

The Cottage Nursing Home Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 July 2017 and was unannounced.

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. On the day of our visit, there were 35 people using this service.

There was no registered manager in post during our inspection; however the service had a new manager who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Quality monitoring systems and processes were in place but required time to become embedded in staff practice to demonstrate how effective they were at identifying and improving the care and welfare of people using the service.

People felt safe. Staff had been provided with training to enable them to recognise signs and symptoms of abuse and they knew how to report any concerns. People had risk assessments in place to enable them to maintain their independence and keep them safe. Adequate staff with the appropriate skill mix were available to support people with their needs. Effective recruitment procedures were in place to ensure suitable staff were employed to work with people using the service.

Systems were in place to ensure that medicines were managed safely. This ensured that people received their medicines at the prescribed times.

Staff received appropriate training, supervision and support to enable them to carry out their roles and responsibilities effectively. People's consent to care and treatment was sought in line with the principles of the Mental Capacity Act (MCA) 2005 legislation.

People were able to make choices about the food and drink they had and to maintain a healthy and balanced diet. If required, staff supported people to access a variety of health professionals including the dentist, optician, chiropodist, dietician and the speech and language therapist.

Staff provided care and support in a meaningful manner; and knew about people's preferences and personal histories. People's views were listened to and they were actively encouraged to be involved in their care and support whenever possible. Staff ensured that people's privacy and dignity was upheld. Any information about people was respected and treated confidentially.

People's needs were assessed before coming to live at the service and the care plans reflected how their

needs were to be met. Records showed that people and their relatives were involved in the assessment process and review of their care. There was a complaints procedure in place to enable people to raise complaints.

The service was led by a manager who was new in post, and received additional support from the clinical lead. Although the manager was new to the service we found that there was an open and transparent culture, which was used to good effect in supporting people and staff to express their views about the delivery of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Systems were in place to ensure that people were protected from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

There was a robust recruitment process in place to ensure that safe recruitment practices were being followed. Sufficient staffing numbers were in place to meet people's needs.

Systems were in place to ensure that people's medicines were managed safely.

Is the service effective?

Good ●

The service was effective

Staff had undertaken a variety of training to keep their skills up to date and had been provided with supervision.

People's consent to care and treatment was sought.

People could make choices about their food and drink and staff provided support when required.

People had access to health care professionals if required, to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff. People were treated with kindness and compassion by staff.

Staff had an understanding of people's needs and worked with them to ensure they were involved in decisions about their care and treatment.

People were treated with dignity and respect by members of staff who worked to maintain their independence.

Is the service responsive?

Good ●

The service was responsive

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Is the service well-led?

Requires Improvement ●

The service was well-led

Systems were in place to monitor the quality of the service provided to people. However, the manager required time to embed these to demonstrate how effective they were to drive future improvement.

Systems were in place to ensure the service learned from events such as accidents and incidents, whistleblowing and investigations.

Staff told us that they were listened to and felt able to raise any concerns or questions that they had about the service, especially since the new manager had come into post.

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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 is 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.

This inspection took place on 25 July 2017 and was unannounced. It was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how staff interacted and engaged with people who used the service, in particular people living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who used the service and observed the way in which staff interacted with them. As some people were unable to express themselves fully due to their complex needs, we also spoke with three relatives of people using the service. In addition we had discussions with eleven members of staff. These included the operational manager and manager, the clinical lead, two nurses and five care staff and the chef.

We looked at six people's care files to see if their records were accurate and reflected their needs. Four had been transferred to the new electronic system and two were hard copies. We reviewed four staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. They told us they felt safe living at the service. One person said, "I feel safe, if something was bothering me I would tell the staff." A relative told us, "I think [name of relative] is safe, they look after him well."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "Without a doubt I would absolutely report something I was concerned about." The manager told us that safeguarding was regularly discussed with staff during supervision and staff meetings. This demonstrated that systems were in place to make staff aware of how to report safeguarding incidents in a consistent manner.

Information about how to report safeguarding alerts and whistleblowing concerns was displayed in the nurses' station; and was accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team to be investigated. We saw training certificates, which confirmed that staff had undertaken safeguarding training.

Risk management plans were in place to promote people's safety and to maintain their independence. Staff told us how risks to people were assessed to promote their safety and to protect them from harm. They described the processes used to manage identifiable risks to individuals such as, malnutrition, moving and handling, falls and skin integrity. One staff member told us, "[Name of person] is at risk of choking. We have a risk assessment in place for them to prevent choking."

We saw that people had individual risk assessments in place with information relating to the level of risk to them. The assessments were clear and had been reviewed on a monthly basis or as and when people's needs changed. Accidents and incidents were recorded and monitored. Records we looked at demonstrated that all accidents and incidents were reviewed on a monthly basis. This was to ensure they had been reported and managed appropriately.

People told us there were enough staff on duty to meet their needs. One person said, "There are always staff around when I need them." A relative told us, "The staffing seems okay. There always seems to be plenty of staff around."

Staff confirmed that the staffing numbers were sufficient at the time of the inspection. They told us that rotas were flexible if the needs of people changed for any reason. One staff member said, "There is enough staff to care for the people we look after. I think we have good levels of staffing here."

The manager told us there were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. We checked the rota for the current and following three weeks and found that it reflected the numbers stated by the manager. Our observations demonstrated that staff responded to people's call bells in a timely manner and there were enough staff to meet people's needs swiftly.

There were arrangements in place to ensure safe recruitment practices were followed. The manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the required documentation was in place.

People told us that they received their medicines at the prescribed times. One person told us, "I always get my tablets when I need them."

Staff told us and records demonstrated that staff received training in the safe administration of medication and their competencies were regularly assessed. One staff member told us, "We are always looking at how we can improve our medicine procedures. It's very important to get it right."

We reviewed the medicine procedures and found that people were given their medicines in a way that met their individual needs. Protocols were in place to manage how people received home medicines, or those that were needed on an 'as required' basis. This meant that people received their medicines as prescribed. People's medicines were stored securely and Medication Administration Records (MAR) were completed accurately after each person had received their medication. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received effective care from staff that had knowledge and skills in working with them. One person told us, "The new manager is good and so are the staff. They know their stuff. It's much improved."

Staff told us that they knew how to support people as individuals and recognise their specific needs. One staff member said, "We have had training in dementia care and challenging behaviour. We recognise the signs that some people show when they are becoming anxious. We then know how to respond to make them feel better and de-escalate a difficult situation." We saw that there was good guidance recorded in people's care plans so that all staff could understand the positive strategies in place.

A staff member told us that they had received induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, "The induction was very helpful to me. I was glad I could shadow staff first so I could get to know people."

Records demonstrated that all staff received induction training, as well as on-going training. The training matrix showed that where staff training had expired further training had been booked with dates for completion. Staff new to the service were expected to complete the Care Certificate during their probationary period. (The Care Certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

The service had a supervision and appraisal system in place. Staff told us they received supervision sessions with a senior staff member. One staff member commented, "We get supervisions and I think the support for staff here is good." Within the staff files there was evidence to confirm that staff were provided with supervision which demonstrated that staff were provided with support to develop and review their practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence within people's care plans that mental capacity assessments had been carried out along with best interests meetings when required. We saw records that staff had undertaken training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and found that they had a good understanding of the act and people's capacity to consent.

People told us they enjoyed the food provided for them. One person commented, "I like the food my stew was nice." A relative said, "The chef knows what my husband likes to eat."

We spoke with one of the chefs who demonstrated a good understanding of people's dietary needs and food preferences. They were enthusiastic about providing good quality meals for people.

We observed that people's care records contained details of their dietary likes and dislikes. If people had difficulty with food and fluid intake they were closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. Within the care plans we examined we saw that there was information on people's dietary needs, which included food allergies. This demonstrated that staff were fully aware of people's food preferences and any allergies that they may have. Records demonstrated that people were weighed as needed and nutritional screening was reviewed monthly or when changes occurred.

People told us that they regularly saw health professionals as required. One person said, "If I feel poorly the staff are quick to get the doctor for me." We reviewed people's care plans and saw evidence of regular health appointments and check-ups. We also saw that staff recorded such information in people's care records so that the information was handed over to other staff.

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day-to-day care. One person said, "The staff are very kind." A second person commented, "The staff are wonderful. They treat me very well and are so helpful." A relative told us, "My [relative] is happy here. He's been here for two years and is settled."

Staff told us they knew people really well and felt this was because they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We are like a family. We all get to know each other and build up relationships." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

We observed good interactions between people and staff who consistently took care to ask permission before assisting them. It was evident that staff had the skills and experience to manage situations as they arose and provide care to a good standard. For example, we saw that one person using the service became distressed and agitated towards another person. The second person also became very anxious and agitated. Staff diffused the situation swiftly and confidently taking time to distract each person with an activity. This was carried out with sensitivity and patience and resulted in both people becoming calm and happy. This showed that staff supported people to communicate their needs and respected their wishes.

People were supported to make choices on aspects of their daily routine; their daytime activities or their food preferences. One person told us, "They always ask me what I would like to eat." Staff told us and we observed that they consulted people about their daily routines and activities. Care was focussed on each person's wishes and needs rather than being task orientated and routine led. Records seen confirmed that people and their relatives were involved in the care planning process to ensure that the care provided met their individual needs.

People told us that staff were always respectful towards them and promoted their privacy and dignity. One person told us, "The staff are always polite and yes they do treat me with dignity."

Staff told us that people's privacy and dignity was promoted and they were able to demonstrate how they supported people to uphold their dignity. One staff member said, "I always treat people how I want to be treated. Always with respect."

We observed staff treating people with respect and maintaining their privacy. We saw that staff knocked on people's doors before entering and found that interactions between people and staff were respectful. People felt assured that information about them was treated confidentially and respected by staff. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "Sometimes confidentiality has been discussed at supervisions and staff meetings. We all know about maintaining people's confidentiality."

We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing

cabinets. Computers were password protected to maintain confidentiality.

Is the service responsive?

Our findings

People told us that they received care that met their needs. One person told us, "I get all the care I need. They have been helping me to get out of bed during the day." A relative commented, "I can't fault them [meaning staff]. Sometimes [name of relative] shouts things but the staff deal with it very well."

People told us that staff included them in the decisions about their care and asked if they wanted anything done differently or if their care could be improved in any way. Relatives we spoke with echoed these sentiments and one relative said, "Staff talk to me about [name of relative] care and how they are getting on."

Before people moved to the service they and their families participated in an assessment to ensure their needs would be met. Information from the assessment was used to ensure people received the care and support they needed; and to enhance their independence and to make them feel valued. One staff member told us, "We use the assessment to get as much information as we can. The more we know about people the better."

The manager had introduced a 'resident of the day' initiative for a different person each day, every month. This makes a day in a month extra special for each person. Staff told us this initiative helped them to understand what people needed to improve their life and that could make a positive difference to them. For example, the different heads of departments visited the person and discussed what they liked and didn't like about their care. The 'resident of the day' ensured caring and housekeeping staff were involved in creating an environment to promote each person's wellbeing and quality of life.

People's care records detailed what was important for staff to know about each person. For example; what people's interests were, likes and dislikes and how they communicated. This information enabled care staff to deliver personalised support to each person. Care plans were detailed and included information about how people may display their emotions, what this meant to the individual and how best to support them. We saw staff communicating with people as recorded in their care plans, for example by ensuring people had adequate time to consider staff's questions and conversations. People showed signs of happiness and enjoyment throughout staff interactions.

People's changing needs were understood and maintained by staff. They regularly reviewed people's care plans and considered if any changes needed to be made. Staff were knowledgeable about what people's current care needs were when they had been subject to change, and this was in accordance with the most recent information contained in their care plan.

The service had recently employed two activities co-ordinators to support people to take part in chosen activities, either in a group or as a one to one support.

Staff and the manager told us that they encouraged people to participate in activities they enjoyed. Information in respect of people's participation in activities and their preferences were obtained when

people first began using the service and we saw that this was detailed within care records. On the day of our inspection we saw a residents meeting taking place. People were asked what activities they would like to take part in. One person said they would like to go fishing and another commented they would like to sky dive. The manager said they would make every attempt to facilitate people's choices.

People we spoke with felt that they would be listened to if they had a complaint or concern. One person said "I don't have any complaints, but if I did I would talk to the staff." A relative said, "I know how to make a complaint."

The manager told us that complaints were used to improve on the quality of the care provided. We saw a copy of the service's complaints procedure was displayed on the notice board in the reception area. We looked at the complaints record and found that action had been taken to investigate and respond to complaints that had been made.

Is the service well-led?

Our findings

There was a manager who had been in post for seven weeks. She was in the process of registering with the Care Quality Commission. She was supported by a clinical lead with the day to day running of the service. Through our discussions with the manager we found that they understood the key challenges they faced. The manager told us that they wanted to provide good quality care and through our discussions, it was evident that all staff were working to improve the service provided and to make the people who used the service as happy and comfortable as possible.

The manager told us that she had recently implemented various quality audits in relation to medicines, care plans, accidents and incidents, wound care and health and safety. In addition new initiatives had been implemented to gain feedback from people using the service and their family members. However, these needed time to become embedded in staff practice to demonstrate how effective they were at driving improvement at the service.

During our inspection we observed the manager and the clinical lead chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between them and the staff and people who used the service was open and respectful.

People, relatives and staff expressed confidence in the new manager and the improvements that had been made. One staff member told us, "The new manager is very approachable. I feel I can go to her with any concerns I have. I feel more motivated and encouraged." The manager told us that the service operated a resident of the day initiative. This ensured that people using the service were made to feel special. All staff working at the service had an input in ensuring that people were made to feel special and valued.

Staff were confident if they raised concerns in relation to poor practice they would be listened to. One staff member told us, "I would be more than comfortable raising any concerns. I know that any concerns I raise would be taken seriously and dealt with properly." Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They were confident that concerns raised would be addressed and investigated in line with the provider's procedures. We saw evidence that staff practice was kept under review and their behaviour and attitudes were monitored to ensure that people received quality care.

Staff felt that communication within the staff team was good and kept them up to date with changes at the service. One member of staff told us, "There is good communication with all members of the team. We have regular meetings and chances to share information." We joined the staff for a handover of information and saw that people's needs were discussed so that staff had up to date information about the people they provided care for.

The manager and provider were committed to providing all round high quality care. We saw that the service had a five star Food Standards Agency (FSA) hygiene rating. Five is the highest rating awarded by the FSA. This showed that the service demonstrated very good hygiene standards.

The registered manager told us that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to review risk factors to minimise the risk of reoccurrence. Information CQC held also showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.