Acepay Limited

The Cottage Nursing Home

Inspection report

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Date of inspection visit: 20/21 October 2015
Date of publication: 19/05/2016

Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 20 and 21 October 2015 and was unannounced. We last inspected this home on 13 April 2013 and found the provider was meeting the requirements of the regulations we looked at.

The Cottage Nursing Home provides accommodation for up to 33 people who require nursing care. At the time of the inspection there were 33 people living at the home.

There was a registered manager in post. A registered manager is a person 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.

The registered manager had not considered raising safeguarding concerns to the local authority when abuse may have occurred. We saw people being supported by staff to move using techniques which may cause harm to them. Staff knew how to recognise and report suspected abuse. Risk assessments to manage peoples safety were

Summary of findings

in place but less restrictive alternatives had not always been considered by staff. Everyone who lived at the home told us they felt safe. There were sufficient staff to meet peoples' needs. Safe recruitment practices were followed.

People's medicines were managed effectively ensuring people received their medication on time.

Where people were not able to consent to their care the principles of the Mental Capacity Act had not been followed.People were supported by staff who had the skills and knowledge to meet their assessed needs. People were supported to have sufficient to eat and drink to maintain a healthy diet. When people required further support to meet their healthcare needs they had access to healthcare professionals.

People told us the staff were kind and caring. Staff understood people's needs and preferences and respected people's privacy and dignity when supporting them.

People and their relatives felt involved in their care. People had access to activities in the home both in a group situation and on a more individual basis. People and their relatives felt comfortable to raise any concerns with the registered manager. A system was in place to handle complaints and concerns.

Systems in place were not effective to monitor the quality of care within the home.

There was a welcoming atmosphere in the home for people, their families and visitors. There was an open culture amongst staff. Staff told us that they felt supported by the registered manager.

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 not always safe.

People were not always safe because staff did not always use safe moving and handling practicesThe registered manager had not considered making referrals to the local authority when people had been harmed. People were supported by sufficient numbers of staff. People received their medicines safely and when they needed them.

Requires improvement

Is the service effective?
The service was not always effective.

The rights of people who lacked capacity to make their own decisions were not always protected as principles of the Mental Capacity Act had not been followed.

People were supported by staff who had received training to meet their care needs. People were supported to have enough food and drink to meet their nutritional needs. People had access to healthcare professionls to support their health needs.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and caring. People and their relatives felt involved in their care and their views and preferences were considered when care was delivered. People's privacy and dignity was respected staff.

Good

Is the service responsive?
The service was responsive.

People received personalised care from staff who understood their needs and preferences. People had the opportunity to participate in organised activities. Complaints were dealt with and action taken when needed.

Good

Is the service well-led?
The service was not always well- led.

There were ineffective systems in place to monitor the quality of care in the home. People and their relatives were complimentary about the registered manager and told us the home was well managed. Staff told us they were supported by the registered manager.

Requires improvement

The Cottage Nursing 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 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 20 and 21October 2015 and was unannounced. The inspection team consisted of two inspectors 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. Their area of expertise in this case was dementia care. As part of the inspection we reviewed the information we held about the home and looked at the notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law. We contacted the local authority and the local clinical commissioning group to gain their views about the quality of care the service provided. We used this information to plan the inspection.

During the inspection we spoke with nine people who lived at the home and four of their relatives. We spoke with seven staff and the registered manager. We also spoke with a visiting professional to gain their views on the home. We looked at care records for two people to see how their care and treatment was planned and delivered.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living in the home.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, “They (staff) have always been so protective.” Another person told us, “I feel safe. I wouldn’t want to be anywhere else”. Relatives we spoke with told us their family members were safe. One relative told us, “It’s the best thing we did, when we walked over the threshold here.”

Staff told us they would report any signs of abuse to the nurse or to the registered manager and knew who to contact outside of the service if appropriate action wasn’t taken. One member of staff told us, “I look for bruises on their body, you have to be transparent in care. I treat everybody here as I would my grandmother”. However, people were not always protected from the risk of harm because the registered manager had not escalated potential safeguarding concerns to the local authority who lead on investigations of incidents of potential abuse. Records showed us that when incidents had occurred the registered manager should have considered making safeguarding referrals to the local authority and this had not been done. For example, when staff had supported a person to move it was identified they had sustained an injury. We asked the registered manager to make a referral for this person which they agreed to do.

People were not always supported to manage risks to their health and safety. We saw people being supported by staff in an unsafe way when helping them to move around the home. For example, we saw staff helping people to stand using underarm techniques which may cause harm to them. We spoke to the registered manager about this who said they would address this with staff. We looked at the training staff received to enable them to move people safely. Staff told us the registered manager delivered the moving and handling training.The registered manager could not demonstrate to us the training she had received was up to date to ensure staff had the latest information around supporting people to move in a safe way.

We saw accidents and incidents were recorded by staff. However, people were not protected from the risk of harm. This was because the provider did not have an effective system to monitor the accidents and incidents or identify patterns when incidents occurred to prevent them reoccurring.

People were supported by sufficient numbers of staff to meet their needs. One person said, “When I want something I buzz for help and they come straight away”. Another said, “If I press the buzzer, I only have to wait a couple of minutes”. Relatives and staff told us there were sufficient numbers of staff on duty. Staff explained to us extra staff were called in when someone was off sick or if there was an emergency and or to escort people to medical appointments so there was sufficient staff to continue to meet people’s individual needsWe saw there were sufficient numbers of staff when people needed extra support and staff were always available in the lounge when people needed assistance. The registered manager told us they had recently increased numbers of staff on the morning shift to help when people were getting up. We spoke with a recently recruited member of staff who told us all the appropriate pre-employment checks had been completed before they had started working. This helped the provider to ensure they were appropriate to work with people who lived at the home.

Staff told us that only nurses and trained staff gave people their medicines. We saw people being given their medicines with their breakfast. Staff explained what the medicine was for and watched people take it. We saw staff followed protocols when recording that people had taken their medicine. We saw people were given their medicines safely and records were updated at the time to reflect this. Staff told us they monitored each other and checked the Medicine Administration Record (MAR) charts on a daily basis to ensure people had received their correct medicine on time each day.

Requires improvement

Is the service effective?

Our findings

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 so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were not.

Staff were able to tell us how people who could not verbally communicate consented to their care. One staff member said "[Person's name] can't speak, but they can hear. I ask them and they respond with a smile". However, we found the rights of people who lacked capacity to make their own decisions were not always protected as principles of the MCA had not been followed. People's rights were not always protected because staff did not always seek their consent. We saw staff understood the need to gain consent when delivering care but were not always aware of how it affected the care people received when they lacked capacity to make decisions about their care. For example, we saw one person who had a specialist chair which staff moved around the home environment. Staff advised us and we saw no capacity assessment had been completed and we could not see how this person had been assessed as needing a specialist chair and or whether they agreed to it. Staff told us they had decided it was the best option for the person as they were not able to consent to it themselves.

People can only be deprived of their liberty to receive care and treatment when this 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). The registered manager told us they had applied to the local authority for a DoLS for all the people living at the home as they lacked capacity to make their own decisions. The registered manager had not considered people's needs on an individual basis or their individual circumstances. For example, when people had bed rails in place the registered manager had not considered the least restrictive option first.

Staff were happy with the training they received and told us it helped them to support people who lived at the home. One member of staff commented, "There's always people in delivering training". Another member of staff stated they were working with staff from a local hospice who were helping them develop activities for people with dementia. Staff informed us they had regular supervisions and felt they could discuss their training needs with the registered manager. They said they would be listened to and if they required further training they would be sought by the registered manager or the provider.

We attended a shift handover which is a brief meeting between different staff shifts. Information about people's care was shared with staff coming on shift. This included changes in people's moods, medicines they had taken; any changes in people's care needs and how they were feeling. Staff were knowledgeable about people's care needs.

People were supported to maintain a healthy diet. People told us they enjoyed the food. One person said, "They have nice meals and a good choice". We saw the majority of people ate their lunch in the lounge. The registered manager told us this was people's own choices and they liked to sit together. We saw staff supporting two people to eat their lunch in the dining room. Although they supported them to eat at their pace, there was very little interaction with them and one person sat facing a wall. While supporting a person to eat one member of staff walked away and left them alone for a short while which meant their meal was interrupted. The registered manager told us they would look for ways to improve mealtimes. People told us and we saw people were offered choices of hot and cold drinks throughout the day. The cook was able to tell us about people's preferences and special dietary requirements. They also told us they were informed by staff when there were concerns about people losing weight so they could add extra calories to the person's food.

People were supported to maintain good health and had access to healthcare professionals when required. People and their relatives told us they were supported to see healthcare professionals regularly. They told us they had visits from a chiropodist and a dietician. We saw from care records people who had problems swallowing had been visited by professionals who gave them help and advice and this advice was followed by staff. We were told a nurse

Requires improvement

Is the service effective?

practioner visited on a weekly basis as well as a GP. Relatives told us staff supported people to attend appointments if and when they required additional support.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were very kind and caring. One person told us, "They are very good. We have a laugh". Another person said, "They are very nice. I wouldn't want to be anywhere else". Relatives also shared positive comments about the home. One relative said, "We looked at lots; as soon as I walked in here I burst into tears because everyone looked so happy." Relatives told us staff knew their family members well and they treated them with kindness. We saw staff interacted with people in a caring and sensitive way and listened to people when speaking with them. We saw one person who was engaged in doll therapy. The staff interacted with the person whilst acknowledging her "baby" and were reassuring to this person which left them feeling happy.

Most of the staff had worked at the home a number of years which gave consistency of care to the people who lived there. Some people had lived in the home a number of years and told us they were reassured by consistent staff. Staff told us about people's individual needs and likes and dislikes. We saw relatives at ease when they spoke with staff throughout the day. We saw staff spoke with people at their eye level when they were seated. There was a very friendly and open atmosphere which people and their families told us made them feel welcome and comfortable.

People and their relatives were involved in decisions and choices about their care. People told us they could discuss anything at regular meetings which took place. One person told us they had discussed future activities at the last meeting and gave new suggestions about how the home is run. Another person told us they felt involved in their care and could make decisions for themselves. Another person told us, "I let the girls chose my clothes. I can choose but I like the girls to choose for me". One relative told us they had been very involved in the gathering of their family member's life history. Relatives told us they were invited to care plan reviews and received questionnaires about the quality of the service. None of the relatives had expressed any concerns with the care provided.

People's privacy and dignity was respected. One person said, "They are very good to me, they wash me very carefully." Relatives told us they were able to speak with their family member in private in their own room. Most chose not to do this as they liked chatting with other people in the lounge. Staff told us how they ensured people's privacy and dignity was maintained and shared examples of how they did this when supporting people with their personal care. We saw people being asked quietly if they needed to visit the toilet and staff ensured people's dignity when supporting them to move them around the home environment.

Relatives told us there were no restrictions on when they were allowed to visit the home. We saw many relatives visiting during the inspection and they told us they were made welcome by the staff and encouraged to visit whenever they chose to.

Good

Is the service responsive?

Our findings

People and their relatives told us they were very happy with the care they received and staff responded well to their needs. One person told us the care they had received had given them a new lease of life. People and their relatives said that where possible they had been involved in planning their care so their personal choices were reflected in their care plan. One person said, “The staff are like family to me, they know me so well because they have worked here so long.” A member of staff said they always sat near to people who required assistance to move to be available should anyone need support. We saw when people became agitated or unsettled staff responded quickly and gently and checked people’s wellbeing, and in one case provided a diversion to comfort and calm the person. We saw positive interactions between staff and people living in the home. We also saw when staff spoke with people they were left feeling happy and smiling. We saw that people’s choices and preferences were recorded in their care plans. People were supported by staff who knew their individual needs and preferences.

People and their relatives told us they thought staff looked after them well and understood their needs. One person told us that when they moved into the home they had sore skin and the staff had now “sorted it out”. Another person told us when they first came to live in the home they were unable to walk and with the help and support of the staff they could now walk small distances.

People were able to access leisure activities and told us about the activities they took part in. They had the opportunity to discuss activities at the activity planning meetings which we saw both people and their relatives attended. One person told us they liked to join in with the sing alongs and it made them cry because they were so happy. People were happy and proud to share with us the flower arrangements they had made. A relative told us they had been asked by staff to bring in objects their family member would be able to recognise to invoke memories for them. We also saw people engaged in different activities throughout the day such as doll therapy and arts and crafts. Activities were planned in advance and we saw forthcoming activities advertised on the noticeboard including knitting clubs and other entertainers who would be visiting the home. People could choose whether they wanted to join in. One person said, “I prefer to sit upstairs and read my book”. People had access to leisure activities and could spend their time how they chose.

People and their relatives told us they would speak to the registered manager or staff if they wanted to complain. However, they all told us that they had not had an occasion to do so. One relative told us, “If I have a problem, I can speak with the manager. It’s better than any questionnaire.” Staff told us there was a complaints procedure in place for them to follow but none of the staff had ever needed to use it. We looked at the complaints log and where complaints had been made any action that had been taken had been noted and an outcome had been documented.

Requires improvement

Is the service well-led?

Our findings

People were happy living at the home. One person said, “I don’t know what I would have done without them. The manager is an angel”. Staff told us they were happy working in the home. One member of staff told us, “The staff are a good team. They are like family to me”. People and their families were involved in the running of the service.They attended meetings such as the activity planning meeting where discussions took place about what people wanted to do and how they can involve the local community.

However, although the provider had a system of audits in place to monitor the quality of the care provided, this was not consistently effective. For example, a log of accidents and incidents was maintained, there was no evidence that these had been reviewed or audited consistently by the provider to identify any themes or any learning for the future. Other audits were more effective. For example, we saw that a recent audit of the bed mattresses had identified a need for new ones and these had been purchased

People told us they had the opportunity to comment on the quality of the service at the home via questionnaires and the results were published on a noticeboard so people could see them. All the comments we saw were positive.

Staff told us they were supported by the registered manager and the senior staff at the home. Staff had confidence in in the registered manager and felt any support and guidance they needed would be provided. They told us they had regular staff and team meetings to discuss any changes in the home and when they made suggestions they were listened to. We found there was an open culture in the home. A visiting healthcare professional told us, “I have no issues with this home. The staff are all friendly. The staff all know my name. It is a very pleasant and friendly environment”.

People, their relatives, staff and the registered manager were all seen around the home chatting and laughing with each other. The registered manager was evident in the day to day running of the home. They told us they did a nursing shift every week to enable them to observe staff and be involved in delivering care. It also helped them to understand people’s needs better.

The registered manager told us they got support from the provider of the service and when they requested any extra equipment this was provided. They told us they had a good relationship with the provider and they spoke regularly.