

Rose Cottage Nursing Care Limited

Rose Cottage Nursing Care Home

Inspection report

Station Road
Halfway
Sheffield
South Yorkshire
S20 3GU

Tel: 01142510595

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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

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

Rose Cottage is a nursing home providing personal and nursing care for up to 29 older people. The accommodation is based over three floors, which are accessed by stairs or a lift. The home is situated in a residential area, close to local amenities and transport links.

In November 2017, the name of the registered provider and nominated individual changed.

At the time of this inspection, 28 people were living at Rose Cottage.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection, we found the service remained Good.

Why the service is rated Good.

People receiving support and their relatives told us they were confident they or their family member was safe.

Staff were aware of their responsibilities in keeping people safe.

Policies and procedures for the safe handling of medicines were in place.

There were robust recruitment procedures in operation to promote people's safety.

Staff were provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People receiving support and their relatives felt staff had the right skills to do their job. They said staff were respectful and kind in their approach.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans contained relevant information and had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and staff, and felt they would be listened to.

There were quality assurance and audit processes in place to make sure the service was running well.

The service had a full range of policies and procedures available to staff.

Further information is in the detailed findings below.

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 Nursing Care Home

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 14 May 2018 and was unannounced.

The inspection team consisted of two adult social care 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. The expert-by-experience had experience of caring for older people.

Prior to this inspection, we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection, we spoke with eight people who were receiving support, and four of their relatives and friends to obtain their views about the service. We spent time in communal areas speaking with people

and observing how staff interacted with each other and the people they were supporting.

We looked around different areas of the service, which included some communal areas, bathrooms, and with their permission, some people's rooms.

We spoke with the registered manager, a qualified nurse, two care workers, the cook, a kitchen assistant, two housekeeping staff, the administrator and the activities coordinator to obtain their views.

We reviewed a range of records, which included three people's care plans, two staff support and employment records, training, supervision and appraisal records and other records relating to the management of the service.

Is the service safe?

Our findings

People receiving support told us they felt safe living at Rose Cottage. Their comments included, "I'm safe and well looked after," "They [staff] are so kind and I feel very safe. I didn't at home," "I couldn't cope at home. They [staff] look after me great, and I'm safe," "My daughter chose this home and she can settle knowing I'm safe," "I wouldn't stop here if I didn't feel safe" and "I like it, it is home from home."

Relatives and friends of people living at Rose Cottage said they had no concerns regarding safety. Their comments included, "I am sure [name of friend] is safe here. They always seem content and say they like the staff," "I am so settled that [family member] is happy and safe. That makes me very happy," "Safe and homely" and "Can't fault it. If I could chose I'd come in here myself, it's that good."

All staff spoken with confirmed they had been provided with safeguarding vulnerable adults training. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. This meant staff had an understanding of their responsibilities to protect people from harm.

We saw policies on safeguarding vulnerable adults and whistleblowing were available so staff had access to important information. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Staff knew about whistle blowing procedures.

The staff training matrix and individual staff training records checked verified staff had been provided with relevant safeguarding training.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The registered manager told us they occasionally handled small amounts of money for people receiving support. We saw that financial transaction records had been completed in line with the registered provider's policy. We checked three finance records. Receipts were retained and corresponded to the records held. This helped to keep people safe from financial abuse.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a policy on medicines in place to inform staff.

We checked three peoples medication administration records (MAR.) These had been fully completed. The MAR held detail of any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. Medicines were stored securely. We observed part of the mid-day medicines administration, which showed people received their medicines in line with safe procedures.

Some people who lived at Rose Cottage were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered manager observed staff administering medicines to check their competency. We saw regular audits of people's MAR were undertaken to look for gaps or errors. We saw records of medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We found the registered provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We checked two staff recruitment records. Both contained all the information required by legislation. The records evidenced Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We checked to see if enough staff were provided. Staff told us, and records confirmed, during each day one qualified nurse and four care staff were provided, in addition to ancillary staff such as housekeepers, laundry and kitchen staff. One qualified nurse and two care staff were provided during each night. We checked the staffing rota for the four weeks prior to this inspection and found these numbers were maintained. We found staff were visible throughout the home and responded to people's requests for support in a timely manner. This showed appropriate levels of staff were provided to keep people safe.

We looked at three people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs, for example, moving and handling. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found policies for infection control were in place so that important information was provided to staff. Staff were provided with equipment, including gloves and aprons, to ensure they could provide care safely. All areas of the home seen were clean. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon.

The registered manager confirmed that they monitored records of accidents and incidents so that any trends or patterns could be identified and acted upon and action plans were put in place to reduce the risk of them happening again. We saw records of accidents analysis to verify this.

Is the service effective?

Our findings

People we spoke with told us they thought the care staff were well trained and performed their jobs well. They told us the staff were very good at providing them with the support they needed. Comments included, "I think this place is wonderful" and "I get everything I need, the staff see to that."

Relatives of people receiving support spoke highly of the staff. They told us the service delivered care in a way that met their family member's individual needs. They said care staff knew what support was needed and they had the skills to do their jobs effectively. Comments included, "We only have to ask and it's done, no problem," "[Family member] likes a bath and can have a lovely long soak. They like that," "They [staff] take [family member] out into the garden and they can have a glass of Baileys, they like that," "From day one, we can all come to visit [family member] and the grandchildren are always welcome," "[Family member] likes that we are one big happy family in here" and "My [family member] calls it home."

We found the service had policies on induction and training to inform practice. We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on privacy and dignity and dementia awareness. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training was, "Very good" and "Excellent."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We found the service had policies on supervision and appraisal to inform practice. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Staff were knowledgeable about their responsibilities and role.

People told us their health was looked after. Comments included, "I have a leg problem, so they [staff] got me a special chair," "I can't turn myself, so I get regular two hour turns" and "I always see the doctor if I need to." The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included GPs, dieticians, and specialists at hospitals. The care

records checked held clear details of people's health needs and how these were supported. This showed that people's health was looked after and promoted.

People told us they enjoyed the food provided. Comments included, "I can choose what I eat and where I eat it, in my room or the dining room," "Couldn't wish for better food," "The food is always nice and hot and well cooked," "We have a choice of two dinners every day," "If I change my mind about my meal, they [staff] will always get me something else," "They [staff] made me a lovely cake for my birthday," "I like a cuppa and a slice of bread and butter before I go to bed, and I get it" and "Foods nice. There's always more than I need."

A relative told us, "[Family member] has difficulty swallowing so they [staff] chop up their food and give them plenty of time to eat, no rushing."

We found a varied and nutritious diet was provided to support people's health and respect their preferences. We spoke with the cook who was aware of people's dietary and cultural needs and preferences so these could be respected. We saw people could have different to the menu if this was their preference. Some people had been assessed as needing their fluid intake monitored to minimise the risk of dehydration. We checked 27 fluid balance charts. These had been fully completed and showed appropriate levels of fluid were provided. The charts were checked and monitored by senior staff to ensure people were provided with enough to drink, and to maintain their health.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People told us they felt consulted and staff always asked for consent. People's relatives also told us they felt consulted. The care plans we checked all held signed agreements to evidence their consent. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

The staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

We found the accommodation was well maintained and well decorated, which provided a pleasant living space.

Is the service caring?

Our findings

People living at Rose Cottage made positive comments about the service. People told us they were happy and well cared for by staff that knew them well. They said staff, including the registered manager, were good at listening to them and meeting their needs. Their comments included, "They [staff] care a lot, nothing is too much trouble," "I'm very happy here. They [staff] are nice," "[A relative] is in here and they recommended it. It's lovely," "I'd recommend it [the home] to anyone" and "The family chose this place because they heard it was good, and they were right."

Relatives of people receiving support told us the staff were caring and understood people's preferences and needs. Everyone said staff were respectful and kind. Comments included, "I don't come a lot, but when I do the staff always give me a warm welcome. You always hear them [staff] chatting to people. They all seem very kind," "From the beginning it was like one big happy family," "There is great interaction with all residents and staff," "I'm glad [family member] came here. It's a lot further for us to travel, but well worth it," "[Staff] know them here and accept their little ways" and "I trust them [staff] to look after them [family member]. They are happy. They [staff] are really marvellous."

We spoke with staff about people's preferences and needs. They were able to tell us about the people they were supporting, and could describe all aspects of the support people needed and wanted. They were aware of people's history, interests and what was important to them. This showed staff knew the people they supported well.

During our inspection, we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

Staff we spoke with could describe how they promoted dignity and respect. People's relatives told us staff respected privacy and they had never heard them talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Staff told us training in equality and diversity was provided as part of induction to ensure staff had appropriate awareness, skills and knowledge to carry out their role and meet people's diverse needs.

Every staff member spoken with said they would be happy for a family member or friend to live at Rose Cottage. Comments included, "This is a family. It is a really caring home" and "I would definitely be happy for my mum or dad to live here. No doubts at all."

The care plans seen contained information about the person's identified needs, preferred name, their

history, hobbies, preferences and how people would like their care and support to be delivered. People receiving support and their relatives said that they had been involved and consulted in writing their care plan. This showed people had been involved in discussions about support and important information was available so staff could act on this.

Is the service responsive?

Our findings

People living at Rose Cottage said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided. Comments included, "I prefer to stay in my room most of the time and that's okay," "I can choose what I watch on the television," "I can choose what I eat and where I eat it, in my room or the dining room," "I don't want to go out of my room and they [staff] respect that," "If I want something I just ring [the call bell], that's good," "I choose my own clothes every day, I like to," "Before I came here I liked to read my paper, and they [staff] get me one every day," "I like to do crosswords, they [staff] try to help me, but they are rubbish [laughs]," "I wanted my hair spray painted for Halloween and they [staff] did it, it was fun" and "They [staff] will take me in a chair to do exercise sessions with the others. I can't do much, but it's a laugh."

Relatives of people receiving support told us the support provided by the service was personalised to their family member's needs. Comments included, "We are all so glad [family member] came here. Nothing is too much trouble," "[Family member] can go out and about and have some independence, but be safe" and "[Family member] calls it their special home."

Throughout our inspection, we heard staff constantly ask people about their preferences and choices in their daily living activities.

We looked at three care plans. They were all specific to the individual and person centred. All contained a range of information that covered all aspects of the support people needed. They included clear information on the person's identified need, interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people's needs were met. This showed important information was recorded in people's plans so staff were aware and could act on this. The plans seen had been regularly reviewed to keep them up to date.

The staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual needs and could clearly describe the health and personal care needs, history and preferences of the people they supported. This showed the care provided was person centred.

We found a range of leisure opportunities were provided to promote choice. The service employed two activity workers, who both worked for 20 hours each week. People told us, and records showed, a variety of activities were available. For example, arts and crafts, trips out, armchair exercise and parties for special events. We saw a poster was on display in a communal area showing pictures of the activities planned for that week. This showed important information was provided to people in a variety of formats to aid understanding. One person told us they would like a regular church service at the home. We discussed this with the registered manager who gave assurances she would explore this. Following this inspection, the registered manager confirmed that regular church services had been arranged for those people who wished to celebrate their faith.

We saw that a system was in place to respond to complaints. There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them.

The service provided end of life care and support to people when this was identified as needed. The registered manager informed us that the home liaised with relevant healthcare professionals to ensure appropriate care was provided. The home had an 'end of life' champion so that best practice could be shared with staff.

Is the service well-led?

Our findings

The manager was registered with CQC. 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 living at Rose Cottage and their relatives knew the registered manager well. They spoke very positively about her and said she was "Lovely" and "Kind." We saw the registered manager promoted positive relationships. She greeted people warmly by name and spent time sharing conversation with them.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the registered manager. Staff told us there was always a good atmosphere at the service. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, "I love it here. There is not a morning where I don't wake up happy to come to work," "She [registered manager] is brilliant. She always has an open door" and "I know people always say this, but we really are a family here."

The registered manager was equally positive about the staff team. She told us staff worked really well together and were a very good team. The service had an 'Employee of the Month' award that was given at each monthly staff meeting. The award recipient was decided by staff to show they were valued by the team.

We saw an inclusive culture at the service. Staff spoken with were fully aware of the roles and responsibilities of the registered manager, senior staff and lines of accountability. All staff said they were part of a good team and could contribute and felt listened to. All of the staff spoken with felt communication was good and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. Staff told us they enjoyed their jobs and all of the staff spoken with, irrespective of their role, displayed a commitment to and pride in their work.

Discussions with staff and review of records showed that representatives from a variety of health and social care professionals were actively involved in supporting people. For example, GP, dieticians and speech and language therapists. This showed partnership working was promoted by the service.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We found that systems were in place to measure service delivery and make sure the service continually improved. We saw that checks and audits had also been made by the registered manager. These included medication, the environment, care plans, supervisions and training. This showed that effective systems were in place to monitor the quality and safety of the home.

As part of the services quality assurance procedures, surveys had been sent to people living at Rose Cottage, their relatives and staff. The results of the 2017 surveys had been audited and a report compiled from this so

that information could be shared with interested parties. We saw a poster was on display, which used pictures and diagrams to show the results of the survey. Direct quotes were used to show how people felt about the home. This showed that important information was shared with people. Reflective learning and the outcomes of the surveys were discussed with the registered manager. Where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis. This showed that the service used feedback from people using the service to improve service delivery.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.