

Bhandal Care Group (BSB Care) Ltd

# The Cottage Residential Home

## Inspection report

Nocton Hall  
Nocton  
Lincoln  
Lincolnshire  
LN4 2BA

Tel: 01526320887  
Website: [www.bsbcare.co.uk](http://www.bsbcare.co.uk)

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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** ●

# Summary of findings

## Overall summary

### About the service

The Cottage Residential Home is registered to provide nursing and personal care for up to 40 older people, some of which are living with Dementia. The service is also registered to support people living in their own homes. At the time of the inspection there were 32 people living in the service. The service was not currently supporting anyone in their own homes; therefore, we did not inspect this part of the service.

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

There were quality assurance processes in place. However, audits did not identify shortfalls in the service and audits were not robust. People received their prescribed medicines however, further improvements in practice were required. NICE best practice guidelines were not always followed.

There were measures in place to reduce the risk of infection. However, there were areas of the environment that required repair. These issues had been recognised but not actioned in a timely manner. There were enough staff deployed in the service to meet people's needs. The registered provider had carried out sufficient pre-employment checks. Not all staff had received mandatory training

Falls were formally reviewed and monitored. Positive actions were taken to reduce further occurrences. People and their families told us they felt safe, and that staff were kind and caring. Complaints were managed well, and informal concerns were identified and addressed in a timely way. The service worked with other agencies and professionals.

People were supported to have maximum choice and control of their lives and staff supported not them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25th February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made or sustained and the provider was still in breach of regulations 12 and 17.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the relevant key question Safe and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We will continue to monitor the service. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We found the provider continued to be in breach of regulation 12 (Safe care and treatment) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have identified breaches in relation to medicines, risk management and governance at this inspection. For each of these breaches you can see what action we have asked the provider to take at the end of the full version of this report.

#### Follow up

The overall rating for this service is requires improvement.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well- Led.

Details in our Well-Led findings below.

**Requires Improvement** ●

# The Cottage Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection team was made up of two inspectors. The inspection visit took place on 28th April 2021.

#### Service and service type

The Cottage Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Cottage Residential Home has a manager registered with the care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to ensure risks related to COVID-19 could be reduced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We requested information from the provider regarding staff training, quality assurance and the running of the service. We used all this information to plan out inspection

#### During the inspection-

We spoke with three people who use the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, the registered manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included three peoples care records and multiple medicines records. We looked at three staff files in relation to recruitment and supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed.

At the last inspection, the provider was in breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had failed to make the improvements needed and was still in breach of the regulation.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had not always been identified, mitigated, recorded and monitored effectively. Risks associated with choking had not always been identified.
- One person had been assessed by the speech and language team (SALT) as needing a modified diet due to a condition which affected their swallowing. The person was not receiving the correct diet which had been prescribed. This meant the person was at risk of choking.
- Where people had been prescribed a blood thinning medicine and experienced falls, this was not always managed safely and in line with the providers expectations. Medical attention was not always sought in a timely way to ensure the person had not experienced an unforeseen injury, such as an internal bleed.
- Staff did not have up to date training on how to support people with a modified diet. This placed people at an increased risk of being given the wrong diet and choking.
- We raised these issues with the registered manager who immediately took action to address these concerns and reduce the risk to people.
- Peoples care plans around diabetes management was clear and consistent. There was information for staff to follow on signs to look out for and how to support people who were at risk of becoming unwell due to their diabetes.

### Using medicines safely

- Some people required staff to put medicines in their food and drink to ensure they receive their prescribed medicines. Care plans and information for staff did not always describe how to do this safely. A pharmacist had not been involved with the planning of this, which was not in line with best practise guidelines. The registered manager and the provider have informed us that since the inspection they have sought advice from a pharmacist and that care plans and information on with the medicines reflects the advice.
- People receiving "as needed medicines" did not have a protocol in place to provide guidance to staff on effective administration. One person who was prescribed pain relief, when needed, was unable to verbally communicate. There was no information on symptoms or behaviours staff could identify to indicate that the person was in pain. This meant people were at potential risk of experiencing pain, discomfort or distress.
- The registered manager had informed us since the inspection they had recognised the need for guidance and information for staff relating to 'as needed' medicines. This had been addressed and this was present in care plans and with medicines records seen after inspection.

The provider failed to ensure all risks associated with people's care had been assessed and medicines were managed safely. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored correctly and safely by trained members of staff.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had a good understanding of safeguarding. Safeguarding was covered in staff induction, but this had not always been followed up with any formal training or competency checks on how to keep people safe. The registered manager and provider have informed us that training has been organised following the inspection.
- The registered manager worked with the local safeguarding team to address concerns when they were raised. Reporting low level incidences in line with local policy.
- People using the service and their relatives told us they felt safe living at the service.

Preventing and controlling infection

- There were some areas of the home which require decoration and could pose an infection control risk. There is a redecoration plan in place. However, the maintenance logs showed that identified actions were not actioned in a timely way. This is covered in the Well -Led section of this report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment; Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Positive action was taken to reduce further occurrences.
- When the service was made aware of a poor practice concern, the concern was reviewed by the registered manager and actioned in a timely way.
- Staffing rotas showed there were enough staff to support the needs of the people living at the service.
- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- Training records for staff showed not all staff had received mandatory training. Three staff who started employment in 2020 had not received all their mandatory training. The registered manager said they were aware they were behind on training and had a plan in place to address this.



# Is the service well-led?

## Our findings

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

At Our last inspection we rated this key question as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection, the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had failed to make the improvements needed and was still in breach of the regulation.

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

- There were systems and processes in place to audit the quality of the service. However, not all audits were effective in identifying shortfalls in the service. For example, medicines audits did not identify improvements required which we identified during the inspection
- A nutritional audit was completed in February 2021, which identified staff required training in nutritional needs. However, there had been no action taken to address this.
- Where improvements to the service had been identified through quality auditing, action was not always taken in a timely way to resolve this. For example, actions noted on an infection control audit in July 2020 had been carried over to an audit completed in February 2021, without the actions having been addressed.
- Information regarding maintenance of the service was not always kept up to date. There was a maintenance log in place where staff had recorded works which were required. However, works identified in January 2021 had still not been addressed at the time of our inspection.

The provider had failed to ensure there were effective quality monitoring systems and processes in place to monitor quality of the service and maintain oversight, ensuring action was taken where improvements were required, in a timely way. This was a continuing breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we raised this with the provider who sent us an action plan. The provider and registered manager have identified training for staff to meet people's nutritional needs. Staff training in safeguarding has started to take place. Maintenance plans are to be accelerated now that COVID-19 restrictions are starting to be lifted. Some maintenance was due to outside agency's needing to do works in order to rectify water pressure.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Staff informed us there was always a good handover of any information they needed in order to care for people. However, during inspection staff could not always inform us how they could meet individual need as they had been out of work when the person had been admitted to the service.
- Staff meetings took place at the service. However, when reviewing the minutes of these meetings they did not show that staff were able to give their views. This meant that staff's ability to contribute and influence the service was limited.
- People were able to attend residents' meetings where they discussed the redecoration of the home as well as the menu. This meant the people living at the service feel they have a voice in the running of the care home.
- People and family members spoke highly of the management of the service. One person said, "they are always kind when I come to visit." The provider and registered manager have looked at ways of improving communication during the COVID-19 pandemic, by the use of social media.
- Most interactions observed between staff and people living at the service were kind and caring. We observed staff knocking on people's doors before entering.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and people spoke highly of the registered manager and told us they were approachable and kind. Staff felt appreciated and were praised when they have done a good job. One person told us the manager was "Top Class."
- We were informed that the service has adapted during the COVID pandemic to ensure team meetings take place but in smaller groups of staff.
- Management of the service carried out observations of staff as well as staff supervisions; encouraging good practice and identifying shortfalls. These were then addressed in a timely way.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager spoke of being open when things had gone wrong. They said that they would follow the duty of candour when looking into safeguarding issues. They had recently contacted family when a person at the service had fallen.
- The service worked with other professionals to meet the needs of the people at the service. This included elderly mental health services local GP practice and social services. This meant that people received regular reviews of their care when needed, ensuring their assessed needs were up to date.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered provider failed to ensure people were receiving safe care and treatment.  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider and manager failed to ensure there was effective oversight and monitoring the quality of service to prevent people from being at risk of avoidable harm. |