

Rose Cottage Woodford Limited

# Rose Cottage Woodford

## Inspection report

99a High Street  
Woodford  
Kettering  
Northamptonshire  
NN14 4HE

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Tel: 01832735417

Website: [www.rosecottagewoodford.co.uk](http://www.rosecottagewoodford.co.uk)

## 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 ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 13 June 2017. This residential care home is registered to provide accommodation and personal care for up to eight people and at the time of our inspection there were eight people living at the home. The inspection in June 2015 rated the service as Good. At this inspection we found that the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to receive safe care. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. People knew how to raise a concern or make a complaint and the provider had effective systems in place to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the home. People and their relatives told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership to the home.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Rose Cottage Woodford

## **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 13 June 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we asked the provider to complete 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. Due to technical difficulties we did not receive this prior to the inspection.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection we spoke with five people, two relatives, two members of care staff and the registered manager.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started providing care to people. There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said "If I need anything I can press my button and they come straight away. They're very good." We observed that the levels of staffing allowed each person to receive attentive support from staff. We saw that staff spent time sitting with people and engaging them in conversations or activities they enjoyed.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One member of staff said, "I wouldn't stand for anything like that. I would report it to the manager straight away but I know I could go straight to the CQC or the council if I needed to." At the time of the inspection there had been no recent safeguarding referrals however the registered manager understood when they would be required.

People's needs were reviewed by the registered manager so that risks were identified and acted upon as people's needs changed. One person said "I need a bit of help to do a few things and they help me." Another person told us that they had not always felt safe when they were in their own home but they felt safe at Rose Cottage Woodford and this was because of the staff. Staff understood the varying risks for each person, and took appropriate action.

There were good arrangements in place for the management of medicines. One person said, "They [the staff] bring me my tablets and they make sure I've taken them all." Staff were knowledgeable about people's conditions and the medicines they required. Medicines were stored securely and appropriate records were maintained to show what medicines people had received.

## Is the service effective?

### Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "I think the training here is pretty good." Staff also had the guidance and support when they needed it. Staff were confident in the registered manager and were satisfied with the level of support and supervision they received.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We saw that applications to deprive somebody of their liberty had appropriately been submitted when necessary under the Deprivation of Liberty Safeguards (DoLS) procedures.

People were supported to maintain a balanced diet and eat well. People were encouraged to eat their meals as independently as possible but when people required assistance they were supported. One person said, "I can't cut up my food myself because of (arthritis in) my hands but they always help when I need it." Staff understood people's food preferences and how they could support people and the registered manager made a significant effort to provide good quality meals that people enjoyed and this was reflected in people's positive comments about the food.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. Staff were knowledgeable about people's health needs and understood when people were not feeling themselves.

## Is the service caring?

### Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "We have a good chat and a giggle." Another person told us the staff often sit down and have a chat or play a game together. Staff knew about people's individual needs and were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other. Throughout the home there was a relaxed and friendly atmosphere which encouraged people to talk to each other and to the staff.

People were encouraged to express their views and to make their own choices. People were asked about their opinion of matters within the home, and in their day to day lives. For example, people were asked if they wanted to join in activities or where they spent their day. Staff understood when people might want to spend some time alone and respected this, ensuring they were safe.

Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. The registered manager had a good understanding of independent advocacy services and when they may be required and people were supported to see their family and friends. Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said, "We come quite often and the staff are always friendly. They're always smiling and we can take [name of relative] out when we want. We're very happy and [name] is very happy."

## Is the service responsive?

### Our findings

People's care and support needs were fully assessed before they came to live at the home to determine if the service could meet their needs and they wanted to stay. Staff ensured people's care and treatment was planned and delivered in line with people's individual preferences and choices. One person said, "The staff know what I need help with. They just help a bit with having a wash and getting up." Another person told us, "I can do most things myself but the staff help if I need it." Staff understood that they could refer to people's care plans to understand the care each person required and they used this as a guide, but they had a good understanding of people's needs.

People's changing needs were identified and monitored by staff. Staff had a detailed knowledge of people and recognised when people's need had changed. For example, staff encouraged people to be independent and recognised when they were able to step back and support people to do things for themselves. We saw one person had commented on the positive progress they had made since they arrived at the home. They said, "I have improved my walking and want to continue to improve."

People were supported to participate in activities they enjoyed and that had an impact on their quality of life. One person said, "We do all sorts. Music bingo, making cakes, exercises. I like to keep busy." Another person told us, "We go out quite a lot. We went to the pub yesterday for dinner in memory of someone who used to live here and we like to go for fish and chips and have a long drive back, I like that. I don't know how they manage to get us all out but they do!"

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. One person said, "I've got nothing to complain about! It's very good." Another person said, "What could we complain about?! The manager is always here if something wasn't right." Staff were responsive, approachable, supportive, and listened to people. The registered manager understood their responsibilities to investigate and respond to people's complaints however at the time of the inspection no formal complaints had been received.



## Is the service well-led?

### Our findings

The service had a positive ethos and a supportive culture. Staff members were passionate about their roles and the people they were supporting. They were encouraged to come up with new ideas for the service and to discuss these ideas with the people they supported. One member of staff told us, "I have worked at other homes but this one is very good. I really like it here. We're a good team." The registered manager encouraged staff to play a role in its development and make suggestions about how it could be improved.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. One person said, "The manager is always here and helps out if we need it." The staff were confident in the manager and felt they could approach them with any queries or suggestions which would be fully considered.

Quality assurance systems were also in place to help drive improvements. These included a number of internal checks, audits, surveys and questionnaires. These helped to highlight areas where the service was performing well and the areas which required development. This helped to ensure the service was as effective for people as possible. We saw that where improvements had been highlighted, these had been carried out.