

BSB Care Ltd

The 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 

Overall summary

This inspection was carried out on 25 February 2015 and was unannounced. The last inspection took place on 10 May 2013.

The Cottage Residential Home provides care and support for up to 40 people, some of whom may experience memory loss associated with conditions such as dementia. At the time of our inspection there were 37 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

Staff had a good understanding of people's needs, wishes and preferences and were respectful and compassionate towards people. Wherever possible people were supported to make their own decisions about what they wanted to do and staff respected people's right to privacy so their dignity could be maintained.

Staff had received support from the registered manager to keep developing their skills and knowledge. They understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant they were working within the law to support people who may lack capacity to make their own decisions.

There was enough staff on duty to meet people's needs. Staff had the knowledge and skills that they needed to support people. They received training and on-going support to enable them to understand people's diverse needs and work in ways that were safe and protected people.

We found people were supported to carry out person-centred activities on a regular basis and were encouraged to maintain their hobbies and interests.

People were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

People had access to a range of healthcare professionals when they required specialist help in order to maintain their health and well-being. We also found there were clear arrangements in place for ordering, storing, administering and disposing of medicines.

The management at the service was well established and provided consistent leadership. The provider made themselves available for people and staff to speak with and they encouraged people and staff to speak out if they had any concerns. The provider had a system in place to make sure any complaints were responded to in a timely way.

The provider and manager regularly monitored, and when needed took action to keep developing the quality of services provided.

Summary of findings

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.

There were enough staff on duty to meet people's needs. Staff responded to any concerns related to people's safety and the provider took action when needed to ensure people were kept safe from harm.

Medicines were managed safely and appropriately.

Good



Is the service effective?

The service was effective.

There was a range of food and drinks available which were accessible to people when they wanted them and which matched their needs and preferences.

People's health and social care needs were met by staff who received on-going training in order to give them the knowledge and skills needed to provide care to people.

People's rights were protected because MCA and DoLs were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate. People's privacy and dignity were respected, and wherever possible they were involved in making decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed.

People were supported to continue to enjoy their individual hobbies and interests.

People were able to raise any issues or complaints about the service and the provider acted to address any concerns.

Good



Is the service well-led?

The service was well-led.

Staff were well supported by the registered manager.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The provider had systems in place to regularly monitor the quality of care provided and when it was identified as needed, take action to improve the quality of the services.

Good



The 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 was 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.

Our inspection was undertaken on 25 February 2015. The inspection was unannounced and was undertaken by an inspector. Before the inspection, the provider completed a 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team.

During our inspection we spoke with four people who lived at the service, four relatives, an external training assessor, seven care staff, the activities co-ordinator, the cook, the maintenance person and the registered manager.

As part of the inspection we spent time observing how care and support was provided for people who lived at the service. This was because some people had difficulties with their memory and were unable to tell us about their experiences of living at the home. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the care plans of four people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After we completed our visit we spoke with three health care professionals and two social care professionals who undertook visits to the service for feedback on their view of the quality of services provided.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe living at the service. One person said, "It's a nice place. Its homely, how I like it and I feel safe with the staff." A relative told us, "We visit The Cottage regularly along with other members of the family. It always feels safe and we would say if we felt this wasn't the case."

A member of staff we spoke with told us they had recently started to work at the service. They said, "I wouldn't be here if I didn't think it was safe. The last place I worked was unsafe so I have a measure of what is safe." Records we looked at showed that staff had received training in order to keep people safe from harm. The staff we spoke with told us they understood how to report any concerns and were aware of the systems in place to protect people and how to apply them. Records also showed that when it was needed the registered manager made appropriate referrals to the local authority in order to keep people safe from harm.

Risks to people's safety had been assessed by the manager and staff. Records of the risks identified and how these might be reduced had been made. The information had been personalised to each individual and covered areas such as going out into the community, moving around and bathing and showering. We also saw staff used equipment such as hoists in the right way to help people move around the home and when people called for assistance their calls were answered promptly.

We saw people had personal fire safety evacuation plans in place to show the help each person needed in case they had to leave the building quickly in the event of a fire. This meant that staff would understand emergency procedures

and the action they needed to take to keep each person safe. The registered manager had a fire risk assessment in place for the service which had been reviewed regularly. We also discussed the arrangements for people's bedroom doors closing effectively in the event of a fire. We spoke with the manager who acknowledged how they could improve their systems and made contact with the local fire officer in order to consult with them about the actions they were taking.

The provider had appropriate policies and procedures in place for helping people to take their medicines safely. There were clear arrangements in place for storing medicines. People got their medicines at the right time and in the right way. We also found the provider followed national guidance related to the storage and administration of controlled medicines.

An external training assessor we spoke with said, "Staff are always about. I think the service is safe. I would say I would be happy for a relative of mine to live here." Staff we spoke with told us staff work rotas enabled them to be organised as a team and that there were enough staff to meet people's needs. The registered manager and the provider told us that they did not use agency staff and that cover had always been provided from within the staff team. Staff we spoke with also confirmed this.

The manager told us staff numbers were calculated in line with the number of hours of care each person needed through the application of a dependency tool. We observed there was a consistent staff presence in communal areas to support people. From looking at rotas and talking with people, the registered manager and staff we found that suitable levels of staffing were being maintained.

Is the service effective?

Our findings

People told us they felt staff were trained to meet their health and social care needs. A relative we spoke with told us, “[My relative] moved here to get better and I can honestly say the improvements I have seen health wise in [my relative] have been great. It’s down to the approach the staff use. I would say they are well trained.”

Staff also said they had received enough training to meet the needs of the people who lived at the service. We checked the training records for the service. In addition to being supported to undertake nationally recognised qualifications staff had received or were planning to undertake training in a variety of different subjects. These included; manual handling, helping people maintain their nutrition and infection control. Staff also told us they had received training in how to support people who experienced memory loss associated with conditions such as dementia.

An external training assessor we spoke with said, “They [the provider] have geared the service and staff to support people with increasing dementia needs. The staff assessments I undertake here show staff training is being applied correctly.”

Records we looked at showed that staff received regular supervision and an annual appraisal to support them in their role. Staff told us that they felt well supported in their role and that the management team were accessible to them at all times.

The registered manager and staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). MCA is legislation that protects people who do not have capacity to make a specific decision themselves. DoLS is legislation that protects people where their liberty to undertake specific activities is restricted. The registered manager confirmed they always worked to ensure any decisions made on behalf of people who lacked capacity were made in their best interests. The manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty.

Records showed that the manager and staff had received training about the subject and knew how to make an application to the supervisory body, [the local authority] if a person was being deprived of their liberty. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people’s rights were protected. The registered manager confirmed that at the time of the inspection one person was being supported to keep safe through a DoL.

We saw that people were able to access healthcare support such as community nurses, dietician’s, opticians and dentists to meet their on-going health needs. People and relatives we spoke with told us that they had access to a local community nurse and their doctor when they needed to see them.

Healthcare and social care professionals told us that referrals raised with them by the service were made on time and that they had not experienced any delays in requesting support from them. All five professionals told us they worked well with the staff and provider and that people received medical and health support at the time they needed it.

One person we spoke with told us they were really enjoyed the food provided. They commented, “The meals here are very good. The staff ask people who can make a choice about what they want and talk to relatives about what their family member likes to eat so we all get what we want.”

People’s health care records showed that nutritional needs were assessed and monitored to ensure each individual’s wellbeing was maintained. Staff we spoke with were aware of care plans in place relating to people’s dietary needs such as the use of thickened fluids or fortified foods. Care records showed the types of foods people did and did not like and care plans reflected their overall diet and nutritional needs. Risk assessments were in place and up to date for people who had specific nutritional needs, such as diabetes. A nationally recognised assessment and screening tool was used by staff to monitor and help maintain people’s nutrition levels.

We saw the cook had developed the menus at the service through discussions with people and through getting to know about changes in people’s preferences and tastes. A four week menu plan was in place which contained a wide range of options for people to choose from. The cook maintained a reference record regarding people’s special

Is the service effective?

dietary needs and told us they were kept informed of any changes by care staff so that they could provide any different or additional dietary support that were required. The cook also told us that although there was no one living at the home who had specific cultural dietary needs they were confident that any identified need could be met.

We observed people having their lunch within the dining area of the home and noted that the meal time was relaxed

with people being encouraged to come together to eat. If people wanted to eat at a different time, in their room or in a different part of the home they were also supported to do this.

Relatives we spoke with told us when they visited they saw a range of food and drinks were offered and people were supported to eat and drink well.

Is the service caring?

Our findings

Throughout our inspection we observed there was a caring and friendly atmosphere in the home. People looked comfortable with the staff that supported them. We saw that people chatted and socialised with each other and staff as they wished, speaking openly together about their choices for the meals provided, visitors who they were expecting and the activities they wanted to undertake.

One person we spoke with said, "I can't praise the staff here enough. They are very caring and they have taken the time to get to know me personally. I feel they do as much as they can to make it personal and caring here."

Relatives that we spoke with told us they visited the service regularly and found that staff were welcoming whenever they visited. One relative said, "They are caring and ever so friendly. We visit weekly and the carers make it like home. They are sensitive to the different needs here and are always jolly."

We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained. This support included the use of the use of any additional aids such as plate guards. We saw people had enough to eat and drink and if they wanted more it was provided.

After the meal was completed we observed how staff helped people move away from the dining area at their own pace. When it was needed staff assisted people with their mobility. We saw they communicated their actions clearly and used appropriate moving and handling techniques, maintaining people's dignity when using equipment such as hoists.

We observed staff knocked on people's bedroom doors before entering their rooms and asked if it was alright to come in. Bedrooms had been personalised with people's belongings, to assist people to feel at home. Communal areas were spacious and there were separate areas for people to spend time with their families if they wanted to.

When people who had difficulty remembering things got distressed staff were patient and took time to give reassurance. Staff referred to people by name and spoke with people at the person's level without standing over them. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. Staff spoke discreetly to people and asked them if they required assistance.

We saw there were two double rooms that people had chosen to share. The registered manager provided information to confirm people occupying these rooms had chosen to share the rooms. This included written agreements, which included information to show relatives had been consulted and information from the commissioners of the service. The manager also showed us how privacy screening was in place and used to protect people's dignity when they received personal care in the rooms they shared.

The provider had information available and could access local lay advocacy services for people who needed additional support in representing their views. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.

Is the service responsive?

Our findings

Each person who lived at the service had a care plan in place which was personal to them. We found that care plans were clear, easy to understand and provided good information to enable staff to care for people in ways that supported their individual health and social care needs and preferences. A healthcare professional we spoke with said, “Staff are guided by us and the staff work closely to the plans for care we put in place, for example when someone needs turning and checking on regularly.”

Care records demonstrated how individual needs such as mobility, communication and social needs, continence and nutrition should be met. They accurately described the care provided and any changes in care needs. We also saw the records had been regularly reviewed to make sure they were up to date. We saw that people’s support needs were reviewed regularly and that wherever possible people were involved in the process.

One person told us, “There are entertainers who visit and we do our own things to keep ourselves occupied.” An activity co-ordinator showed us how each person had an individual activity programme in place. This showed how people had been supported to maintain their interests and hobbies. People also told us they enjoyed going out for walks in the local community, receiving visiting entertainers, playing games together and doing puzzles and quizzes.

We saw the co-ordinator had ensured that there was a mix of social group activities and one to one activities. For

example, we saw one person enjoyed listening and moving to music and that this was supported whilst on the same day another person attended holy communion. The co-ordinator also gave us an example of how they were developing person centred activities. They said how they used a memory box to support one person which contained a sea shell, a reel of cotton and a button. They said it was used when they spoke with the person and described how it triggered very positive memories for the person related to their childhood and summer holidays by the sea.

People also told us they were encouraged to keep in touch with people who were important to them and were supported to fulfil their spiritual needs. People had been consulted about the ways in which they wished to pursue their spiritual lives and arrangements had been made to assist people to celebrate their spiritual beliefs. This included attending religious ceremonies.

Everyone we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. One relative told us, “I see the manager is very accessible and has her door open to people and the care staff whenever she is here, which is a lot.”

People we spoke with, and their relatives, said they knew how to make a formal complaint if they needed to. Records showed that no formal complaints had been received by the provider since we last inspected in the service.

Is the service well-led?

Our findings

The service had a registered manager in post who confirmed they were supported by the company's responsible individual who visited the service regularly. People told us that the registered manager was approachable, responsive to ideas and always investigated any concerns as soon as they were raised.

We observed the registered manager was accessible to people. They spent time out and about in the home, seeing what was going on, talking to people and supporting staff. We observed people and staff were comfortable and relaxed with the manager who demonstrated a good knowledge of all aspects of the service, the people who lived at the service and the staff team. A relative we spoke with said, "The home is well managed and I would say they [the registered manager] put the care of people right at the centre of the job they do."

After we completed our inspection visit we spoke with three healthcare professionals who told us they visited the home regularly and felt it was well-led. One of the professionals said, "The manager is well established and a good leader. The staff look up to her."

Senior staff meetings were held on a regular basis to ensure communication between those responsible for supporting staff across each shift were sharing information and messages about people's needs and any staff changes. We looked at the record for the last senior staff meeting held on 29 January 2015. This showed that new bathing and bed care charts were being introduced in order to ensure clearer information was captured about the support people received with their bathing needs. A staff member we spoke with said, "The new charts work much better. They are clear and easy to complete to show who did what and when."

Staff told us they had the chance to contribute their views on the day to day running of the service through direct discussion with, and the supervision meetings they had with the registered manager. Staff told us they felt supported by the manager and that morale in the staff team was good. Staff also said they took part in hand over meetings between shifts so they had the opportunity to discuss any changes in need for people.

We observed a handover meeting during the afternoon of our inspection. The meeting was led by a senior staff

member who went through the record for each person and shared information about any changes in needs or behaviour that staff should be aware of. After the meeting staff said handover's were always useful and informative and helped prepare them for each shift they were scheduled to work.

We asked staff about how they would raise any concerns they might have and about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. Staff told us they would feel confident to whistleblow if they felt there was a need to and would take any concerns to appropriate agencies outside of the service.

The registered manager showed us they had an incident and accident record book in place and any accidents were recorded, investigated and actions taken to reduce the risk of them reoccurring. Accidents were audited on a monthly basis to identify if there were any patterns for example, a certain time of day. This information was used by the registered manager to review if staffing levels required amendments.

The manager confirmed we had not been informed about one of the incidents, which occurred in February 2015. The manager showed us the actions staff had taken to fully respond to ensure the person had received appropriate support and treatment and recognised they needed to send a formal notification to us. The registered manager took immediate action and submitted the appropriate notification for our records.

The registered manager completed a number of quality assurance questionnaires each year. These were sent to people, their relatives and other social and healthcare professionals who visited the home. The registered manager was in the process of gathering the current year's information to identify if there were any areas which needed improvement. The registered manager showed us the forms returned to date and they all contained positive feedback.

The provider also showed us they also undertook a staff survey in September 2014. Questionnaires were sent to all staff members who were supported to return the forms without including their names if they wished. The provider undertook an analysis of the returned forms. Overall feedback was positive. The provider produced an action plan which showed they intended to further improve the

Is the service well-led?

way the provider communicated with staff. For example, they showed us they had purchased a telephone conferencing system so the provider could dial in to meetings when it was needed. The provider said this would enable two way discussions with staff to ensure regular communication was maintained and they could regularly seek staff views and feedback.

An external training assessor we spoke with said the service was well led and was managed well. They commented, "The manager is very good. She always supports staff in ways which give them the chance to keep developing and increase their capabilities. They don't sit still here and they listen and keep moving forward."

The registered manager told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on the service provided through an annual survey process. The last survey was completed in January 2014 and the overall feedback provided indicated people were happy with the services provided. The registered manager showed us that new survey questionnaires had been sent out to people and their relatives in February 2015. Records were available at the service to evidence overall feedback had been positive.

After we completed our visit the provider sent us information to confirm that a further survey would be undertaken to ask people for their views on the environment. The provider said they would take action to address any issues raised as a result of this.

As part of our inspection we also spoke with the local authority contract monitoring team who commissioned services from the provider. They told us they undertook monitoring visits to the service. Information they shared with us about their visits indicated the provider had adhered to the contractual arrangements in place with them and the registered manager consistently followed up on any recommendations made.

When we asked people for their view on the environment at the service a relative said, "It's not the most aesthetically pleasing but it's really homely and we like the feel of the home." A social care professional said, "When you go into the service it looks a bit tired but it is comfortable and I think any safety issues are addressed when they need to be." The provider had a plan in place to make improvements to the environment and following our inspection they notified us of the timescales for completion.

The provider employed a maintenance person who told us they used a schedule to complete any tasks identified that needed addressing. The maintenance schedule showed when work was identified by the registered manager or staff as being needed and the maintenance person had recorded when they had carried out the work.