Inspection Report

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

Rose Cottage Nursing Home

47 High Street, Haydon Wick, Swindon, SN25 1HU

Date of Inspection: 19 July 2013

Date of Publication: August 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	TAS CareLimited
Registered Manager	Mr. Twaleb Ally Seehootoorah
Overview of the service	Rose Cottage Nursing Home provides accommodation for up to 18 older people who require nursing or personal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We carried out a visit on 19 July 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and spoke with one or more advocates for people who use services. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We found that the provider had effective systems to gain and review consent from people, which was then acted upon. Before people received any care they were assessed to identify their needs before consenting to the support they were given. We were told that options had been explained to them in plain English, which they understood.

Staff showed that they were aware of the needs of the people in their care and the level of support that each person required. People and their relatives made positive comments about the dedication and quality of care provided by staff. One person said, "The quality of nursing is very good. When I first came here I only weighed four stones and now I'm back up to nine. They look after me so well." A relative told us, "I can't praise the staff enough. Mum had been in hospital for nine weeks and had gone down hill fast. We feared the worst but they have coaxed and nursed her back to health. It's amazing."

The home effectively managed medicines and ensured that people received them at the times they needed them in a safe and dignified way.

The provider had effective recruitment and selection procedures. This meant that people were safe and their health and welfare needs were met by staff who were fit, appropriately qualified and able to do their job.

The home had an effective complaints procedure which demonstrated a commitment to recording, investigating and resolving complaints to the satisfaction of the person who used the service.

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

More information about the provider

Please see our website 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We found that the provider had suitable arrangements for obtaining the consent of people who used the service in relation to their care and treatment. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

On the day of our inspection there were 18 people living at Rose Cottage Nursing Home. We spoke with nine of the people and eight different relatives. We also spoke with the manager, deputy manager, three care assistants, the cook and a housekeeper.

The manager told us that before people came to live at Rose Cottage they were invited to look around. During these visits people were given a brochure and a copy of the provider's statement of purpose. Prior to moving into Rose Cottage people had a needs assessment completed by the manager and deputy manager. The manager told us that this assessment was carried out with the person and where necessary their relatives or representatives. Once their needs had been assessed, the required support was agreed and consent was obtained from people, their relatives or representatives. This was confirmed by people we spoke with, their relatives and the deputy manager. This meant that the provider had ensured that consent had been sought by a person who had sufficient knowledge of the person who used the service.

We looked at seven care records and found that each person or their relatives had been involved in all aspects of their care plan. The provider had systems to ensure care plans and risk assessments were reviewed appropriately and reflected people's needs. We noted that people, their relatives, health professionals and staff from the home were involved in the reviews. Each person had individual risk assessments which had been created with and agreed by them. People who used the service and their relatives told us

how they were involved in reviewing their care and risk assessments with staff. They told us that risks, benefits and alternative options were discussed in plain terms, in a way that they understood. We were told by people that they could change things if they wished by talking with staff. The provider might find it useful to note that people had not signed all of their risk assessments to show their involvement and consent.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. When a person lacks capacity to make a decision, care workers must do what is in the person's best interests. The person should still be involved in making the decision and their views and wishes must be considered. People who know the person well, including family, friends and care staff should be consulted. These decisions are known as 'best interests decisions' and should limit restrictions placed on the person.

We saw that meetings had taken place to discuss best interest decisions, which were properly recorded within the care records. These detailed who was present and clearly defined the decision made and reasons for it. We noted that several people were supported by the use of bed rails. We looked at the care plans and found that the person's relatives had been involved in a best interest meeting. We saw that they had consented to the use and had signed to record their agreement. We spoke with relatives who confirmed their involvement in the best interest decisions. One relative with experience of bed rails told us that they had requested extra padding, which the home duly provided. This meant that the provider had ensured that risks, benefits and alternative options had been discussed and explained in a way that people who used the service understood.

We read how staff had considered people's capacity to consent in developing care plans and risk assessments. Staff we spoke with showed they had a clear understanding of people's needs and rights. We found that staff were aware of advanced decisions that had been made by people regarding palliative care and resuscitation. People were involved in the assessment and planning for their end of life care and had made choices about preferred options. We saw that these decisions had been discussed with the person, their relatives and GP and that their consent had been appropriately recorded.

Relatives told us that they were kept well informed about their family member's needs and that their care and consent decisions were reviewed on a daily basis when required. The manager told us that where people required constant monitoring then they reviewed the care plans and decisions daily. This was confirmed by the care records and people we spoke with.

The care plans recorded when a person had declined to take part in an aspect of their care, for example personal care or participation in an activity. Staff had also recorded that they had supported the decision but had explained to the person the consequences of their choice. This meant that people were involved in decisions about their care. They were able to change their decisions and understood what consequences this might have.

People's diversity and human rights were respected. The care records we looked at contained information about how people's diverse needs were met and their consent obtained. The information included details of their medical and spiritual needs, mobility, dietary requirements and communication needs. We found that people expressed their views and were involved in making consent decisions about their daily routines and treatment. People told us about how they could choose what time to get up and go to bed and where and what to eat. We were told that staff always respected their decision if they chose to do something which was out of the ordinary.

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

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The provider had a detailed policy which summarised the arrangements for developing a plan of care for each person, focused towards their individual quality of life. We looked at the policy and saw that it specified procedures to review and monitor the plans to ensure they were effective. We found the manager and staff were adhering to the provider's policy.

On the day of our inspection there was a nurse and three care assistants providing support to 18 people. In addition there was a cook and a housekeeper, who had also been trained in core subjects, such as safeguarding and moving and handling.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The manager told us that each person had a nominated nurse and care assistant, which we saw reflected in care records. Staff we spoke with told us that they cared for everyone but had certain people for whom they were the key nurse or key care assistant.

The care plans showed that people who used the service had their height, weight, blood pressure and pulse checked and recorded every month. We found that staff monitored these checks to identify potential problems and inform nutrition and hydration plans.

There was a system for recording and dealing with falls. Some care plans contained specific moving and handling assessments, together with instructions for the relevant equipment. We observed one person being moved by staff using a hoist in an appropriate manner, as directed by their care plan.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Observation of staff practice showed that people were receiving effective, safe and appropriate care, which was designed to meet their specific needs. The care we saw was carried out with sensitivity and patience by staff who appeared calm and unhurried.

Staff demonstrated that they were aware of the needs of the people in their care and the

level of support that each person required. The daily progress notes reflected this. The support plans were detailed and had appropriate risk assessments which had been signed by the person, their relatives, the manager or the person's key nurse. We noted that these were reviewed every quarter or when required.

Care records demonstrated how the provider arranged for special needs to be met by other health professionals including occupational therapists, physiotherapists, dentists, opticians, dieticians and chiropodists. We noted that the local GP attended the home on a weekly basis and when required.

We read the provider's policy regarding pressure area relief. Staff told us that the manager and deputy manager were very experienced in this respect and encouraged staff to be vigilant. We saw initial assessments of people who had been suffering with pressure ulcers. We noted how these had been properly assessed and treated, including guidance from the tissue viability nurse where required.

People who used the service told us that the staff treated them with kindness and always had time to talk with them. One person said, "I like the way you only have to ask for something and they do it straight away. If I'm ill I tell the care assistants and they fetch the nurse straight away." Another person said, "It is the little things that make a big difference here. The other day I had jellied eels, which took me back to my childhood and brought back lots of happy memories." One person who loved animals told us how they had always wanted to see some spotted pigs. They told us how staff had arranged this on a recent visit to a local farm and how they treasured the photographs.

Families of people who used the service made positive comments regarding the quality of support provided by the staff. A relative with extensive nursing experience, who frequently visited the home, was impressed with the level of cleanliness. They told us, "I can't fault it. It's always spotless."

There were arrangements to deal with foreseeable emergencies. We found that these plans ensured the needs of people would be met before, during and after an emergency.

We found that people who lived in the home were only deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DOLS) are a code of practice designed to ensure that people lacking capacity are protected from harm and not deprived of their liberty, other than in accordance with the law. We saw that the provider had a policy relating to DOLS and had the forms available to make an urgent application, as well as those to apply for a standard authorisation. The manager had made two DOLS applications since the last inspection, which had been appropriately notified to the Care Quality Commission. On the day of our inspection one of these authorisations was still current. We looked at the person's care plan and found that the conditions authorised by the Supervisory Body had been recorded and were being met. The manager told us that they monitored the person's needs daily to ensure the conditions were still required and were preparing for a review of the authorisation. We saw their assessments had been appropriately recorded. Staff we spoke with were able to tell us about the conditions, which were clear and achievable. We reviewed another application which had not been authorised. However we noted that the Supervisory Body had made comment to the effect that the provider had followed the correct procedure in making an urgent application. We spoke with the relatives of people who told us that they had been involved in best interest meetings and had been kept fully informed by the manager regarding these

applications. One relative expressed their thanks for the support that they had received from the manager and staff during this process.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The provider had a comprehensive policy detailing the management of medicines. We saw records which showed that medicines were effectively obtained, received, stored, administered and returned. Records contained a description of any medical conditions, diagnoses or allergies relevant to the management of medicines. Details of the supplying pharmacy and prescribing doctors were also shown. We saw this file clearly listed the name of the medicine, the dose required, the times required and any side effects. This also included medication procedures for handling medicines prescribed as required and homely remedies. We saw that the local GP had signed to indicate their agreement with this policy and that the pharmacist had conducted a yearly audit in 2012.This meant there were effective processes to record the handling and administration of medicines.

There had been no medication errors or near misses reported since the last inspection. Staff we spoke with were aware of the urgent action required to be taken if errors did occur.

We inspected the storage facilities for medication and found there was a lockable room purely for this purpose. Inside the room we saw a large lockable metal medication cabinet for most medicines and another smaller lockable metal cabinet for controlled drugs. We saw another record for the administration of controlled drugs and saw that these were always given by two staff, in line with the provider's policy. There was a fridge for storage of medicines which needed to be kept at specific temperatures. We found that the fridge temperature was recorded daily to ensure medicines were stored effectively.

The keys to the room and all of the medication cabinets were kept securely by the nurse on duty. This meant that keys were never taken off the premises and the medication cabinets were never unlocked or unattended when medicines were being administered.

During our inspection we looked at the provider's training records, which showed staff had been trained to give medicines. Staff we spoke with told us that their medication training was up to date, which was confirmed by certificates within the staff files.

We saw there were appropriate arrangements in relation to obtaining medicine. We

examined the protocol with a local pharmacy detailing how medicines should be obtained and returned where necessary. We were shown an effective system for advance ordering of prescriptions and recording of their receipt. Procedures were in place to accurately record the administration of medicines.

We observed people being given their medicines in a safe and respectful way. We looked at the records which identified that care staff had signed to show what they had administered, to whom and at what time. Records showed that people were given the medicines prescribed to them at the right time. This meant that there were effective systems for staff to check that medicines had been given as recorded.

Relatives said they had seen staff giving people their medicine in the recommended manner. Families we spoke with had a detailed knowledge of the medicines that their relatives were taking and how they were administered. We were told that they had been consulted about decisions to try new medications made by the GP.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People were cared for and supported by suitably qualified, skilled and experienced staff because the provider had an effective recruitment and selection process. We saw the provider's policies to support this process. The relatives of the people we spoke with praised the quality and stability of the care staff. We spoke with six staff who told us that they had completed an application form and had attended an interview prior to employment. We saw copies of the application forms and records of the interviews in the staff files we reviewed.

We found that appropriate checks were undertaken before staff began work. These checks were to ensure that staff were of good character and had the necessary skills and experience to meet the needs of people who used the service. We looked at six staff records and found the documentation to support that these checks had taken place. This included a Criminal Records Bureau check, two references, training qualifications, evidence of the right to work in the UK and a full employment history. Staff we spoke with told us about the checks that had been undertaken and confirmed that they had been completed before they were able to start work. We also found that staff had the relevant qualifications, knowledge, skills and experience to carry out their role.

We saw staff had received offers of employment and had been given a copy of the job description, which was held on their file. Staff we spoke with were clear about their individual responsibilities and how they related to other staff. We spoke with care assistants who told us that the nurses, deputy manager and manager were always available to provide expert advice when required. We were told that the experienced staff were approachable and always willing to support and advise less experienced colleagues. This meant that the provider had taken steps to ensure the safety and welfare of people who used the service.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

There was an effective complaints system, although there had been no complaints made for seven years. The manager said that all of the people who used the service and their relatives were made aware of the complaints procedure. The manager told us about the home's complaints policy and provided a copy. This clearly identified the manager as the person to contact and demonstrated a commitment to recording, investigating and resolving complaints to the satisfaction of the person who used the service. The manager told us that all of the people living at Rose Cottage had a copy of the complaints procedure in their room. We spoke with one person who showed us the copy kept in their room. They told us they knew it was there but had no cause to read or use it. They told us that if they had a problem then they would speak directly to the manager or one of the staff.

The manager said that once a complaint had been made, either verbally or in writing, it would be recorded on a complaints form. The policy stated that every effort would be made to resolve complaints immediately and in any case within 28 days.

Relatives we spoke with confirmed they had not made a complaint but were aware how to do so and understood the process. People said they were confident that if they needed to complain they would be listened to and their grievance would be acted on swiftly. We were told they had no fear of discrimination if they had to make a complaint and were confident they would be supported by the provider. Staff we spoke with knew about the complaints system but said they had had no cause to refer to it.

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.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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