

TAS Care Limited

# Rose Cottage Nursing Home

## Inspection report

47 High Street  
Haydon Wick  
Swindon  
Wiltshire  
SN25 1HU

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rose Cottage is a residential care home providing accommodation for persons who require nursing and personal care for up to 21 people. The care home accommodates 21 people in one adapted building. At the time of our inspection there were 18 people using the service.

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

People were not always protected from the risk of harm. Records did not always evidence action taken to keep people safe. Staff were not always provided with detailed guidance to follow when supporting people with complex needs.

Medicines were not always managed safely. The provider had an auditing system which included auditing medicines; however, shortfalls found during inspection were not always picked up by these audits.

Staff we spoke with understood their responsibilities to report concerns. There were enough staff to meet people's needs. Staff told us they felt they had the skills, time and support they needed to meet people's needs.

When incidents or accidents occurred, it was not always clear these were investigated, and if lessons were learnt. There were systems in place to monitor the safety and quality of the service. However, these monitoring systems were not always effective in identifying quality concerns and had not identified the concerns we found at this inspection.

People and their families gave positive feedback about being involved in the planning of their care and the care they received from staff at Rose Cottage Nursing Home.

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; however we saw that documentation around best interest decision was not always completed in full as it did not involve professionals in decision making. We were assured by the provider that this would be implemented immediately.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (23 January 2019).

At our last inspection we recommended that the service seeks guidance from a reputable source in relation to effective quality assurance systems to identify and manage potential risks to people. At this inspection we found that although regular audits were being carried out, these were not always effective at driving improvement or identifying concerns found on inspection.

### Why we inspected

The inspection was prompted as we received concerns in relation to people's safety, nursing care needs, management of the service and staff competency. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

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 of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led relevant sections of this full report.

### 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 effective?

The service was not always effective.  
Details are in our effective 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** ●

# Rose Cottage Nursing Home

## 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.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rose 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. Rose Cottage is a care home with nursing care. 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 the Care Quality Commission 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 spoke with 10 people who used the service and 3 relatives. We observed the environment and the way staff interacted with people. We looked at 4 people's care records and 2 medicine administration records (MARs). We spoke with 5 members of staff including the registered manager, carers, and support staff. Following the inspection, we also spoke with the local authority who had recently carried out their own quality checks and the local safeguarding team.

We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 3 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Records did not always demonstrate that the registered manager understood their responsibility to report any evidence of abuse promptly. For example, we saw that 2 people using the service had records of identified bruising. We did not see any documented action taken to investigate and safeguard those individuals. Upon discussion with the registered manager they discussed the action taken but did not identify the need for further investigation or consultation with the local safeguarding team.
- Incidents and concerns were not always effectively communicated and documented. Although staff we spoke to understood how to raise concerns, staff were unaware of details relating to recent incidents within the home which resulted in multiple safeguarding incidents being raised by external professionals. These incidents had not been recorded on the safeguarding log or the incident accident log and were not recognised as such by the registered manager.
- Safeguarding procedures and policies were in place and staff had received training in safeguarding, however we saw that some were overdue their refresher training and one staff had yet to complete this.

The provided did not effectively operate systems to assess, monitor and mitigate risks. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

- Despite concerns raised, people told us they felt safe with the staff supporting them. People's comments included; "Safe- yes I have never felt anything different, the staff are good and they know what they are doing" and "I always have my call bell handy but I do not use it very often, but someone always comes."
- Relatives told us their family members received safe care. Comments included "Yes absolutely, nothing's every happened that I've not been happy with" and "She (relative) seems safe, she always seems happy."

Using medicines safely

- Medicine related records were not always complete. We saw that PRN protocols did not always contain start/review dates. The register for disposed and returned medicines often contained one signature, a witness signature had not been obtained. This was a breach of their management of medications policy and procedure.
- Regular controlled medicine stock checks had not been carried out; this was not in line with the homes medicine management policy. However controlled drugs were stored safely, and stock levels checked were correct.
- During the inspection we saw that prescribed thickening agents were being stored in an unlocked drawer in the dining room . This placed residents at risk due to the accessibility of this medicine. The registered

manager told us that safety measures would be put in place immediately.

The lack of system in place to ensure that medicines were managed safely placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Nurses were responsible for the administration of medicines; some care staff had been trained to assist people with taking their medicines. Staff confirmed and we saw that staff had annual updates and competency assessments.
- Medicine administration records (MAR) were reviewed. There were limited gaps in administration records seen. Receipt of medicines are recorded on the MAR and two signatures added.
- We observed staff undertaking a medicine round. Their practice was seen to be safe; staff were not interrupted by other staff during the round. Staff demonstrated an awareness of people's needs regarding their preferred method of administration.

Assessing risk, safety monitoring and management

- Detailed assessments were in place to assess the risk that was present in people's lives. The assessments referred to risk relating to people's mobility, their health, the environment, nutrition and hydration, and equipment used by staff.
- The services' policy outlined that risk assessments should be reviewed monthly, however this was not always completed. We saw that for 2 people their risk assessment has not been updated monthly and 1 person at risk of pressure damage has not had a review for 3 months.
- Although we saw detailed risk assessments in place, records did not always evidence that these were being followed and lacked further insight into people's conditions. Two people at risk of pressure sores had incorrect settings on their air mattress, but records of positional changes and daily pressure checks were completed to state that the pressure was correct. This was discussed at the time of inspection and rectified by the nurse in charge.

The lack of oversight to record, assess, monitor and mitigate the risks relating to the health, safety and welfare of service users was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

- Staff we spoke to were knowledgeable about peoples' required individualised support, and equipment needed in order to reduce the risk of avoidable harm. We saw staff carrying out safe care with recommended aids.
- Relatives were informed if their family member's risks changed. One relative commented, "They [staff] are always very good at calling the Doctor and letting me know all the time if they have contacted them."

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.
- There was a visiting booking system in place which people could visit residents of Rose Cottage Nursing home for 30-minute visits if pre-booked. We spoke with the registered manager about the rationale of a booking system with limited timing. The registered manager told us that they would review the system to reflect the current guidance and support the wellbeing of people living in the home.

There was not a robust system to ensure the provider's policies were updated in line with national guidance in a timely fashion. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

Learning lessons when things go wrong

- Staff we spoke with were not always aware of the lessons learnt and the actions needed to minimise the risk of recurrence following incidents.
- The provider did not have effective systems in place to promote learning when things went wrong. Lessons learnt documents were not completed following an incident and incidents were not always shared by management with the whole team.
- Where incidents or accidents took place, we saw no evidence that the registered manager had reflected on these to mitigate future risks.

The lack of oversight to record, assess, monitor and mitigate the risks, to evaluate and improve their practice is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and meet their needs. The registered manager ensured staff numbers were safe through good rota management and the use of a staffing dependency tool.
- We received mixed feedback about staffing levels. Although we observed there were enough staff to meet people's needs, we also heard that some staff were bank (care staff who can be contacted by an employer when the need arises). This put pressure on permanent staff and staff responsibility, however staff we spoke with told us that they were able to provide good care due to the size of the home and the continuity of staff. Comments included "We have enough staff; we are not rushed and if anyone is ever unwell there will be someone to cover."
- People and their relatives told us there were enough staff to meet their needs. Comments included, "There has been a few different faces over the last month, the staff were there a few years ago that are still there" and "We have a nice set of carers here at the moment, I think there are plenty for what we need."
- The provider's recruitment processes helped to ensure suitable staff were employed. This included checks into staff's background, employment history and past working performance, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to Requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed using recognised tools and assessments. Assessments covered a wide range of people's needs which were used to develop individualised care plans and to recognise ongoing risk to individuals.
- People's care plans were person centred. Person centred assessments were carried out on admission. Care plans detailed people's care in line with their needs and were being reviewed frequently.
- We received mixed feedback about communication. Some staff felt they were able to deliver effective personalised care due to the handover system in place. One member of staff told us, "Each resident has a folder, we have time to read them and they provide us with the relevant information. If there have been changes, we have a handover where we will be updated." Other members of staff told us that they were not always made aware of incidents or changes. Since the inspection visit, the registered manager has implemented a communications log in place to detail incidents/accidents.
- People and their relatives told us care was being provided in line with people's needs. There were regular reviews of care plans to ensure all changes of circumstances were reflected. When asked if people were involved with care plans comments included, "Always yeah, every time, not sure how often but I've been asked 2 or 3 times a year," and "I don't think I would change anything here, the staff are good."

Staff support: induction, training, skills and experience

- People received care from a small team of staff. During the induction staff had the opportunity to shadow more experienced staff. All staff we spoke to said that they felt adequately supported and trained to meet people's needs
- Although staff felt they had enough training; we saw that the services training record contained gaps. Some staff had not completed training in dementia awareness training, first aid, oral healthcare, risk assessment, fire safety, deprivation of liberty, epilepsy and falls prevention. Recent safeguarding concerns indicated staff were not always aware of seizure presentation and the least restrictive measures to support people with falls. The registered manager told us that they would prioritise this learning.
- People and relatives told us they felt staff had the right skills to meet their needs. Comments included "[Staff are] absolutely trained, they are all fully trained, and I have seen people spend a lot of time with new people [staff members]."
- The registered manager monitored staff's working performance through competency assessments, supervision and observations of staff whilst working. This helped to promote staff's ongoing learning and development although there was not always evidence of this learning.

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

- During the inspection, we observed lunch which was efficient and timely. We saw people being offered choice and alternatives, and staff knew people's diets and preferences. For people who were unable to support themselves, we saw them supported to eat lunch in a kind compassionate way.
- We received mainly positive feedback about the food and support where needed with eating and drinking. Comments from people using the service included; "Every morning it is a good breakfast, you can have what you want", "They always ask you if you want to sit in the lounge or stay in your room," and "Oh you get good meals. I'm a bit of a problem eating sometimes. I am a diabetic, but they all know that."
- Where people needed support with nutrition, care plans detailed what support people required to eat and drink. This included their dietary preferences as well as their likes and dislikes. Relatives of those using the service told us "She [resident] has porridge for breakfast as she loves that, she always says the food's lovely, she chokes a lot so they [staff] puree her food."
- Procedures were in place within people's care plans to adequately manage any risks associated with people's eating and drinking. We saw that people were appropriately referred to community nutrition and dietetic teams with good outcomes. Food and fluid were recorded accurately with food and drink being offered regularly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw that the service communicated with other services and professionals in order to support people to live healthier lives such as the speech and language therapy (SALT) team, occupational therapists, physiotherapist, the mental health team and the local authority.
- People using the service told us staff were proactive in ensuring health needs were identified. Comments included, "If you have a health problem here they get someone to help you quickly", and "I do have a buzzer, I use it sometimes in the night if I want to go to the toilet, I don't have to wait too long at all. In fact, sometimes they are so quick you only have to press the button and someone is soon there."
- Relatives of people using the service told us "They [staff] have looked at her [relatives] sight, she [relative] was having her eyes checked, she gets her gums checked even though she doesn't have teeth, and the memory clinic input."
- Records evidenced that changes to treatment and support, advised by professionals, had been recorded and implemented. Staff we spoke to were aware of these changes made by professionals.

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

- Rose Cottage Nursing Home had a small dining room connected to a seating area which led to a long conservatory hallway. This space was located on the ground floor and was used for all people.
- Although tight for space, the home allowed free access and people could move around freely in the communal areas of the building with access to a secure garden. People we spoke to commented about the outside area, "We all go out and sit in the garden in the summer" and "I like my room here. I have a nice big window and I can get lots of fresh air in there. When it is warm in spring and summer, we go out into the garden a lot."
- We observed some areas of the home and décor were in need of refurbishment, however people's bedrooms had been personalised with personal items, pictures and items which were important to them. Adaptations had been made to the home to promote people's independence such as specialised baths and walk in showers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always working in line with the MCA and did not always understand their role and responsibilities in supporting the legal rights of people using the service. We saw care plans contained MCA decision forms which covered support people were receiving. However, we saw that decisions that required involvement from advocates or health/social care professionals was not part of the assessment process. The registered manager assured us that professionals would be consulted.
- Staff were knowledgeable about the MCA. Staff we spoke to had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. Staff supported people to make informed choices about their day to day care such as choices about the clothes and meals.
- One relative told us "We know that the service have all the correct relevant documentation in place they [relative] are unable to make decisions for themselves, the service know this and know what's in place, the home have had to tell locum Doctors about their status before."

# 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 requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

- At our last inspection we recommended the service seek guidance to implement effective quality assurance systems to identify and manage potential risks to people. The service had several checks in place to monitor the service, however we found some of the checks being used were not always reliable and had not been effective in identifying some concerns which potentially may put people at risk.
- Audits and management systems had not identified concerns we had found at this inspection in relation to medicines, records, feedback, training, and equipment.
- We reviewed the services accidents and incidents analysis log with the relevant paperwork and found not all incidents had been recorded. We saw that relevant information, investigation and action to manage future risks and demonstrate learning were not always implemented or available to staff.
- The system for investigating incidents and accidents was not robust. One person had experienced a fall, this was recorded as a 'one off' on the accident log. Records indicated that this incident was not a single event. The falls record had been reviewed after the incident and did not contain information about the recent fall.
- Monthly medicine management audits completed by the manager did not reflect the findings relating to controlled drug stock checks. The medicines management policy stated that controlled drugs will be checked weekly by the manager. We found that some controlled drugs had not been counted for 10 months. Although we did not find discrepancies within the log, the audit indicated that stock checks were being carried out at each shift handover
- The system for daily records were recorded as and when staff had time to fill out the relevant forms. The timestamp reflected the time that the records were made, not the time the support was provided. Therefore, the registered manager was unable to effectively monitor, investigate and assess any risks, incident, or complaint effectively.

The lack of oversight to record, assess, monitor and mitigate the risks relating to the health, safety and welfare of service users was well-led is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

- The manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. However, it was not always clear who was responsible for certain aspects of the service and how important information was communicated effectively to staff. The

registered manager has since put new ways of communicating in place to ensure that staff are aware about incidents.

- We discussed our concerns with the registered manager who acknowledged our comments and agreed that the frequency and quality of some of the audits used to monitor the quality of care being provided needed to be reviewed to help identify potential risks to people. We received further assurances that our concerns found during the inspection would be acted on promptly.

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

- People, their relatives and staff spoke positively about the running of the service, however not everyone knew who they would speak to if they had concerns. One person using the service told us, "I wouldn't have a clue who to approach, it would be the same if I needed to go to the Opticians but I hope I could rely on the home to do it for me" and "I would probably go to one of the older carers."

- People and relatives told us management staff regularly visited them to check on how their care was going. They told us management were approachable and friendly. Comments included "It's not just mum, everyone that goes in that place is well looked after and they give us support too, they go above and beyond sometimes."

- Staff enjoyed their roles and felt supported. Comments included "It's a good place to work, I enjoy coming to work, and the residents they are so lovely it's a big family it's nice. There's a good atmosphere" and "Although management can be set in their ways, she does take things we say into consideration and if something is broken and isn't working she does take it on board. She is visible, if she sees we are struggling she steps in there most days."

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

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

- Relatives of those using the service also told us about the communication between the service. Comments included "After an accident with my [relative] I had a meeting with the provider and registered manager, it was all fine, they dealt with it well. I'm always able to contact them for an explanation if I have concerns."

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

- The registered manager had systems in place to regularly engage with people and their relatives. These included getting feedback in person and through questionnaires. We saw examples of surveys which covered questions about the service, how safe people felt, how effective the care was, and if it was caring and well-led.

- Although feedback was sought from relatives and staff, we saw that feedback was often not documented as having been acted upon and did not accurately reflect people's wishes in the overall outcome.

- Regular team meetings took place, these covered service user updates, practical updates about the service and wider improvements and staff we spoke to felt that their opinion was valued.

- Relatives were kept up to date with events at the home through newsletters, emails and telephone calls/meetings and people and their relatives confirmed that they were involved within the service.

Working in partnership with others

- People received input to their care delivery from a range of health and social care professionals and other

agencies who worked closely with the service.

- The service worked closely with people's GPs. A GP visited the service weekly and engaged with nursing and care staff to provide responsive care and treatment.
- We heard from people using the service, "That is one of the other things you get here, your teeth, they take you and bring you back from the Dentist. You are well looked after here, if you want a GP I think you get one quicker than if you were outside (the Home)."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	There was a lack of procedures in place to assess and monitor the quality and safety of the service.
Treatment of disease, disorder or injury	Systems and processes to monitor and improve the quality and safety of the service were ineffective, this included medicines and assessments.  Record keeping was ineffective, therefore identifying trends for accidents and incidents were not carried out and no lessons were learnt.