Greensleeves Homes Trust

Rose Cottage Residential Home

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

This unannounced inspection took place on 29 and 30 November 2018. This is the first comprehensive inspection under its current registration.

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

At the time of our inspection there were 37 people using the service. Rose Cottage Residential Home can accommodate up to 38 people in individual bedrooms in one single storey building.

Two registered managers were in post and they shared the responsibility for managing the service. 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.

The service was safe. People were kept safe from harm by staff who had a good understanding of safeguarding procedures. Incidents were identified and acted on. Risks to people were identified and were well managed. Sufficient staff with appropriate skills were in post. The staff recruitment process helped ensure that only suitable staff were employed. Staff adhered to the provider's policies in maintaining a clean environment. Medicines were recorded accurately and they were administered as prescribed.

The service was effective. People's needs were met by staff who had relevant training. Staff were supported with supervision and mentoring to gain the necessary skills to meet people's needs. People ate enough healthy and home-cooked meals. People drank sufficient amounts of fluids. Staff enabled people to access health care services. 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. The registered managers worked with others involved in people's care, such as health professionals when people moved into the service so they received consistent care.

The service was caring. Staff cared for people with compassion and took account of their individual needs. People's privacy and dignity was promoted and respected. Advocacy support was provided to those people who needed this. Staff involved people in their care and considered how best to do this. People were cared for without discrimination. Staff respected people's rights to confidentiality.

The service was responsive. People received person centred care that was based upon their preferences. People could be as independent as they wanted to be. Technology was used to enhance the quality of people's lives. People's concerns were identified and responded to and this helped drive improvement. People, relatives and staff, were provided with the appropriate support when people needed end of life care.

The service was well-led. The registered managers led by example and ensured staff had the right skills and values. Staff worked as a team to help people and each other. Quality assurance and governance systems were mostly effective in identifying and acting upon improvements when these were needed. People had a say in how the service was run. Staff were given feedback and support with their work in a positive way. An open and honest staff team culture was in place. The registered managers and staff worked in partnership with others who contributed to the quality of people's care.

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 was safe.

Staff were knowledgeable about safeguarding and risk management systems, and they implemented these effectively.

Sufficient staff with the appropriate skills had been recruited safely and they met people's needs in a safe way.

Medicines were managed safely by trained and competent staff who administered people's medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had appropriate training, skills and experience to meet people's assessed needs.

People ate and drank sufficient quantities to maintain their health.

Staff enabled people to access healthcare services.

People were only deprived of their liberty when this was lawfully authorised and in the person's best interest to keep them safe.

Is the service caring?

Good

The service was caring.

Staff cared for people with kindness, sincerity and compassion.

Staff respected people's right to privacy.

Staff promoted respectful care and they understood people's preferences to be independent.

Is the service responsive?

Good

The service was responsive.

People received a service that was tailored to their individual needs and they led fulfilling lives.

People's complaints were resolved and to the person's satisfaction.

Systems and procedures were in place to support people at the end of their lives.

Is the service well-led?

Good

The service was well-led.

The registered managers understood their responsibilities and worked well together to develop the staff team.

Staff were supported to be open and honest and any concerns were acted on.

Quality assurance, governance and audits were mostly effective in identifying opportunities to drive improvements.

Rose Cottage Residential 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 29 and 30 November 2018 and was unannounced. The inspection was undertaken by one inspector 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. Their area of expertise was caring for older people and people living with dementia.

We reviewed information we held about the service to aid with our inspection planning. This included the 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. We also looked at notifications the provider had sent us. A notification is information about important events which the service is required to send us by law.

We received feedback from representatives of social care organisations such as the local authority commissioning department and the local safeguarding authority. This was to ask their views about the service provided at Rose Cottage Residential Home. Their views helped us in the planning of our inspection and the judgements we made.

We spoke with 11 people living at the service and three relatives or friends who were visiting the service. We also observed staff interactions throughout the inspection. This was to help us understand the experience of people who were unable to talk with us.

We spoke with both registered managers, the care coordinator, a senior care staff, three care staff, the

activities coordinator, the cook and a member of the housekeeping team. We also spoke with a visiting community nurse.

We looked at care documentation for six people living at the service and their medicines records. We also looked at three staff files, staff supervision and training planning records. In addition, we looked at other records relating to the management of the service including audits; accident and incident records; recruitment and supervision policies; meeting minutes and complaint and compliment records.

Good

Is the service safe?

Our findings

People were regularly given information about safeguarding and how to report any potential concerns. Staff kept up-to-date with safeguarding procedures including regular training and how to record and report any concerns. One person told us that the reason they always felt safe was because they "never need to worry about staff as they are all so gentle". One staff member said, "I have had management of safeguarding training and I always discuss how to keep people safe at supervision." Another staff member said. "I am absolutely confident about reporting issues. The [registered managers] listen and act promptly. They give you feedback on actions taken so you know people are safe."

Staff undertook regular reviews of the risks to each person and updated their care records, as well as informing others involved in people's care, such as dietitians. These reviews included risks which were well managed for people at risk of choking, not eating enough, and also in the event of an emergency such as a fire. Food and drinks were provided in a way that made it safe for people to consume. One relative said, "My [family member] has to have their food cut into small pieces when needed and this always happens." Another relative told us, "My [family member] is definitely safe here, they've had no falls since they have been here." Other risks, such as supporting people to move around the service were managed well. This included regular servicing of lifting equipment. Risks to people were managed safely.

However, we found that in all four of the care plans we looked at where people used a bed rail that the necessary checks had not been recorded on the provider's forms. There were several occasions where the recording of these checks had not been completed for over 10 days. Staff told us that they had done these checks but could not always find the forms. The registered managers told us that this would be acted upon straight away. This was a recording error and a visiting community nurse told us that they had no concerns about people's care. Although there was no impact on people there was the potential for this to occur.

There were enough staff with the necessary skills to support people. The registered managers assessed people's levels of dependency to help ensure sufficient numbers of staff and skill mix. Staffing levels fluctuated on a day to day basis according to the support each person needed. The staff rota reflected changes in numbers during social and planned activities in and outside of the service. One person said, "I can't fault the staff in any way whatsoever. If I call them using my buzzer, they come quite quickly and ask what I want." Our observations showed us that staff responded promptly to people's requests for support.

A robust staff recruitment process helped ensure that only suitable staff were employed. Pre-employment checks such as a clear criminal record, recent photographic identity and satisfactory previous employment references helped to ensure new staff were of good character. The registered managers involved people who used the service in the recruitment of new staff; their interactions helped inform decisions on recruiting suitable new staff.

The storage and disposal of medicines was in line with good medicines management guidance. Systems were in place to ensure people received their medicines safely and as prescribed. One person told us it was important to receive their medicine regularly and on time and staff did this. Staff were trained to safely

administer people's medicines and their competency to do this was checked regularly.

A planned programme of cleaning and maintenance was in place, and trained staff kept the service clean. This included the safe use of chemicals and staff wearing protective clothing to minimise the risk of any potential cross contamination. We found that all areas of the home smelt and looked clean. One person told us, "I was resident of the day recently and my room had an extra deep clean." The service had recently been awarded a rating of 'five,' the highest for food hygiene standards. Records also showed that staff were trained in fire safety and plans were in place for those staff whose training was due to complete it.

Lessons were learned when things went wrong including medicines administration errors, and also situations which had the potential to cause harm such as a fall. The registered managers analysed incident records, identified trends and themes, and took effective action to prevent recurrence. One registered manager said, "If someone has a fall, we look at the causes, what could be changed to prevent a further fall, as well as whether any new equipment such as a sensor pad to tell us when the person got up was needed."

Good

Is the service effective?

Our findings

The service used various equipment and technology to enhance the delivery of effective care and help to promote people's independence. For example, where a person was not able to use a call bell for assistance, sensory mats were used to alert staff when they got up and out of bed, so they could go to them and assist.

Staff had the skills, knowledge and support to carry out their roles and responsibilities safely and to meet people's needs effectively. Staff received training in mandatory subjects necessary to support safely such as the Mental Capacity Act 2005 (MCA), supporting people to move safely, food hygiene and using audio equipment for people with sensory care needs. People we spoke with felt staff had the skills and knowledge necessary to meet their needs. One person told us, "[Staff] really do know me. We get on ever so well and they are like a part of my family. I definitely feel that they have good care skills."

The registered managers planned and managed staff training to ensure their knowledge was up to date. They also supported staff to access training specific to meeting people's needs, such as Dementia. This enabled staff to better support people living with dementia and understand how they communicated their needs. One staff member said that their induction when they started was thorough and they only worked more independently once they were competent and confident. They told us, "I can ask for help at any time."

A planned programme to support staff with supervision was in place and this was effective. One staff member told us that their six-weekly supervision was a real chance to discuss what was working well and any support they needed. One registered manager told us that by having this frequent contact with staff, any new training or support needs would be identified and acted upon promptly.

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. Staff assisted people to support their wellbeing and independence. People ate their meals at their own pace, as well as in places which they preferred. One person told us they enjoyed their lunch by saying they would eat it all and they "loved the puddings". A relative said that staff sat with and encouraged their family member to eat. They had gained weight and staff made sure a drink was always within their reach.

Records confirmed the quantities people had eaten and drank, as well as weight checks for people at risk. People were supported to eat how they wanted, such as with their fingers or provided with adapted crockery and cutlery which gave them greater independence. This choice gave people meaningful control of what and where they ate and drank. Another relative said, "[Family member] eats ever so well."

Health care practitioners were involved in people's care, including GPs, community nurses, opticians and dieticians. Records showed us that people had regular support from these health professionals. One person told us they were due to see a dentist for oral care. One relative told us their family member was also being supported by hospital professionals to ensure the dosage of their medicines were correct to help prevent falls. People lived healthier lives because of these regular interventions. We saw how this helped people by increasing their independence. A relative said, "The difference to my [family member] since moving in has

been amazing. They eat and sleep well now."

People benefitted from appropriate changes to the design and decoration of the service with light an airy corridors and communal areas. There were many items of memorabilia – an old sewing machine and radio, photos and books and pictures were age appropriate. The gardens were accessible and well maintained, and many people had chosen to have a bird feeder to enjoy watching the different birds. People could access areas of the service when they wanted to spend time with friends and have privacy to be alone.

The 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. One person said, "I go to bed when I want to, I always let [staff] know where I am as I like this assurance." Staff understood the principles of the Mental Capacity Act 2005 and they implemented these in a way which respected people's choices. People were only deprived of their liberty where this had been lawfully authorised. People were only restricted in the least restrictive manner when it was necessary to keep them safe. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. People were continually offered choices in all areas of their care and wellbeing. One staff member told us that people were enabled to access areas of the community and the gardens safely, with staff available to supervise them when required.

Good

Is the service caring?

Our findings

People were well-cared for and they received care that was compassionate, kind and sincere. We saw some recent written feedback from relatives that echoed this. One relative had written: "I just wanted to say thank you for all your care and kindness you showed to [family member]. You all showed love that can't be put into words." Another relative wrote, "Thank you for the wonderful care you gave [family member]."

Staff sought accessible ways to communicate with people, such as provision of large print bingo cards and audio books which helped remove barriers to communication and enable them to participate and engage.

Throughout the day we observed care interactions which were kind and patient and showed sincere affection for people. All staff were polite and respectful and they always knocked before entering people's bedrooms. One person said, "I get the VIP treatment from all staff, they make me and everybody feel special. All the staff are equally good. I really like it here." Staff used people's life histories to help them understand and support the person. We saw how staff gently reassured a person who became anxious about whether their family knew where they were. Staff told the person they would let them know when their family arrived. This enabled the person to relax and eat their lunch.

Staff respected people's right to confidentiality. One person told us, "I prefer to spend time in my bedroom, staff pop in and chat. I watch TV and read a lot. I do patchwork as well, I have the door open." Staff told us that people came first and foremost. We observed positive interactions between staff and people, and all of the staff showed a good understanding of the needs of the people they were supporting.

People were supported to maintain important relationships with those close to them. Everyone we spoke with confirmed that friends and family could visit at any time. We saw that hot and cold drinks were readily available for visitors to help themselves to, and to make them feel welcome. One relative told us, "I visit most weeks and the welcome is so homely."

Without exception, everyone told us that their privacy and dignity was respected and upheld. Staff talked to us about how they helped people to maintain their privacy and dignity. One staff member told us: "I always ask the person's permission, close the curtains and keep them covered as much as possible." Staff protected people's dignity such as covering their legs when they were being hoisted. On another occasion, staff were seen being discreet when people required personal care and offering clothes protectors discreetly.

Good

Is the service responsive?

Our findings

People received a service that was tailored to their individual needs and they led fulfilling lives. Staff demonstrated a person-centred approach in the way they spoke about people and through their actions. People confirmed that they, or those acting on their behalf, were encouraged to contribute to the assessment and planning of their care. One relative told us that one of the registered managers had visited them at home before their relative moved into the service. This was to gain an understanding of the person's needs. People were positive about the care they received and were able to contribute their views and have these taken into account. One person told us, "I can have a shower any time I want." Another person said they could have a bath or shower when it suited them.

Staff confirmed that they supported people to have as much choice and control as possible and that information gathered was included in people's care plans. Staff were seen offering people choices, and trying to involve them in making decisions about their care as far as possible, such as what they wanted to eat or drink. One staff member told us: "We ask what people want to do, if they have any religious beliefs, what their favourite pastimes are and then put the means in place to make this a reality for them." Another staff member added: "The local community transport picks up a person with staff to support the person to do their shopping. We also help people to go for walks, to the church and to the pub for a drink and lunch. The pub owners have liaised with us for people's meals preferences and when they are ready to come back to us."

We observed people being supported to maintain their independence as far as possible. For example, we saw that dining tables included condiments and gravy boats for people to use if they wished at meal times. We also saw that people were free to move about as they pleased, and that staff facilitated this such as with a wheelchair. Another person was offered their favourite lunch time beverage which they "thoroughly" enjoyed.

Care records contained useful and personalised information to support care staff in providing the care and support needed to meet individual people's needs. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis. People's needs were routinely reviewed to ensure the care and support being provided was based on the person's most up-to-date needs.

People were supported to follow their interests and take part in social activities. For example, staff arranged an outside ballet performance for one person who had previously regularly attended the theatre. We also saw that some people could run the activities and hobbies they chose including bridge classes. The activities coordinator told us it all depended on what people wanted. They had tried smaller groups, as well as one to one time in people's rooms. One person said that staff had obtained a special light to help another person see better, as well as enabling them access to an audio book library. Another person was seen being supported with a jigsaw puzzle. This showed that the service recognised that people who were engaged in meaningful activities enjoyed more fulfilled life. Also, that cognitive stimulation could help to preserve skills for those living with dementia.

People were aware of the complaints procedure and who they could raise concerns with, although no one had felt it necessary to do so. Staff were clear that if a concern was reported to them, they would pass this onto a senior staff member immediately. One staff member told us: "If anyone ever tells me of a concern, I record it and then report it to a senior staff or one of the [registered] managers. It can be a little thing such as a change of meal choice, but this could mean so much to the person."

The provider had policies and procedures in place for when people needed end of life care including any religious involvement. Staff were trained in, and given support when people needed palliative care. A community nurse told us that when people approached the end of their lives, staff were very respectful and made sure all the necessary medicines were in place, as well as the involvement of GPs and relatives. A symbol on the doors outside such people's rooms was used to remind staff to be quiet and observe the person's wishes. People's care plans contained information about people's advanced decisions including if they wished to be resuscitated. One registered manager told us how they once advocated for a person's decision on where they wanted to die when a medical decision was to take them to hospital. This decision had been in the person's best interests and the most sensitive way for them to spend time with their relatives.

Good

Is the service well-led?

Our findings

There were two registered managers in post who equally shared the responsibility to manage the service. The registered managers were aware of their responsibilities including submitting statutory notifications to us without delay. The registered managers were supported by a regional manager and a staff team including a coordinator, senior staff members, care staff, cooks, house-keeping and duty team leaders who covered when senior staff were on leave. The provider sent information to the management team including legislation changes, up-to-date information about services involved with social care and medicines administration in a care home.

Staff meetings, daily handover sessions and regular support to staff was in place to promote the right attitude and values that the provider expected staff to adhere to. Staff meetings were used to remind staff of the standards expected of them, such as reminders when to complete their training. The registered managers worked with staff to encourage their development such as refreshing skills and knowledge with up-to-date training. One staff member said, "The [registered] managers' door is open when we need them. They do spend time around the home too making sure we are doing our jobs properly, but also asking people how they are and if they are happy with the service.

A range of quality assurance audits, governance and oversight systems were in place and these helped drive improvement. We saw that most audits including those for medicines administration, care plans and food hygiene standards were effective. However, we also found that since the service was registered in March 2018, records to monitor people's risks had not always been completed and this had not been identified as an area for improvement. The management team told us they would bring this up at the following day's '10 at 10' morning meeting, as well as changing the location for these records so that staff could easily access them. We were confident prompt improvements would be made. Other checks included those for hygiene and cleanliness standards, and maintenance of the service's utilities including the heating system.

People had a say in determining how the service was run and developing it to their benefit including use of the Wi-Fi to place comments on the provider's web site form. In addition, people supported the selection of new staff to identify if they were suitable. People did this by spending time with potential staff to gauge people's confidence in them. In addition, a range of feedback methods were available to people and relatives including a quality assurance survey that had just been completed. There were also residents' and relatives' meetings. We found that where people made suggestions for improvements these were acted upon. For instance, having activities more tailored to people's individual needs and more trips out. Fund raising was ongoing with the intention to buy a minibus for the sole use of people using the service to help these trips. This was due to the rural location of the service and limited public transport. However, strong links were kept with the community including local school choir visits, external singers, artists, and visits by various animals including pets such as therapy ponies.

Prompt actions were taken where incidents occurred such as people having a fall, medicine errors or faults with the cooking or heating facilities. These actions included requesting referrals to the local falls team, involvement of the safeguarding authority and health professionals to review people's care. Success was

monitored and plans implemented to help prevent the potential for recurrences of any incidences or concerns.

The provider and registered managers worked in partnership with other agencies including local authority commissioners and health professionals such as GPs and community nurses. The registered managers told us they had further plans to involve children more in interacting with people living at the service. They were actively pursuing this with local schools and safeguarding teams. A community nurse told us, "The [registered] managers are approachable and this home is not institutionalised, you always feel welcome." As a result of these partnerships, people's wellbeing was improved.