

## The Cottage Nursing Home Limited

# The Cottage Nursing Home Limited

### Inspection report

80 High Street,  
Irchester,  
Wellingborough,  
Northamptonshire.  
NN29 7AB  
Tel: Tel: 01933 355111  
Website:

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on the 16 April 2015 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 22 January 2015. Breaches of legal requirements were found. This was because fire doors had continued to be wedged open with wooden blocks. We found that people, relatives and staff were not consulted regularly about the delivery of service and there were no systems in place to monitor performance and manage the service.

After the comprehensive inspection, we undertook this focused inspection to check that the provider had made improvements and to confirm that they now met legal

requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cottage Nursing Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

The Cottage Nursing Home Limited is registered to provide accommodation and care for up to 53 older people, ranging from frail elderly to people living with dementia. At the time of this inspection there were 44 people living at the service.

At this inspection the service had a manager who was new in post and had not yet registered with the Care Quality Commission. A registered manager is a person

# Summary of findings

who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that fire doors that had previously been wedged open had been fitted with automatic door guards which closed when the fire alarm sounded.

We found that the manager had introduced a system of audits, surveys, meetings and reviews to obtaining feedback, monitor performance, managing risks and keep people safe. These were still in the early stages of development and had not yet been embedded to ensure good governance.

# 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?

We found that action had been taken to improve the safety of the service.

Fire doors had been fitted with door guards that closed when the fire alarm sounded. This meant that the provider was now meeting the legal requirement.

We found that improvements had been made we have revised the rating for this key question. We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



### Is the service well-led?

We found that action had been taken to improve the well-led aspect of the service.

Improvements had been made to the way feedback was obtained from people using the service and their relatives.

The manager had put in place systems to monitor the quality of the service and to manage risks effectively. However, these were newly implemented and had not yet been embedded to demonstrate consistent good practice.

While improvements had been made we have not revised the rating for this key question. We will review our rating for safe at the next comprehensive inspection.

**Requires improvement**



# The Cottage Nursing Home Limited

## 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.

We undertook a focused inspection of The Cottage Nursing Home on 16 April 2015. This inspection was completed to check that improvements to meet legal requirements after our comprehensive inspection on 22 January 2015 had been made.

We inspected the service against two of the five questions we ask about services: Is the service safe? Is the service well-led? This is because the service was not meeting legal requirements in relation to both key questions.

The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home. We reviewed records relating to the management of the service including quality audits and looked at the safety of the premises.

# Is the service safe?

## Our findings

At our comprehensive inspection of The Cottage Nursing Home Limited on 22 January 2015 we found that people's safety continued to be compromised by the on-going practice of wedging fire doors open with wooden blocks or bedroom furniture. Wedging the fire doors open meant that people may be put at risk if there was a fire in the home.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection 16 April 2015 we found improvements had been made. We looked at all of the doors within the service and found that wedges were no longer used to keep the doors open. We found that the provider had fitted door guards to each door which allowed them to self close if there was a fire.

This meant the provider was meeting the legal requirement.

# Is the service well-led?

## Our findings

At our comprehensive inspection of The Cottage Nursing Home Limited on 22 January 2015 we found that there were no quality assurance systems in place to monitor the quality of the care provided and to manage risks. People, relatives and staff were not consulted regularly about the delivery of service and there was poor communication between staff and record keeping was not accurate or up to date.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the service had employed a manager for the home. They had not yet registered with the Care Quality Commission. In addition, an operations manager had been employed to support the manager and the service. They had been in post for three weeks. Also, we were informed by the manager that the service was interviewing for a clinical lead specialist on the day of our visit, who would manage all areas of medical and clinical care.

At our focused inspection 16 April 2015 we found that the provider had introduced a system of audits that included areas such as infection control, medicines, staffing, care records and the environment. The manager told us that the nurses completed a weekly audit of the medication systems and this would also be audited on a monthly basis as part of the provider visits that had been introduced. We looked at the two most recent medication audits and found these to be fully completed and where shortfalls had been identified, corrective action had been taken. We saw that all nurses had all received competency assessments and action plans had been introduced as a result, that included further training and supervision. We saw infection control audits that had been completed and we found improvements to the cleanliness and hygiene of the service. The manager told us they had identified a lead person for infection control matters who would be responsible for ensuring standard practices were carried out in relation to infection control. We saw a weekly audit of pressure area care and wound care. The manager told us this would be analysed to identify risks to people and to look for any areas where the home could improve its

pressure area care for people. We looked at two sets of food and fluid intake charts that recorded how much people had received to eat and drink. The nurses were responsible for auditing these. We were told by the manager that this could identify if a person's nutritional intake was poor and extra support could be provided for that person.

The manager told us they completed environmental audits but did not record them. We walked around the environment with the manager and found that fire doors had been fitted with door guards. Signage was being introduced around the home to make the environment more supportive for people with dementia care needs. We also observed some areas of interest around the home, for example, small washing lines and a range of pictures and textured materials on the walls.

To improve communication within the home and the staff team, a daily 11-11 meeting for each head of department had been introduced, and we observed one of the meetings taking place. We found that each head of department was provided with up to date developments at the service and we saw good communication taking place between the different departments. We also saw that a fifteen minute handover of information took place at each shift change, for all qualified staff and care staff. Handover sheets were completed at each shift change to ensure information was recorded and made available to all staff.

We saw that the manager had introduced regular family meetings. We found that following feedback from people and their families, the menu's had been changed to incorporate more choice and variety. The manager told us a 'Resident of the day' scheme had been implemented. Each day a different person is chosen to be the resident of the day. This involves a full review and update of the person's care plan, their room, clothing, menu choice, activities and any maintenance issues. All heads of departments will visit the 'resident of the day' to discuss their needs. We were told that people using the service and relatives were invited to review the care plan at this time. We saw that there had been one complaint in January 2015 and this had been dealt with swiftly and had been well recorded.

## Is the service well-led?

The manager had implemented a weekly template to record all accidents and incidents. This would be sent to the operations manager and analysed on a monthly basis. This had only just been introduced and contained little information for us to look at.

During this visit we were told that the operations manager would undertake monthly provider visits to monitor the homes' compliance with regulations, standard of care delivery, infection control and environment. This would then be fed back to the manager and staff with an action plan. In addition, the manager would provide a weekly report to the operations manager which would cover all aspects of the home. This would ensure any issues were identified and resolved quickly. We were not able to look at how this worked in practice because it had only just been implemented and a provider visit had not yet taken place.

We found the arrangements to ensure staff were appropriately supported to deliver care and treatment to an appropriate standard, by receiving essential training, had been improved. For example, we found that an Induction programme has been implemented for all new members of staff. All staff had completed theory in moving and handling training, a dementia champion had been identified and care staff have received training via virtual dementia tour training. In addition, we saw dates for further training that included, basic food hygiene, first aid and moving and handling training.

We found that the manager was meeting the requirements of their registration and had submitted notifications as required to the Quality Commission. A notification is information about important events which the service is required to send us by law in a timely way.