

Rose Cottage RCH Ltd

Rose Cottage

Inspection report

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Date of inspection visit:

24 January 2024

31 January 2024

Date of publication:

21 February 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rose Cottage is a residential care home providing personal care to adults, some of whom may be living with dementia or have physical disabilities. At the time of the inspection there were 12 people using the service. Rose Cottage can support a maximum of 16 people. Accommodation is provided over two floors with stair lift access to the first floor.

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

People and relatives were positive about the service and reported noticeable improvements in the home and the quality of care provided. Staff were described as kind, caring and respectful.

Quality assurance systems had been improved and these were now effective in identifying and addressing shortfalls. The manager and provider were working in a joined-up way, promoting consistency in practice and expectations, and driving the quality of care through effective leadership.

Medicines were managed safely, and people were in receipt of safe care and treatment. The provider had identified, assessed, and mitigated risks to people. People's care records were up to date and reflective of their needs. The home was clean and well maintained.

Safeguarding processes were followed, and accident and incident analysis were effective. There was enough staff to meet people's needs safely. Recruitment processes had been improved and were safe and robust. Staff had received all the necessary training to do their jobs safely and effectively.

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. People received a choice of meals, snacks and drinks and the dining experience was relaxed and inclusive. Activities were taking place which were suitable to people's abilities and interests.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 27 July 2023) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 August 2023. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Rose Cottage on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rose Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, a medicines 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.

Service and service type

Rose Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rose Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 4 weeks.

Notice of inspection

This inspection was unannounced. Inspection activity started on 24 January 2024 and ended on 2 February 2024. We visited the service on 24 and 31 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority commissioning and safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing the care and interactions provided to people by staff in the communal areas. We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 8 staff including the nominated individual, the manager, and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records and medicines records. We looked at 3 staff recruitment files, and a variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider did not have effective systems in place to ensure medicine management was safe. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed and administered in a kind and respectful way.
- Medication administration records were completed accurately, as were non medicated cream charts showing regular application and guidance to staff on where to apply the creams.
- Medicines were stored safely and securely, with checks completed on fridge temperatures.
- 'When required' protocols were in place to guide staff as to when people needed these medicines. Protocols were reviewed to check they were up to date.
- Audits were effective in ensuring medicines were managed safely.
- Staff administering medicines were appropriately trained and competent for this task.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and risk assessments were robust and being regularly reviewed.
- Daily records completed by staff showed they were acting on and managing risks to people in accordance with their care plans and risk assessments.
- People had appropriate and safe equipment for their needs.
- Building and equipment safety checks had been completed and we were assured the provider had effective systems in place for monitoring this.
- People and relatives told us they felt safe. One person told us, "I feel very safe, the staff are lovely. I am

lucky to be here."

Preventing and controlling infection

At our last inspection the provider had failed to ensure risks associated with infection prevention and control were assessed and managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risks of infection. Staff followed safe infection prevention and control practices.
- The provider had robust cleaning schedules in place which had improved the homes cleanliness, with no malodours present.
- The provider had outsourced an external deep cleaning service to further ensure good standards of cleanliness in the home was maintained.
- Infection prevention and control audits were completed regularly, and actions taken where shortfalls in practice were identified.
- The provider was facilitating visits for people in line with best practice guidelines. We saw there was an inclusive and welcoming atmosphere throughout.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staff to meet people's needs and keep them safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and keep them safe, and we saw a high staff presence in communal areas.
- The provider was using a dependency tool calculator to regularly check there was enough staff to meet people's needs.
- People and relatives told us they felt staffing had improved and there was enough staff. One relative told us, "The staff have improved; I used to have to find staff if [relative] or someone else needed anything. Now they are always on hand." One person said, "There is always someone around to help [relative] if they need it."

At our last inspection we found people were placed at risk as recruitment processes were not safe. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had improved their recruitment process and systems. We reviewed 3 staff recruitment files which all showed appropriate checks had been completed prior to employment, with robust completion of

all documentation.

Systems and processes to safeguard people from the risk of abuse

- Safe systems were in place to protect people from the risk of harm and abuse.
- Records showed safeguarding incidents had been referred to the local authority safeguarding team and notified to CQC.
- Staff had received safeguarding training and they informed us they were aware and confident on how to report any concerns or suspected abuse.

Learning lessons when things go wrong

- The provider had an effective monthly accident and incident analysis. Trends, patterns and commonalities were considered with clear actions recorded.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received the training they required to fulfil their roles. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had improved their induction process and we saw evidence new staff members had completed a robust induction.
- Staff had received the training they required to fulfil their roles, and the manager was monitoring the training matrix to ensure compliance.
- Some staff supervisions had been completed with the new manager and a schedule was being followed to ensure supervisions would be completed in a timely manner.

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

- People's nutrition and hydration were being well managed. Care staff kept accurate records of people's intake in line with people's requirements.
- The manager and provider had effective oversight of people's intake and routinely reviewed and monitored people's weights.
- The provider had varied menus offering nutritious food which looked appetising. We observed enough food and drink being offered and provided.
- The provider utilised the conservatory to accommodate most people at lunch time around one large table. This made the mealtime experience more inclusive.
- People and relatives told us the provision of food and drink was good and they enjoyed it. One relative told us, "The meals are so much better than they used to be."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

- People's capacity to consent to their care and treatment was assessed. Where people had capacity, consent was recorded.
- Capacity assessments and best interest's decisions had been completed where people's capacity to make a particular decision was uncertain. For example, these were in place for the use of CCTV and sensors in the home.
- The provider had effective systems in place to monitor DoLS applications and the manager had oversight of the progress on these.

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

- No admissions had taken place since the last inspection; however, we saw people's needs had been assessed prior to their admission into the home.
- Care plans and risk assessments had been regularly reviewed to ensure they continued to meet people's current needs and requirements and remained accurate.

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

- The environment had undergone extensive refurbishment in communal areas, including the downstairs bathroom. The home was clean, well maintained, inviting and homely.
- Some people's bedrooms had been redecorated and improved, with some being personalised.
- All bedrooms had people's names, pictures, and door numbers to assist with orientating people in the home. Dementia friendly pictorial signs were provided for bathroom doors.
- People and relatives told us the home had improved a lot since the last inspection. One relative told us, "There is no comparison to how this place was a year ago, so much cleaner and more welcoming."

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

- Care records showed involvement of healthcare professionals such as district nurses, GP's, falls team, podiatrists, and occupational therapists.
- People had care plans in place for oral and foot healthcare, and daily notes showed care being provided to maintain oral and foot health.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. 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

At our last inspection the provider had failed to ensure people were always treated with dignity and respect. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were receiving person centred care which led to good outcomes for them. Care records were accurate and up to date.
- People had access to call bells and told us they were able to call for and receive support when they needed it.
- Concerns relating to people's choice, privacy and dignity identified at the last inspection had been addressed by the manager and provider. Relatives told us the issues with the laundry service had been addressed and much improved, and we observed all screening curtains were in place in the bedrooms shared by 2 people.
- We observed kind and caring interactions from staff who promoted people's dignity and privacy.
- People and relatives were happy with the care provided. One person told us, "This is my home and I really like it."

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

At our last inspection we found systems and processes were either not in place or robust enough to demonstrate good governance. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Significant improvement has been made since the last inspection and the provider was no longer in

breach of any regulations.

- Despite the previous manager leaving after the last inspection the provider had appointed a new manager who had only been in employment a short while. In this time, they had, with the provider, demonstrated effective leadership and management in the home and implemented new systems and processes, effective at monitoring the quality of the care provided.
- Quality assurance systems had been improved and these were effective in identifying shortfalls and had clear action plans for addressing and improving the quality in the service.
- New processes were in place to monitor daily care records. These were effective in monitoring the quality-of-care people received, but also people's nutritional intake. Where gaps were identified, these were addressed quickly by the manager and provider.
- People, relatives, and staff spoke positively about the manager and the improvements they had made in the home. One relative told us, "[Manager] has changed the place amazingly, they are very professional, and they are always about so you can chat with them." Comments from staff included, "The manager is approachable, you can go to them with anything, and they will make the changes, it's really improved" and, "There has been a massive difference. The home is safer, the care is brilliant, the management is brilliant at their job. I find the residents are a lot happier."

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 manager understood their legal responsibilities to inform CQC of certain incidents which have occurred within the home. These statutory notifications are to ensure CQC is aware of important events and plays a key role in our monitoring of the service. Written records were maintained in line with the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people and relatives through surveys. The most recent surveys completed in November 2023 had been reviewed, analysed and a summary showed actions taken in response to suggestions made.
- The provider held regular 'resident and relative' meetings which had showed the improvement in the quality of service and feedback provided was positive.
- Regular staff meetings were held where improvements were discussed, and good practice was shared. Staff told us they felt these meetings were important and they enjoyed being able to contribute in them.
- We saw the provider had formed good links with the local communities and had regular contact and visits from the local primary school children and the local church.
- The provider had a good working relationship with other professionals and agencies to ensure people's needs were met.