

Rose Cottage Woodford Limited

Rose Cottage Woodford

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rose Cottage is a residential care home that provides accommodation and personal care for up to 10 older people. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were four people receiving personal care.

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

People told us they were happy with the service they received. They spoke of the homely feel and happy atmosphere. One person said, "I'm glad I came to live here. This is my home now and I am well looked after." Staff were caring and we observed kind interactions with people using the service. People knew the staff well and by their preferred names.

Processes were in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities in relation to this and were clear about the way to escalate any concerns they identified. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again. Sufficient staff were available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed safely.

People continued to receive effective care. Staff received training relevant to their roles and had regular supervision and an annual appraisal. People were supported to eat and drink enough and staff supported them to live healthier lives and to access healthcare services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent to care was gained in line with current legislation.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively, however the recording of complaints needed to be in line with current General Data Protection Regulations (GDPR). The service provided appropriate end of life care to people when required.

The service continued to be well led. There was clear leadership and people told us they could speak with staff or the registered manager if there were issues. Systems were in place to monitor the quality of the service and the care provided and actions were taken to continuously improve the service.

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

Rating at last inspection

The last rating for this service was Good (published 12 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Rose Cottage Woodford

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Rose Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection

We spoke with three people using the service and one relative. We had discussions with three members of staff including the registered manager and two care and support workers. We reviewed a range of records that included two people's care records and all the medication records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We looked at training data, quality assurance records, minutes of meetings and additional evidence the provider submitted.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and said staff checked on them regularly and there was always someone there for them. One person said, "I feel very safe here. I know staff are here and that makes me feel safe."
- The provider had policies and procedures to keep people safe. Staff received training on safeguarding adults from the risks of abuse. They were aware of the signs of abuse and the procedure for raising concerns.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed that these were completed.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Staff completed risk assessments to identify and manage risks to people's health and safety, such as the risk of developing pressure ulcers, falls and nutritional risks. Staff explained the actions they had taken when a person had fallen, to reduce the risk of it happening again.
- An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency requiring evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- People told us there were enough staff to support them safely. They said when they called for assistance staff mostly responded in a timely way. They said there were very occasional waits when everyone wanted assistance at the same time, although this was not a concern for them.
- We observed, and staff told us there were sufficient numbers of staff to meet people's needs. However, one staff felt the service would benefit from an extra staff member at peak times. We discussed this with the registered manager who told us that if people's needs increased then so would the staffing levels. A second staff member said, "We have enough staff. There is really good team work and we support each other. Staff rotas showed the staffing levels were consistent."
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of

people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.

- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. A medicines policy gave guidance to staff on the safe management of medicines.
- People told us staff always remembered to give them their medicines at the same time each day. We observed staff asking people if they required any pain-relieving medicines and checking where the pain was, to enable them to administer the prescribed pain relief.
- The provider completed medicines management audits and any actions were identified and addressed. Staff received annual medicines updates and competency assessments.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean, and people told us staff were thorough in their cleaning.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager reviewed and collated information from these. This enabled themes to be identified and ensured any actions required to reduce the risk of recurrence were implemented.
- Staff said they received feedback about changes to practice at shift handover meetings and other staff meetings. They said they had the opportunity to contribute their views and that communication was good.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care was assessed before they went to live at the service. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessment process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff completed induction training when they started working in the service. Staff told us they were given plenty of opportunity to shadow experienced staff, to get to know people and read their care plans, prior to working independently.
- Records showed, and staff confirmed, they received regular mandatory training updates. The training provided was relevant to the staff roles.
- Staff felt supported in their role and received regular supervision and an annual appraisal. They said they could contact the registered manager if they needed support.

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

- People using the service were very complimentary about the food and meals provided. One person said, "I look forward to the meals. They are lovely; proper cooking." Another person said, "The food is excellent; you get a choice and if you fancy something, they will try their best to get it for you."
- People said they had made some suggestions about the way meals were served and their views had been implemented. For example, some people felt their plates were being overloaded and wanted all portions to be placed in serving dishes, so they could help themselves. We saw this taking place on the day of our visit.
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

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

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. Records showed people had access to a GP service, dietitian, community nursing services and other professionals as required.
- People had access to preventative and early diagnostic services such as regular eye tests and access to a chiropodist.
- Staff assessed people's oral health and developed oral health care plans.

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

- The premises were suitable and accessible to the people living at the service. The environment was well maintained, homely and offered plenty of personal space.
- People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

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 Act 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. They had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff completed mental capacity assessments and involved relevant people in the best interest decision making process. Staff supported people in the least restrictive way possible.
- DoLS applications were made when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave very positive feedback about the attitude of staff and the way they were treated. For example, one person said, "I can't fault them, they are absolutely super. They are extremely kind and caring." Another person said, "I am very happy; very comfortable. The staff are very good; exceptional I think." A relative commented, "[Family member] is better now seven years on than they were on the first day they arrived here. That's how good the care is."
- Staff treated people with kindness and understanding. They were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance.
- Staff received training in equality and diversity. Our observations of care demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had choice in their daily lives. One person said, "I choose whether I want to stay in my room or join everyone in the lounge." Another person said, "I have my routines and the staff know exactly what they are and how to look after me."
- People had the opportunity to express their views about the service; they said they gave their feedback to staff, at 'resident' meetings' and through surveys. One person said, "We can give our views and the manager listens to us."
- We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed and peoples' views were recorded and acted on.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, one person said they received help when they had a shower, although they could manage other elements of their personal hygiene independently.
- People said staff maintained their privacy and dignity. Staff knocked on people's doors before entering their room and maintained their dignity when providing care. Staff spoke of the steps they took to maintain people's privacy and dignity during personal care, such as drawing the curtains and shutting the door.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at the service. Information from the need's assessments were used to develop detailed care plans.
- People's care plans were person centred and included personalised information to support staff to deliver consistent care. They were reflective of people's current needs and reviewed monthly or when people's needs changed.
- People felt they were treated as individuals and staff understood their needs and preferences in relation to their care. They said their care plans and care needs were discussed with them regularly. A member of staff said, "We sit down with people when we update their care plans and talk it all through with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place for each person to provide details of approaches for staff to ensure they maximised people's understanding and involvement.
- The service could provide people with information in different formats if it was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had the opportunity to go out regularly for visits and social activities. They told us how they regularly went out for lunch to the local pub and visited the local hairdressers and some visited a day centre for people living with dementia.
- 'In-house' activities took place, such as making jewellery, colouring and gentle exercises. One person said, "There's lots of variety, we all enjoy the activities."
- People were supported to develop and maintain relationships with people that mattered to them. One person said, "My [relative] visits me every week. That's important to me." A relative told us, "I can visit when I like. They always make me feel welcome."

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints.
- People told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns. A relative said they

felt confident if they had any concerns they would be quickly addressed.

- The service had not received any complaints for over a year at the time of our inspection. However, there were processes in place to ensure that all complaints would be dealt with appropriately. We saw that previous complaints had been recorded in a small notebook. This did not meet the requirements of the General Data Protection Regulations (GDPR) legislation. We discussed this with the registered manager who said they would action this immediately to ensure each complaint was recorded separately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the registered manager told us they could support a person at the end of their life if it was required and had previously done so.

- The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an open culture and people felt confident to contribute their views. They felt they were listened to and valued. One person said, "I can make my own decisions and feel that the staff do respect my choices."
- Staff said there was good team working and everyone was focussed on ensuring people using the service were happy and fulfilled.
- The staff and the registered manager had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- Everyone spoke highly of the registered manager and how much work they put in to the smooth running of the service. Comments included, "[Name of registered manager] is very approachable. She always listens." "The home is well run. Everything runs like clockwork."
- The registered manager knew all the people using the service well and was involved in supporting them. They worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of the service.
- The registered manager and staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

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 ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- The provider had displayed their last CQC rating at the service.
- The registered manager and staff team completed a range of monthly audits to monitor the quality of care provided. Actions from the audits were identified and undertaken.
- Staff were clear about their roles and responsibilities. The registered manager said they were proud of the staff team and how well they worked together, supporting each other.

- Notes of staff meetings showed there was a discussion of quality issues and outcomes of audits with updates about people using the service.

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

- Staff told us that because the service was small the communication throughout the service was very good. Staff said they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- People were encouraged to give their views about the service and through annual surveys, residents meetings and on a one to one basis. Notes of meetings showed a full range of topics were discussed including, the menus, activities and outings.
- Service satisfaction questionnaires were sent out to people and family members to comment on the overall quality of the care. We looked at the latest surveys and saw that all the comments were very positive. Where appropriate, comments were used to drive improvement at the service.
- People using the service and staff said that everyone was treated equally and fairly. They had the opportunity to discuss their diverse needs and these were catered for.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided.
- The registered manager and staff team were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment, to ensure people had the best care possible.
- The registered manager had completed an action plan for the service based on a local authority monitoring visit. This had been fully completed.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and peoples GP's.