

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## The Rosewood

202a Bagnall Road, Stoke On Trent, ST2 7NE

Tel: 01782538496

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We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Meeting nutritional needs** ✓ Met this standard

**Cleanliness and infection control** ✓ Met this standard

**Safety and suitability of premises** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Mrs Molly Hill & Mr Hill   |
| Registered Manager      | Mrs. Molly Hill  |
| Overview of the service | The service offers accommodation and personal care for up to three older people. |
| Type of service         | Care home service without nursing  |
| Regulated activity      | Accommodation for persons who require nursing or personal care                   |

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

|  | Page      |
|--|-----------|
| <b>Summary of this inspection:</b>                 |           |
| Why we carried out this inspection                 | 4         |
| How we carried out this inspection                 | 4         |
| What people told us and what we found              | 4         |
| More information about the provider                | 5         |
| <b>Our judgements for each standard inspected:</b> |           |
| Respecting and involving people who use services   | 6         |
| Care and welfare of people who use services        | 7         |
| Meeting nutritional needs                          | 8         |
| Cleanliness and infection control                  | 9         |
| Safety and suitability of premises                 | 10        |
| Requirements relating to workers                   | 11        |
| Records  | 12        |
| <b>About CQC Inspections</b>                       | <b>13</b> |
| <b>How we define our judgements</b>                | <b>14</b> |
| <b>Glossary of terms we use in this report</b>     | <b>16</b> |
| <b>Contact us</b>                                  | <b>18</b> |

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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The Rosewood is a small family run home. The registered manager and her husband manage and reside in the home. One person using the service when we conducted our inspection. The registered manager explained that they were not taking any further residents. They intended to continue to provide the service to their one resident for as long as they could meet the person's needs.

The person who used the service was encouraged to maintain relationships in the community. They were treated with respect.

Care was planned and delivered in a way which met the person's individual needs. They told us, "It's good here".

The person who used the service received food and drink appropriate to their needs. Where needed advice was taken from professionals.

The home was clean and tidy. The provider had an infection control policy which included advice and guidance on how to maintain good standards of hygiene.

The building was an extended domestic bungalow. Bathrooms had been adapted to meet people's needs.

Care was provided by the registered manager. No staff were employed. Although the service had a recruitment and induction policy and procedure. The registered manager told us, "I don't anticipate employing anyone in the future".

The provider maintained records regarding the care and support provided. Some information had not been recorded which could affect how people were cared for in emergency situations. Records were maintained regarding the general running of the home.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We saw that the person who used the service was able to make choices about their daily activities. When we arrived to complete our inspection the registered manager explained that the person who used the service was still in bed. We saw that the registered manager responded to a call bell when the person required assistance. We observed and listened to interactions between the registered manager and the person who used the service. We saw and heard how the person was treated with respect. There was a relaxed and friendly atmosphere in the home.

We spoke privately with the person who used the service. They told us about regular visits outside the home which enabled them to retain contact with the community and fulfilled their spiritual needs. They described visits from relatives, and we saw framed photographs displayed around the room. The person told us, "They are pictures of family members at various times". The registered manager explained how the service liaised closely with the people's families regarding their care and support. The registered manager also told us about the external activities and how the service facilitated them. Records we checked confirmed what we had been told. This meant that people's emotional and spiritual needs were catered for.

We saw records which showed how a person had accompanied the registered manager and her husband on two holidays during 2013. The registered manager explained that her husband assisted with the management of the home and when they took a holiday they took the people who used the service with them. She described how they used cottages and other self-catering facilities so that they could continue to provide appropriate care and support to people who used the service. This showed how an effective service was maintained.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We checked the care records of a person who used the service we did this because we wanted see if the records accurately reflected their needs and to confirm what the registered manager had told us. We saw that care was planned and delivered in a way which met the person's needs. The registered manager was able to describe the level of assistance the person required and how they preferred to receive care. She had a good knowledge of the person's health and how this had changed over time. We saw evidence of visits from professionals from outside the service including doctors, district nurses and outreach workers who had been involved to ensure the person received appropriate care and support.

When we spoke with the person whose records we had checked they told us they had always been happy with the care and support they received. They said, "It's good here. I've been here a long time". They told us that staff were polite, friendly and kind to them. This meant that they were happy with how they had been cared for.

We saw that some risk assessments had been completed to help keep people safe. We saw records about an injury that a person had received whilst being transferred between a wheelchair and a car; no risk assessment had been carried out following the incident to help prevent a similar event occurring in the future. The registered manager said, "I understand what you mean. If a stranger needed to provide support they wouldn't know about it. The reason I haven't done one is because the only people who do provide care is us, and of course we already know about it. Everything was documented, but perhaps I should have completed a risk assessment". This meant there was the potential for people to be exposed to unnecessary risk.

We saw how the service had planned that care and support would be maintained if the registered manager and her husband were unable to support people who used the service. Plans were in place to ensure that full 24 hour cover could be provided by suitably qualified people if such an emergency arose. This meant that people who used the service could be confident of receiving the care and support they needed at all times.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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The registered manager explained how they had liaised with professionals from outside the service regarding a person's health. She said, "It's always been difficult persuading them to eat. Their condition means that they don't understand that they need to eat and they are not really interested in eating". She described how certain foods had been recommended and fortified drinks had been prescribed. She said, "They did really well and while they still needed to be coaxed to eat and drink they did seem better in themselves". This showed how the service had taken advice to enable them to meet the person's dietary needs.

We saw that records had been kept of how much a person had had to eat and drink each day. Weight charts had also been completed. The weight charts showed that the person concerned had continued to lose weight despite professional advice being followed. The registered manager said, "I'm going to contact the outreach team to see if they have any further advice". This showed that the service had continued to monitor and record details of the person's eating and drinking habits to assist professionals identify the best options for the person concerned.

**People should be cared for in a clean environment and protected from the risk of infection**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

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### **Reasons for our judgement**

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We saw that The Rosewood was very clean and tidy when we conducted our inspection. The kitchen surfaces were clean and free from clutter. All rooms of the home were clean and tidy, floor coverings were in good condition with no trip hazards. This meant that people who used the service received care and support in an environment which was clean and safe.

We saw that the home had an infection control policy and a hand hygiene policy. We saw that the policies had been reviewed by the registered manager on an annual basis. The registered manager had a good understanding of infection prevention and control. She described and confirmed the availability and use of personal protective equipment such as disposable gloves and she showed us supplies of these in the en-suite room of the person who used the service. This meant that the service had mitigated against the risks associated with infection.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The Rosewood was a large extended domestic bungalow. At the time of our inspection although the service was registered for up to three people, only two could be accommodated. We saw that a third bedroom had been converted into an office and seating area. The registered manager said, "We won't be taking any further referrals so we didn't need to keep all the bedrooms". There were private areas including a large conservatory where people who used the service could spend time if they wished. The registered manager said that people who used the service were free to use all areas of the home as their own.

We saw that rooms were large and could accommodate walking frames or wheelchairs if these were required.

The buildings and grounds were well maintained and safe for people who might have mobility issues. Bath rooms and shower rooms were equipped in a way which enabled people who used the facilities to maintain their independence where they could. The main bathroom had both a bath and a walk in shower facility which meant people who used the service could choose how they wished to bathe.

We checked records and saw that electrical systems and gas appliances had been serviced and inspected to ensure they were safe and met legal requirements. This meant that people were cared for in a safe environment.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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The service had a recruitment and induction policy which had been updated and reviewed by the registered manager. The only staff who worked at the home was the registered manager and her husband. We saw records which showed that they had undergone checks to prove they were of good character. This meant that people who used the service could be confident about the character of staff that provided their care and support.

We saw training certificates which showed that the registered manager had attended a variety of training courses and events relevant to her role, these included dementia care and health and safety risk management. This meant that people who used the service could be content that their care and support was provided by people with the right skills and experience.

The registered manager said, "We have our recruitment and induction policies, but we don't intend to take on any further staff. We will continue to support our one resident as long as we can meet their needs, but we intend to retire at that point which is why we don't take any further residents".

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## **Our judgement**

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## **Reasons for our judgement**

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We checked records and policies regarding the general running of the home. We saw that records were maintained and reviewed periodically. The registered manager signed and dated documents to show when reviews had been completed.

The registered manager explained the process she used for reviewing and updating care plans for the person who used the service. We saw that care plans had been reviewed and amended to ensure they reflected changes in the person's needs. We saw that daily records were maintained which detailed food and drink intake as well as any activities or unusual occurrences. This meant that information was available to professionals to help them assess the health and welfare of people who used the service.

The registered manager explained that the doctor and relatives of the person had discussed how to proceed should their relative be taken ill. She explained that she had not been directly involved in the discussions but understood that due to the person's health issues it had been decided that it would not be in their best interest to attempt to resuscitate them if this became necessary. In these circumstances it is usual for the doctor to sign a do not attempt resuscitation (DNAR) form. The provider may wish to note that there was neither a DNAR form, nor any information available to emergency services or hospital staff within the care records to show that this decision had been made. The registered manager assured us that she would source the required documentation.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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