Lothlorien Community Limited

Rose Cottage

Inspection report

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Ratings

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

Overall summary

The inspection took place on 21 July 2015, and was an unannounced inspection. The previous inspection on 23 April 2013 was to follow up on breaches and found no breaches in the legal requirements at that time.

The service is registered to provide accommodation and personal care to seven people who have a learning disability or autistic spectrum disorder. People were aged 19 years to 65+ years. There were no vacancies at the time of the inspection. The service was previously a bungalow, but people's accommodation is now on two levels. It is a short walk from New Romney town. People accommodated had a learning disability and some also had a physical disability. As only one bedroom is on the second level the service is suitable for those with physical mobility problems. There is very limited parking with additional on street parking. Each person has a single room and there are two bathrooms and a shower room, large kitchen and a lounge/diner leading through to a conservatory. There are two accessible gardens, one large, which is mainly laid to lawn with trees and shrubs and paved patio areas with tables and seating, which leads to another smaller garden with an apple tree and vegetable patch.

Summary of findings

The service has an established registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager was unable to locate details of the provider's aims and objectives on the day of the inspection. The registered manager agreed these needed to be more readily accessible and embedded into the service.

People told us they received their medicines safely and when they should. However we found shortfalls in some areas relating to medicine management.

Most risks associated with people's care and support had been assessed and in most cases procedures were in place to keep people safe. However some guidance for staff to help keep people safe required more detail.

People said they had a say in the planning of their care and support. Care plans contained information about people's wishes and preferences and some pictures and photographs to make them more meaningful. They detailed people's skills in relation to tasks and what help they may require from staff, in order that their independence was maintained, but could better support people developing their independence skills. People had regular reviews of their care and support where they were able to discuss any concerns.

New staff underwent an induction programme, but these were not fully signed off to show staff were competent to work on their own. Induction records examined did not meet induction standards, which are competency based and in line with government training standards. Staff training included courses relevant to the needs of people supported by the service. Staff had opportunities for one to one meetings, staff meetings and appraisals, to enable them to carry out their duties effectively.

People had limited opportunities to undertake activities and access the community. People attended local centres and enjoyed the activities undertaken, such as going out for a coffee and art and craft. Some people had family that were important to them and contact was supported by staff.

People felt safe in the service and out with staff. The service had safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

People had their needs met by sufficient numbers of staff. Rotas were based on people's needs. People received care and support from a small team of staff and the registered manager worked on rota alongside staff at times. People were protected by safe recruitment procedures.

People were happy with the service they received. They felt staff had the right skills and experience to meet their needs. People felt staff were kind.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing. Over recent times the premises had benefited from refurbishment and redecorating work. People freely accessed the service and spent time where they chose.

People told us their consent was gained through discussions with staff. People were supported to make their own decisions and choices and these were respected by staff. Staff understood their responsibility under the Mental Capacity Act (MC) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Deprivation of Liberty Safeguarding applications had been made or were in place where people did not have the capacity to consent to living at Rose Cottage. When people were assessed as not having the capacity to make a decision, a best interest decision had been made involving people who know the person well and other professionals, where relevant, but the people involved in this decision making had not always been recorded.

People were supported to maintain good health and attend appointments and check-ups, such as doctors and opticians. Some people had complex health needs and these were kept under constant review. Appropriate referrals were made when required and assessments had been undertaken by a physiotherapist and an occupational therapist.

People had access to adequate food and drink. They told us they liked the food and enjoyed their meals. People

Summary of findings

were involved in preparation of some meals. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet. Special diets were well catered for.

People felt staff were caring. People were relaxed in staff's company and staff listened and acted on what they said. People said they were treated with dignity and respect and their privacy was respected. Staff were kind in their approach and knew people and their support needs well.

People told us they received person centred care that was individual to them. They felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. People's individual religious needs were met.

People felt comfortable in complaining, but did not have any concerns. People had opportunities to provide feedback about the service provided both informally and formally. Feedback received had been mostly positive.

People felt the service was well-led. The registered manager adopted an open door policy and sometimes worked alongside staff. They took action to address any concerns or issues straightaway to help ensure the service ran smoothly. Staff felt the registered manager motivated them and the staff team.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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?

Requires improvement

The service was not always safe.

Some areas relating to medicines management needed to be improved.

Most risks associated with people's care and support had been assessed, but in some cases guidance needed to be improved in order to keep people safe.

People felt safe in the service and when they accessed the community. There was sufficient staff on duty to meet the needs of people.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received induction training, but records did not reflect this was completed or met recommended induction standards. Staff were supported and received regular meetings with their manager.

Staff understood that people should make their own decisions and followed the correct process when this was not possible, although records did not always reflect this.

People received care and support from a team of staff who knew people well. People were supported to maintain good health and attended regular health appointments in order to do so. People were referred to healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff adopted a kind and caring approach.

Staff communicated effectively with people, they ensured that people's privacy was respected and responded to their requests for support.

Staff supported people to maintain contact with their family.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's care was personalised to reflect their wishes and preferences. However they did not support people to develop their independent living skills, even though some people had the potential skills to do this.

People's activities and access to the community were limited.

Summary of findings

The service sought feedback from people about the overall quality of the service. Any complaints and small concerns were addressed or being addressed.	
Is the service well-led? The service was not always well-led. The provider's aims and objectives were not readily available within the service or embedded into the structure of the service. Shortfalls identified during audits were not all responded to in a timely way. The registered manager worked alongside staff, which meant issues were resolved as they occurred and helped ensured the service ran smoothly.	**Requires improvement** 

Rose Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with three people who used the service. We spoke with the registered manager and two staff.

We undertook observations to help us understand the experience of people who could not talk to us. We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included four people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

After the inspection we contacted five social care professionals who had had recent contact with the service and received feedback from four.

We used recent quality assurance feedback the service had received from people. In addition we contacted four relatives and received feedback about the service provided from three.

Requires improvement

Is the service safe?

Our findings

People's medicines were all managed by staff. People and their relatives told us that people received their medicines when they should and felt staff handled their medicines safely. There were some shortfalls in the management of medicines. Where people were prescribed medicines on a 'when required' or 'as directed' basis, such as to manage epilepsy or skin conditions, in most cases there was some guidance for staff on the circumstances in which these medicines were to be used, but these lacked information. For example, where Buccal Midazolam was prescribed the guidelines were recorded on a specific template, but the last pages of the guidelines had not been completed in those seen. This meant there was no guidance about how a person might react to a dose administered and if or when a second dose could be administered therefore people might not receive the medicine safely or consistently. **Buccal Midazolam** is an emergency rescue prescribed medicine and staff that administered this medicine had received training.

Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. However we found two medicines that had been prescribed 'as required' that were not recorded on the MAR charts. Handwritten entries on MAR charts were not always signed or dated, such as changes to the dose of a medicine.

Temperature checks were taken daily on most medicine storage, to ensure the quality of medicines used, but not all.

A topical medicine was stored in a person bedroom, but not securely and there was no risk assessment in place to ensure this was safe.

Most risks associated with people's care and support had been assessed and in most cases procedures were in place to keep people safe. For example, managing challenging behaviour, medicine storage, use of bedrails and mobility. However guidance about how to keep people safe when moving them using a hoist required improvement. The risk assessment identified how many staff were needed to move a person and what equipment to use, but not how this should be done safely. There was information from the back care association about all types of moves, but this was not individual to the person. This left a risk that staff may not use consistent and safe practice when using the hoist and sling. Risks associated with people's skin integrity had been assessed, but practices in place to reduce this risk had not been properly recorded. For example, staff told us that they positioned a person in bed so areas of their skin had relief from pressure, but this action was not recorded in their risk assessment. In another case the risks associated with supporting sufficient hydration had been assessed and a fluid chart to monitor their intake was in place, but there was no guidance about what was a suitable amount of fluid each day or what action staff should take if these amounts were not reached.

The above meant the provider had failed to properly assess the risks relating to the health and safety of people and ensure people were protected from the risks associated with proper and safe management of medicines. The above is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager and staff told us that two staff always checked the medicines when they arrived into the service and these checks were recorded on the MAR chart. There were auditing systems in place to reduce risks when unused medicines where returned to the pharmacist and for when people made overnight or day trips out.

All medicines were stored securely for the protection of people. Individual medicine cabinets were in place in people's bedroom to enhance their privacy when taking their medicines. Daily stock checks were undertaken on medicines stored in the individual cabinets. The service held a stock of cold remedy in case people became unwell and a doctor had authorised that these could be safely taken with people's existing prescribed medicines.

There was a clear medication administration procedure in place and staff had received training in medicine administration, which was refreshed every year. This was followed by a test to check staff knowledge and understanding of the training.

Accidents and incidents were reported and clearly recorded. There had been very few accidents or incidents in the last few months, but the registered manager reviewed these, to help ensure appropriate action was taken to reduce the risk of further similar occurrences. The registered manager told us that any accidents and incidents reports were recorded on the computer and an action plan remained open until all actions had been

Is the service safe?

completed. Reports were also sent to senior management for review and they monitored events for trends and learning. Staff told us about their learning from a particular incident and how their practice had changed when supporting one person as a result, in order to keep people safe.

People benefited from living in an environment and using equipment that had over recent years been considerably improved. For example, a shower room, bathrooms and the kitchen had been refurbished since the last inspection, communal areas and some bedrooms redecorated and new flooring throughout the service. Seating areas for people outside had been changed from decking to paving as this had been considered safer for people to access and new boundary fence erected. The registered manager told us people had chosen the colours and wallpaper. During a tour of the premises it was identified that one step into the garden from a person's bedroom required improvement and the registered manager told us this area was on the development plan. One toilet had not been working and contractors had visited, but were called back during the inspection to complete the work. Staff thought the premises and equipment was well maintained and told us when things needed repairing they were repaired fairly quickly. There were records to show that equipment and the premises received regular checks and servicing, such as checks for hot water, fire alarms and fire equipment, hoists, wheelchairs and electric beds. Relatives told us that equipment and the premises were well maintained and always in good working order.

There were procedures in place and staff demonstrated in discussion they knew how to safely evacuate people from the building in the event of an emergency. A new fire door had been fitted to one bedroom since the last inspection for this purpose. An on call system, outside of office hours, was in operation covered by managers and staff told us they felt confident to contact the person on call. Contactors or maintenance staff were available to respond quickly in the event of an emergency.

People told us they felt safe living at Rose Cottage and would speak with a staff member if they were unhappy. In a recent quality assurance survey people said they 'always' felt safe within the service and when they were supported out in the community. People knew about how to keep safe as there was an easy to read safeguarding policy. Relative felt people were safe at the service. During the inspection the atmosphere was calm and relaxed. There were good interactions between staff and people with people relaxed in the company of staff. Staff were patient and people were able to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. There was a clear safeguarding and whistle blowing policy in place, which staff knew how to locate. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team to report or discusses any concerns.

People had their needs met by sufficient numbers of staff. People and staff told us they felt there were sufficient numbers of staff on duty. Although one member of staff felt more staff would help people access the community more frequently. In a recent quality assurance survey people had mixed views about whether staff gave them enough time, didn't rush them and there was enough staff around when they needed them. Staffing rotas were based on care and support needs. During the inspection staff were responsive to people and were not rushed in their responses. There were three staff on duty 8am to 9pm and three days a week a fourth member of staff was on duty 8am to 3pm. The registered manager also worked 10 hours a week on shift. At night there was one waking and one sleeping staff member on the premises. Care staff were supported by a maintenance person eight hours a week and a gardener for four hours per week. There was an on-call system covered by the registered manager or other managers from local services owned by the provider. The service used existing staff to fill any gaps in the rota and had one vacancy at the time of the inspection. There was a rota displayed within the service using photographs, so people knew who was going to be on duty.

People were protected by safe recruitment procedures. Three new staff had been recruited since the last inspection and we examined these files. Recruitment records included a recent photograph, evidence of a Disclosure and Barring Service (DBS) check having been undertaken (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people), proof of the person's identity and evidence of their conduct in previous employments. There was a completed application form on each file showing the prospective

Requires improvement

Is the service safe?

employees employment history. However there was a gap in one history with no explanation recorded. The registered manager told us this had been explored during interview, but they had omitted to record this. Staff undertook an induction programme and were on probation for the first three months.

Requires improvement

Is the service effective?

Our findings

People told us they liked living at Rose Cottage. One person said, "I know it is nice living here, but I don't know why or what makes it nice". This was also reflected in a recent quality assurance survey people had completed when they were 'mostly' or always' happy with the way staff supported them. People's comments included, "I like everything". "I am happy at the moment". "I am in my home with my friends around me". Relatives were happy with the service their family member received and that staff had a good understanding or people's needs. Their comments included, "It's brilliant". "(Family member) is happy, healthy and confident and wants to go back when he visits us, which I feel is a good sign". "They have got the right approach" and "They are well looked after and staff know what they are doing".

Social care professionals felt staff had a good understanding and knowledge of people and their care and support needs. One said, "They provide a good level of support". Another said, "I reviewed (person) recently and am happy they are meeting my client's needs". People reacted and interacted or chatted positively to staff when they were supporting them with their daily routines.

People told us their consent was gained, by themselves and staff talking through their care and support and routines. People said they were offered choices, such where to go out and what to eat or drink. One social care professional told us, "(Person) is a very determined man, and will decide if he wants to do something or not". One person occasionally presented challenging behaviour and there were no restrictions in place as a result of this. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Two DoLS authorisations were in place and the registered manager had submitted five other applications. Mental capacity assessments had been undertaken by the registered manager prior to submitting the applications and best interest decisions made liaising with families and care managers. However the best interest decision making form had only been signed by the registered manager. This is an area we have identified as requiring improvement.

Staff demonstrated in discussions that they understood their roles and responsibilities. There was an induction programme in place, which the registered manager told us took place over the first month of employment. The registered manager said this included orientation to the building, reading policies, procedures and care plans and shadowing experienced staff. We examined the induction records relating to three staff member's induction who had been employed for longer than six months. None of the induction records had been sign of as completed fully. We found no evidence within the service that the induction met Skills for Care common induction standards or the newly introduce Care Certificate. We spoke to the registered manager about this and they could not produce any further evidence during the inspection. This is an area we have identified as requiring improvement. Common induction standards are competency based and in line with the recognised government training standards (Skills for Care). The new Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. The registered manager told there was a three month probation period to assess staff skills and performance in the role.

Staff attended training courses relevant to their role, which was refreshed periodically. This was mainly online training and included health and safety, fire safety awareness, infection control and basic food hygiene. The registered manager told us all these courses concluded with a knowledge test and staff had to obtain 100% to complete the training. Staff told us that face to face training included hoist training, first aid and fire marshal training. Some specialist training had been provided, such as training on autism and Asperger's and managing epilepsy and Buccal Midazolam administration. Staff felt the training they received was "Good" and adequate for their role and in order to meet people's needs. Nine of the 11 staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma,

Is the service effective?

candidates must prove that they have the ability (competence) to carry out their job to the required standard and the two other staff were working towards this qualification.

Staff told us they had opportunities to discuss their learning and development in regular one to one meetings with the registered manager, as well as group meetings and an annual appraisal. Staff said they felt very well supported.

Care plans were mainly written although there were some photographs and pictures. They contained information about how each person communicated, such as maintain good eye contact, stand in front of me and speak slowly and clearly and this was reflected in staffs practice during the inspection. In addition people had communication dictionaries with information about how a person would indicate certain things and how staff should respond. For example, feeling sad, unwell, in pain or angry. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and not only acted on people's verbal communication, but noises and gestures. Staff told us they supported one person to write down what they wanted to help them communicate effectively. Staff also used pictures and photographs to communicate and enable people to make informed choices. One social care professional told us, "(Person) does have communication difficulties, but staff give him time and his wonderful sense of humour then shines through".

People had access to adequate food and drink. People told us they liked the food and enjoyed mealtimes. In a recent quality assurance survey people said they ''always' or 'mostly' able to eat and drink when they wanted. Relatives felt that people had a varied diet and enjoyed the meals. Breakfast was porridge or cereals and toast with the main meal being served in the evening with a light meal or sandwiches at lunchtime. There was a varied; rolling four weekly pictorial menus, which staff told us was flexible around what people wanted and the weather. Records showed that when a person did not want what was on the menu they chose an alternative. People chose where they wanted to have their lunch with most choosing the lounge/ diner and another eating in their room. One person told us they liked to eat their meals at the dining table with their friends. Staff had put together a list of people's likes and dislikes, which was displayed in the kitchen and staff told us they encouraged a healthy diet. The registered manager told us one person was at risk of poor nutrition. A health professional had been involved in the assessment of one person's nutritional needs. The person required a soft diet and thickened liquids this was catered for. Another person's dietary preferences were catered for.

People's health care needs were met. In a recent quality assurance survey people said they 'always' got the right support to remain healthy. People had access to appointments and check-ups with hospitals, doctors and opticians. A chiropodist visited the service regularly and was seen by most people. People told us that if they were not well staff supported them to go to the doctor. Relatives told us staff responded quickly when people were unwell and kept them informed. Staff told us they knew people and their needs very well and would know if someone was not well. We saw that recently a person had shown signs of distress and staff had called the doctor to undertake a visit. The person had an infection and was prescribed antibiotics. An occupational therapist and physiotherapist had been involved in recommending a sleep system to help ensure a person received good posture management whilst in bed. We saw that their advice and guidance was followed through into the care plan and visual aids were displayed in the bedroom to remind staff. A physiotherapist had also trained staff to undertake stretching exercises with a person to help with their movement. Some people had seen the epilepsy nurse and three people had equipment in place to raise the alarm when they had a seizure in bed. The nurse had recommended that another two people had this equipment and the registered manager told us they were in the process of ordering it. A social care professional told us they felt people's health care needs were met.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People told us staff were kind and caring. During the inspection staff took the time to listen and interact with people so that they received the individual support they needed. People were relaxed in the company of the staff, smiling and communicated happily using verbal communication, noises and gestures. Different approaches were used to suit people's personalities. In a recent quality assurance survey people said they were 'mostly' or 'always' happy with the staff who supported them and were 'always' treated with respect. People also said they felt staff 'always' listened to them when they needed to discuss something.

Relatives were very complimentary about the staff. Comments included "They are very caring". "(Family member) has a very good rapport with staff". "They are attentive and check (family member) even when in their bedroom". "(Family member) interacts with the staff very well". "(Family member) is at ease with staff". "They are excellent, friendly and I cannot fault one of them".

Social care professional told us the staff always appeared caring towards people. Comments included, "Staff were very caring". "(Person) has had his key worker for many years and they get on very well together".

People confirmed that they were able to get up and go to bed as they wished and have a bath or shower when they wanted. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. Staff told us people were involved in some household chores and preparing food, making drinks or getting their breakfast. There were several areas where people were able to spend time, such as the garden, the lounge/diner, the kitchen or their own room some of which had some sensory equipment. Rooms were decorated to people's choice. Bedrooms were individual and reflected people's hobbies and interests.

People's care plans contained some information about people's life histories. The registered manager told us this information was included in all care plans, but varied in detail depending on if people had family and what information families had shared.

People's family were able to visit at any time, which was confirmed by relatives. Relatives told us they were "made welcome". They were confident people were well supported and cared for. People were encouraged and supported to keep contact with family. For example, one person visited or met up with a relative every week. Other people visited family some regularly and others periodically. Staff told us another person had recently been to visit their family and had stayed for a period.

During the inspection staff talked about and treated people in a respectful manner. People's preferred names were recorded in the care plan and we heard staff using these during the inspection. Staff asked people whether they wanted their bedroom door open or closed for privacy. Social care professionals told us that people were treated with dignity and respect. Care records were individual for each person to ensure confidentiality and held securely. Care plans promoted people's privacy and dignity. For example, during personal care routines people were left in private in the toilet or in the bath if they wanted to be. Relatives told us that people's privacy and dignity was always respected. One said, "(Family member) is happy in his own company and they respect this". Social care professionals told us that people were treated with dignity and respect. One said, "Staff have always shown (person) respect and shown respect to other residents when I have been in attendance".

Staff felt the care and support provided was person centred and individual to each person. People felt staff understood their specific needs. Staff had built up relationships with people and were familiar with their life stories and preferences. During the inspection staff talked about people in a caring and meaningful way. Staff intervened during the inspection appropriately when we were speaking with people if they felt people had not fully understood what we were asking and gave them time to answer fully.

People's religious needs were met. Most people did not wish to practice religion. However one person was supported by staff to attend their place of worship.

The service had received one compliment from a visiting professional. They commented, "Staff were very helpful and keen to answer any questions. There was a friendly atmosphere within the home".

Good

Is the service caring?

People's independence was maintained. People had a house day and told us they were encouraged and supported, depending on their needs, to clean their room and do their laundry. One person told us they enjoyed cleaning their room. During the inspection one person made their own drinks and another helped with preparing the vegetables for the evening meal. The registered manager told us one person had done independent travel training with an occupational therapist. Social care professionals felt staff encouraged people to maintain and improve their skills.

The registered manager told us at the time of the inspection people were supported by their families or their care manager to make decisions, when required and no one had needed to use the services of an advocate. Information was available within the service should people wish to contact and advocacy service.

Requires improvement

Is the service responsive?

Our findings

People were happy with the care and support they received and felt it met their needs. In a recent quality assurance survey people said they were 'always' able to make choices about how they were supported. Relatives told us they attended six monthly review meetings and that their family member and they were listened to. One relative told is if they could not attend staff gave them "A ring and we have a little chat".

People told us they went out into the local community. In a recent quality assurance questionnaire people said they were 'sometimes' or 'mostly' able to go out when they chose. One person had commented that they wanted "More opportunities to go out". Some people had a programme of leisure activities in place, which they had chosen to help ensure they were not socially isolated. However we found that people did not access activities planned on their programmes. Some people had limited access to activities and to the community. This is an area we have identified as requiring improvement. The registered manager told us some people had the opportunity to attend a local centre during the week, which they enjoyed. On the day of the inspection one person was attending a horticulture activity and then being collect by a relative and taken to the cinema. Three other people were supported to go to Hythe, as one person needed to go to the bank and then they had a coffee. Records showed that one person had only accessed the community twice during July and another person had only gone out four times in July. Records showed recent trips and activities had included one person had a visit from a reflexologist, watching television, listening to music, a walk out, playing with a musical instrument, a walk in the park, reading and copying magazines, having a haircut, walking into town and visiting Sainsbury's to do personal shopping and stopping at a coffee shop, going to Hythe and having a coffee, shopping and walking along the canal. Going to Folkestone on the bus for a MacDonald's. The registered manager felt that although the service had a vehicle available transport could be a restrictor when planning activities out in the community. They told us they had already raised this with senior management. During the inspection one person was colouring in their bedroom and told us they enjoyed doing this. They also enjoyed making pom poms and had a stock of templates and wool ready to do this. Staff told us one person liked to do Lego and there was evidence of this in their room.

One person had moved into the service since the last inspection. Their admission had included senior staff undertaking a pre-admission assessment during a visit to the person's family home, to ensure that the service was able to meet their individual needs and wishes. Information was also obtained from the local authority to ensure the service had up to date information. Following this the person was able to 'test drive' the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments.

Care plans contained information about people's wishes and preferences. Some people had signed documents within their care plans as confirmation that they agreed with the content. Some pictures and photographs had been used to make them more meaningful. Care plans contained details of people's preferred morning and evening routines, such as an in-depth step by step guide to supporting the person with their personal care in a personalised way. This included what they could do for themselves, however small and what support they required from staff. For example, one person was able to lift their right arm and leg up and lean forward. Health action plans were also in place detailing people's health care needs and involvement of health care professionals. Care plans gave staff an in-depth understanding of the person and staff used this knowledge when supporting people. Care plans reflected the care provided to people during the inspection. One relative told us their family members "Care plan is always up to date".

One person had moved into the service as a stepping stone towards more independent living.

Staff told us other people did have the skills and abilities to undertake daily living skills. However at the time of the inspection the care planning in place did not support developing people's independence. This is an area we have identified as requiring improvement. One relative felt this was an area for improvement.

Care plans were reviewed monthly to ensure they remained up to date. People told us they had an annual review

Requires improvement

Is the service responsive?

meeting with their social worker, their family and staff, where they could discuss their care and support. In a recent quality assurance survey people said they 'strongly agreed' they had a say in how staff provided care and support to them.

People told us they would speak to a staff member if they were unhappy, but did not have any complaints. They felt staff would sort out any problems they had. Relatives said they had not needed to complain, but had at times made suggestions. These had been positively received and acted on. There had been one complaint received by the service in the last 12 months, this was still open at the time of the inspection and the register manager was working to resolve this with relatives. There was an easy read complaints procedure so people would be able to understand the process. The registered manager did some 'hands on' shifts so was available if people wanted to speak with them. The registered manager told us that any concerns or complaints were taken seriously and used to learn and improve the service.

People had opportunities to provide feedback about the service provided. The registered manager worked alongside staff, so was able to see and hear feedback from people. People had completed questionnaires to give their feedback and make suggestions about the service provided. Those held on files in the office were positive. The registered manager told us that relatives also completed quality assurance questionnaires, but these were sent direct to senior management and they would only be contacted if they were required to take any action.

Requires improvement

Is the service well-led?

Our findings

The registered manager was unable to locate details of the provider's aims and objectives on the day of the inspection. The registered manager agreed these needed to be more readily accessible and embedded into the service. We asked for a copy of the statement of purpose, which would contain the aims and objectives of the service. The document available was dated 2012. This is an area we have identified as requiring improvement. Following the inspection we looked on the provider's website and found the aim for Rose Cottage was to 'provide a safe and homely environment, where all individuals can make their own choices about the support they receive. We do everything we can to improve the health and wellbeing of the individuals we support and as a team we are focused on building positive outcomes for everyone'.

In discussions staff told us they felt the aim was to make sure people lived a life comfortably, people's needs were met and they were treated as individuals and that the service/environment was family orientated.

People completed quality assurance questionnaires to provide feedback about the service they received. These were mostly positive, but there was no analysis of people's responses to help drive improvements. The registered manager told us relatives also completed questionnaires, but they were only advised if negative comments required the registered manager to take action, no other feedback or analysis was received by the registered manager. This is an area we have identified as requiring improvement.

There was an established registered manager in post who was supported by senior staff. The registered manager worked Monday to Friday, although 10 hours was spent on shift. People said the registered manager was "Nice", approachable and sorted things out. In a recent quality assurance survey people said they 'always' or 'mostly' happy with the way the service was managed. Relatives were positive regarding the registered manager. Their comments included, "They are very nice person". "I have a good relationship with her and things are dealt with". "She likes things done as they should be run". "Her focus is on the people that live there and she is proactive in providing a homely environment". "She expects quality from her staff and is very good". "She is excellent and on the ball".

There was an open and positive culture within the service, which focussed on people. People spoke positively about the registered manager. Staff felt the registered manager motivated them and the staff team. Staff felt the registered manager listened to their views and ideas. One staff member said, "Communication with the manager is really good". The registered manager demonstrated a proactive approach to working as an inclusive team within the service and supporting her team of staff and building morale. A social care professional told us that the registered manager was open and honest during reviews and was always willing to take on advice and support. She appeared to have a very good understanding of the support of their client. Another said they had "Good communications" with the registered manager.

Social care professionals felt the service was well-led. Their comments included, "I feel (the registered manager) leads the service well, staff always appear to be happy and supportive, which impacts of the whole house". "The registered manager has always been accommodating with regard to setting of meetings and providing reports etc. She talks respectfully to both residents and staff, and has a good knowledge of my client". "The registered manager communicates well and has a good understanding of my client's needs".

People had completed quality assurance questionnaires to give feedback about the services provided. These were generally positive although one person wanted to go out more.

Staff said they understood their role and responsibilities and felt they were well supported. They had regular team meetings where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Records showed that meetings were used to discuss policies and procedures, knowledge checks of DoLS, to encourage people to drink in the warm weather and any incidents that had occurred. Staff also used a daily handover to keep up to date.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicine management, infection control checks, and health and safety checks and out of office hour's spot checks on staffs practice.

Senior managers visited the service regularly to check on the quality of care provided. Staff told us that these visitors

Requires improvement

Is the service well-led?

were approachable and always made time to speak with them and listen to what they had to say. They told us that recently one of the directors had also visited the service. Senior management undertook a service review and produced a report. In this report other audits that were carried out were monitored to ensure all actions had been or were being taken to address shortfalls in a timely way. Records showed that the only actions outstanding were following the infection control audit, which had taken place in February 2015. The registered manager told us this related to purchasing pedal type bins. The action to address this outstanding shortfall does not appear timely, although the registered manager told us the new bins would be purchased by the end of the week.

The registered manager received a weekly update communication, had built a network of local managers and attended regular managers meetings, which were used to monitor the service and keep managers up to date with changing guidance and legislation. Good news and practices were also shared to drive improvements as were policy updates.

The atmosphere within the service on the day of our inspection was open and inclusive. Staff worked according to people's routines and facilitated discussions between themselves, individual's and the inspector.

Staff had access to policies and procedures via the provider's computer system or a folder was held within the service. These were reviewed and kept up to date by the provider's policy group. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service. People also had access to some easy read policies and procedures, such as safeguarding, voting and medicine administration.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had failed to properly assess the risks relating to the health and safety of people and ensure people were protected from the risks associated with proper and safe management of medicines. Regulation 12 (1)(2)(a)(b)(g)