who were at the service on the day of our inspection.

We reviewed four people's care records including care plans, risk assessments and daily records. We looked at staff training, supervision and appraisal records and staff recruitment records. We also looked at records in relation to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We spoke with eight people who used the service. They all told us they felt safe living at the home and were supported to keep safe from risks to their wellbeing and health. Comments included, “Carers do well...it’s been the first time I’ve come to stay. It would be nice to be at home but it’s good”, “They always listen to me”, and “The girls are very good”.

People told us they were comfortable raising concerns with the manager or care workers and were confident that they would be listened to.

Staff we spoke with told us they received regular training about how to protect people from the risk of abuse and records we looked at confirmed this. Staff knew about the signs of abuse and were able to tell us the right action they would take to report and document any concerns they might have.

The service had an up to date safeguarding policy and procedure which was in line with national guidance about how to protect people from the risk of abuse. In addition, we saw that the service was aware of local procedures for reporting abuse and we saw examples of where appropriate action had been taken by staff in the reporting and management of concerns about people’s safety and welfare. Staff were also clear about how to report accidents and incidents. This meant that people were protected from the risk of abuse because the service had systems in place to safeguard those they supported.

We looked at four people’s care records and found they included risk assessments which identified potential risks to people’s health or welfare. Risk assessments recorded these risks and any action that should be taken to minimise the risk. We also saw examples of where positive risk taking had been encouraged. For example, one person who had a visual impairment was still encouraged to walk in the garden but arrangements were in place to ensure this was done in the safest way possible. This meant that staff were aware of how to provide care and support in the safest way.

Our inspection of 17 October 2013 found that people had not always been asked for their consent to their care and treatment. Where people did not have the capacity to consent, the provider had not acted in accordance with legal requirements. At this inspection we found that

improvements had been made. The registered manager had developed comprehensive policies and procedures in relation to the Mental Capacity Act (MCA). Records we looked at now showed that people’s consent had been sought and where they lacked capacity the proper procedures were followed. Staff had recently received training in this area and were able to explain their role and responsibilities. This meant that people’s legal rights were upheld when people lacked capacity to make decisions at the time they needed to be made.

There were no people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS) at the time of our inspection. However, the manager had a good understanding of the circumstances which may require them to make an application to deprive a person of their liberty and understood the process involved. We discussed the recent judgement by the Supreme Court with the manager and found they were aware of how this judgement could impact on their responsibility to ensure DoLS were in place when care may have been provided in such a way as to restrict a person’s liberty.

We looked at staff rotas for the week of our inspection and the previous week and found there were sufficient staff numbers allocated across a 24 hour period. The manager told us that staffing numbers were flexible and additional staff were used when it was necessary. For example, if people’s care needs deteriorated or to support an outing or event. Care workers we spoke with told us that staffing numbers were adequate and people who used the service did not raise any concerns about the number of staff available. During our inspection we observed that there were enough staff available to be able to meet people’s needs in a timely manner and requests for support were responded to promptly. This meant there were sufficient staff to meet the needs of people who used the service.

We looked at the records of three care workers and found that appropriate checks were undertaken before staff began work. Records showed pre-employment checks had been carried out, which had included the completion of an application form, the seeking of two written references, carrying out a police check and confirmation of their identity. This meant people using the service could be confident that staff had been screened as to their suitability to work with vulnerable adults.

# Is the service effective?

## Our findings

People we spoke with told us they received effective care that met their needs. People were complimentary about the service and felt care workers understood their individual needs. Comments included, “They get to know what you like and what you prefer”, “nice girls” and “The girls will help me if I want but I do what I can for myself”.

We found that people’s needs had been assessed and care plans were developed to meet people’s identified needs. Care plans contained sections about people’s health and support needs and were individual to each person. We found that people’s medical conditions had been taken into account in the way their care was delivered and records gave staff clear guidance about how people’s care should be delivered.

We spoke with a GP and a district nurse who were visiting the home on the day of our inspection and asked for their views about the quality of care being provided. The GP said, “They’re excellent” and told us that staff always sought medical attention promptly and when appropriate. They said that staff always followed their instructions or guidance about how care should be provided, for example by monitoring blood pressure or keeping weight charts. The district nurse also told us that people received good quality effective care. This indicated to us that care workers supported people to maintain good health and responded to changes in their wellbeing.

Records showed that staff monitored and responded to people’s changing health needs when required. For example, when appropriate we found that referrals had been made to the relevant health professional; records were kept of their advice and incorporated into people’s care plans. We saw evidence that support was available for people to attend GP or hospital appointments should they require a staff member to accompany them. One person who used the service told us, “Yesterday I went to see a hearing specialist. The carers go with me to the hospital – it helps me feel more confident”. We found that the home had established excellent working relationships with the GP and other health professionals which benefited the people who used the service.

Most people told us they enjoyed the meals at the home and that they had been offered a choice. For example one person said, “Yes, I think the meals suit me”. However, one

person we asked said “Nothing special during mealtimes” and indicated that they did not think speaking to staff would make any difference. We spoke with the manager and the cook who both told us that additional meals could be prepared if required, however there was no system in place for seeking people’s feedback after each meal to help make improvements in this area.

As part of our inspection we observed the lunchtime meal. We saw that people were offered a choice of drink and had previously been supported to choose which option of meal they would like that day. We saw that people’s meal choice had been respected and the food was freshly prepared and appeared appetising. Staff provided appropriate support to people who needed assistance with their meal whilst encouraging people to be as independent as possible. Records showed that people’s needs around nutrition and hydration were recorded in their care plans and both care workers and the cook had a good understanding of people’s nutritional needs and preferences. Our observations showed that this knowledge was acted upon. For example, we found that people who had diabetes were appropriately catered for and thickeners were used when appropriate in people’s drinks.

Care workers we spoke with had a good understanding of the needs of people who used the service and were able to tell us in detail about people’s personal preferences, likes, dislikes and individual needs. Care workers told us they had been supported to develop the skills required to be able to meet the needs of the people they cared for and spoke about the training they had undertaken.

Records we looked confirmed this was the case and we found that all staff were required to complete a programme of training to enable them to deliver appropriate care. This included training courses such as moving and handling, health and safety and infection control. Staff had also received training to enable them to meet people’s specific needs such as catheter care.

In addition we found that staff received regular support through the use of regular supervisions, an annual appraisal, competency checks and team meetings. This meant that staff had been supported to deliver effective care that met people’s needs. Staff we spoke with said they felt well supported by the manager and that their training was effective.

# Is the service caring?

## Our findings

We spoke with eight people who used the service. All people were content with the care being provided and felt their care workers were kind and respectful. People also told us that care workers provided care in accordance with their wishes and preferences. Comments included, “Yes, I think they are very good”; “They treat us right” and “They never say no if they can do anything for you...oh yes the carers are good”. This indicated to us that people had developed positive, caring relationships with the care workers who supported them.

We saw that care workers were attentive and kind. During the lunchtime meal we found that care had been taken to ensure that people were comfortable in the dining area and that the atmosphere and environment was pleasant. For example, dining tables had been pleasantly laid and music was playing. Care workers had a friendly and helpful manner and maintained conversations with all people throughout the meal. When care workers supported people to eat their meal they did this in a respectful way whilst maintaining people’s dignity.

We saw one person being transferred using a hoist with the support of two care workers. Care workers were attentive to the needs of the person and talked to them in a courteous and reassuring manner throughout the procedure.

People who used the service had been involved in decisions about their care and support. We found they had been involved in the assessment of their needs when they first began to use the service and their written consent had been obtained. People’s individual needs, wishes and preferences had been sought and recorded and people we spoke with felt their individual needs were being met. Records showed that people were included in reviews of their care and throughout our inspection we found that care workers asked people how they would like their support to be provided and had a positive rapport.

We spoke with staff who were able to give us examples of how they respected people’s dignity and privacy and acted in accordance with people’s wishes. We were also told that the home had ‘dignity champions’ whose role was to promote dignity and improve practice within the home. For example, we found that dignity champions had introduced signs for people’s doors which indicated that care was being carried out. All staff were aware that this meant they were not to come into the room in order to respect people’s privacy.

Care workers spoke positively about the support they were providing and were thoughtful and considerate about how to support people. We also found that care workers had taken the time to get to know people and had an excellent understanding and appreciation for people’s individuality. For example one care worker said, “I try to make it pleasant and fun if appropriate. Choices are everything and I really care about asking what people want to wear and how they’d like their hair” and another gave us examples of how they ensured personal care was carried out discretely.

We spoke with a GP and a district nurse who were visiting the home at the time of our inspection. Both were extremely positive about the staff team and felt they were thoughtful and considerate of people who lived at the home. The GP told us that staff respected people’s privacy and made people feel valued. They said, “It would certainly pass the friends and family test”. The district nurse made similar comments and told us, “It’s as it should be...they’re very attentive and the staff are educated. I’d put my mum in here”. This indicated to us that people who had on-going contact with the service had observed that staff were consistently kind and compassionate in their approach to delivering care.

There were policies and procedures in place to ensure people’s privacy, dignity and human rights were respected and records showed that staff had received training in these areas.



# Is the service responsive?

## Our findings

People we spoke with told us they were encouraged to make their views known about the care and support they received. Comments included, “The girls will help me if I want but I do what I can for myself”.

We also found that the home had a programme of events and activities for people to enjoy. These included bingo, music sessions and meals out. For example we found that a narrow boat trip had recently taken place and people’s family members had been included. People we spoke with told us, “I enjoy the trips” and “Sometimes we have people in that play live music and we sing as well”.

However, two people expressed concern with the activities on offer. For example we were told, “I get bored sometimes, it would be nice to do something during the day” and “You can get bored sitting in there”. We spoke with the deputy manager about this and discussed other ideas for activities that may be relevant and meaningful to these people. We were told about some of the ideas the staff team had and the difficulties they had in getting people to engage in these.

Records showed that people’s family and friends were welcomed into the home and included whenever possible. We saw that the home had held several parties for various occasions. A monthly newsletter informed people about events and activities in the home. In addition, the manager had recently provided a computer for people and had assisted them with learning how to use it. This meant that people were able to keep in touch with their family and friends on a more regular basis through emails and video calling.

We saw that the home had a suggestion box in the dining room and people were encouraged to use this. In addition there were regular residents meetings where issues such as meals, outings and the décor of the home were discussed with the people who used the service. People had been involved and made aware of the provider’s intention to extend the home and create additional communal areas. The proposed plans and drawings were displayed in the home and people had been encouraged to give their views about this. This indicated to us that people were involved in the development and improvement of the service.

We looked at care records for ten people who used the service. We saw that as well as a needs assessment, risk assessment and care plan, information about the person was recorded. This information often included the person’s life and social history and ethnic and cultural needs. This meant that staff had access to important information about the person that would assist them to meet their individual needs.

Staff we spoke with told us about the positive relationships they had developed with the people they cared for. Staff were able to tell us about people’s individual preferences and needs. All staff we spoke with understood the importance of acting in accordance with people’s wishes, needs and preferences. Care workers we spoke with were able to describe what people’s individual needs were, including people’s likes, dislikes and how they wanted their care and support to be provided. We were told about how staff changed their approach depending on the person they were supporting which indicated to us that the care people received was personalised to them.

We looked at the systems in place for the recording of incidents and accidents and found they had been recorded appropriately by staff and responded to when necessary.

The service had an appropriate complaints policy in place which was displayed within the home. People we spoke with told us they would feel comfortable raising a concern or complaint with the manager and were confident this would be addressed. There had been no complaints made in the 12 months prior to our inspection.

We found that people and their representatives had been asked for their views about the service in an annual questionnaire. We looked at the results of the last survey which had been carried out in February 2014 and found they were very positive. Where people had made suggestions about how the service could be improved or changed we saw that the manager had taken these forward to other people to see what they thought about the idea. This demonstrated that people’s feedback had been obtained and responded to.



# Is the service well-led?

## Our findings

People we spoke with told us that Rose Cottage Rest Home was a well-run effective service and were complimentary about their care workers and the manager. One person commented, “They involve you. They are very good in how I am cared for” and another told us “Staff are approachable”.

The service had a registered manager in post who was also the owner. They were supported by a deputy manager and a consistent group of care workers. All staff we spoke with demonstrated that they understood their roles and responsibilities well and said they felt supported by the manager of the home.

The manager told us that their aim was to provide an excellent quality of care in a homely environment. Our conversation with the manager showed that they were continually striving to improve the service provided and were driven by trying to make the people who lived at the home as happy and comfortable as possible. Consequently they had clear expectations for the staff team.

Staff we spoke with were positive about the management and running of the service and clearly understood the manager’s philosophy and aim for the service. For example, staff told us, “It’s a family environment and we embrace it”, “It’s well-managed and [the manager] is very conscientious”, “[the manager] is always trying to better the home”, “they want to achieve the best quality of care here” and “they want the residents to be our first priority and we

get a lot more involved with them than where I used to work”. This indicated to us that the manager of the service had clearly explained their vision for the service and that this had been put into practice.

All staff we spoke with told us they would have no concerns about speaking to the manager if they wanted to raise issues about the delivery of care or running of the service and minutes of team meetings showed they were engaged with the development and running of the service.

People who used the service were encouraged to share their views in regular reviews of their care, residents meetings and through the use of annual questionnaires. We found that people’s views, comments and concerns had been appropriately considered and responded to by managers and team leaders.

We found the registered manager had implemented an effective quality assurance system to ensure the risks to people were being assessed, monitored and responded to. These included regular reviews of people’s care plans and risk assessments, audits of staff training, supervision and appraisal and regular competency checks of staff performance. In addition the manager or deputy manager carried out regular audits. These included health and safety audits, infection control audits and regular checks of people’s bedrooms and the equipment people were using. This meant that the service continued to review its operations in order to improve the quality of service being provided.