

Hayes Cottage Nursing Home Limited

Hayes Cottage Care Centre

Inspection report

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Date of inspection visit: 13 October 2015
Date of publication: 05/11/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced comprehensive inspection of this service on 27, 28 April and 6 May 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to recruitment procedures not being followed, medicines not being stored securely and not always being monitored and complaints not being investigated. In addition we had made a recommendation in respect of palliative care records not being reviewed in line with company policy. We were also aware of shortfalls in fire safety practices identified by the fire safety officer and that staffing levels were to be reviewed in line with people's dependencies.

We undertook this focused inspection to check that the provider had followed their plan and to confirm that they now met legal requirements, had acted upon our recommendation and to view any improvements in fire safety and staffing. This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hayes Cottage Care Centre on our website at www.cqc.org.uk

Hayes Cottage Care Centre is a care home that provides nursing care for up to 48 people. The home has a ten bedded palliative care unit and two units for general

Summary of findings

nursing care which cater for a range of needs, including dementia. The service is registered for 52 beds and at the time of this inspection there were 47 people using the service.

The service is required to have a registered manager in post, and there is a registered manager for this service. 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 current owners took over the running of the service in March 2015.

Medicines were securely stored and were regularly audited, to ensure they were being well managed.

Staff recruitment processes were in place and were being followed and staffing had been reviewed to ensure people's needs could be met.

Care records for palliative care needs were maintained up to date and people and their relatives were very happy with the care being provided at the service.

Complaints procedures were in place and were being followed. People and their relatives felt confident to raise any concerns they might have and said these were addressed. Activities were being provided to meet people's needs.

Monitoring processes were in place and were being followed to ensure all aspects of the service were audited and action taken promptly to address any shortfalls identified. We needed to see that the improvements to the service provision in relation to the service being well-led would be sustained and will review this at our next inspection.

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 safety.

Medicines were securely stored and were regularly audited, to ensure they were being well managed.

Staff recruitment processes were in place and were being followed and staffing had been reviewed to ensure people's needs could be met.

Good



Is the service caring?

The service was caring.

Care records for palliative care needs were maintained up to date and people and their relatives were very happy with the care being provided at the service.

Good



Is the service responsive?

We found that action had been taken to improve responsiveness.

Complaints procedures were in place and were being followed. People and their relatives felt confident to raise any concerns they might have and said these were addressed. The activities provision had increased and activities were being provided to meet people's needs.

Good



Is the service well-led?

We found that action had been taken to improve how well-led the service was. Monitoring processes were in place and were being followed to ensure all aspects of the service were audited and action taken promptly to address any shortfalls identified.

We could not improve the rating for well-led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next inspection.

Requires improvement



Hayes Cottage Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Hayes Cottage Care Centre on 13 October 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 27, 28 April and 6 May 2015 inspection had been made.

The team inspected the service against aspects of four of the five questions we ask about services: is the service safe, caring, responsive and well-led. This is because the service was not meeting some legal requirements at the last inspection.

The inspection was undertaken by two inspectors.

We viewed three care records specifically for palliative care, four staff recruitment and training files, two medicine records, meeting minutes, auditing and monitoring records, and complaints records.

We spoke with four people using the service, three relatives, the provider, the registered manager, two registered nurses, three care staff, the resident and relative liaison officer and the activities co-ordinator.

Is the service safe?

Our findings

Employment checks were carried out to ensure only suitable staff were being employed at the service. At the last inspection we identified shortfalls in the staff recruitment records we viewed. At this inspection the administrator explained that all the staff recruitment records had been audited and additional information required had been obtained. We saw application forms had been completed and contained full employment histories and health questionnaires. Pre-employment checks including references from previous employers, a Disclosure and Barring Service (DBS) check, proof of identity including a photograph and evidence of people's right to work in the UK had been completed. For a registered nurse we saw evidence that checks had been made to confirm their qualifications and registration to work as a nurse were up to date. The administrator said they checked all the files every two months so any updates or renewals could be followed up, for example for work permits and nurse's registrations. They said the plan was to get this information onto a database so the information would be easily accessible at all times.

There were sufficient staff available to meet people's needs. At the last inspection we received comments regarding a shortage of staff at times. At this inspection the registered manager showed us a dependency tool used to assess people's individual dependencies and identify the amount of care hours they required. As a result of this, staffing had been increased and staff told us the staffing levels at the service had improved over the last six months. We saw staff spending time with people on a one to one basis and there were sufficient staff to support people eating in the dining room as well as those taking their meals in their own rooms. Two people told us staff attended them in a reasonable time if they used their call bell. Two relatives said that they thought staff were very busy at times and we noted that one person required the support of four staff when being moved, which was provided. Staff said, "If we do need extra help we can go and ask for support from the manager." People confirmed staff were available to provide care and support and comments received included, "Staff are willing to come back later if I am not ready for something – like a wash. I don't like it when I have just woken up or too soon after breakfast. They come back later." "You are never left alone for long."

Medicines were being stored securely at the service. Following the last inspection a new controlled drugs cabinet had been purchased and installed on the ground floor. A registered nurse showed this to us and we saw controlled drugs were being securely stored. Registered nurses on each shift were required to check people's medicines administration record chart (MAR) to ensure it contained the required information and we saw that staff had signed to confirm they had done so. We checked the quantity of boxed medicines stored in the medicine cupboards and saw that these tallied with the balances recorded on people's MARs. Audits of the MARs were seen from June to October 2015 and if any concerns were identified, for example, a gap in signing, these were recorded and addressed. These demonstrated a significant improvement in the completion of MARs over the time period and showed MAR completion was being regularly monitored.

The provider took action to improve fire safety standards in the service. During our last inspection we were present when the fire safety officer carried out an inspection and had identified a number of shortfalls. At this inspection we saw the service had responded to the fire safety report they had received and we were shown a matrix of dated action points that had been regularly reviewed. We saw written confirmation that a further fire safety inspection had taken place in August 2015 and all the action points had been satisfactorily addressed. We toured the service and saw information about the layout of the building was placed at the entrance to the service and zones within the home were clearly identified. Rooms where oxygen was being used were identified on the plan and a notice about the use of oxygen was on the door of the person's room. Posters with the procedures in the event of a fire were displayed throughout the home. Additional evacuation equipment had been supplied since our last inspection including evacuation chairs on the first floor. Personal emergency evacuation plans (PEEPs) were available on each unit and in the administrator's office and these identified the equipment and support each person needed to be evacuated from the building. The administrator explained this information was updated each time a person was admitted to the service, so that it was kept up to date.

Is the service caring?

Our findings

We visited the palliative care unit. People's palliative care was properly monitored and adjustments made as required. At the last inspection the Gold Standards Framework holistic patient assessment tool was not always being completed or kept up to date. Whilst this had not affected the rating for this domain, we had recommended action be taken to address this. At this inspection we viewed these documents for three people. We saw each area of the assessment tool was complete and had been reviewed at least fortnightly.

We asked relatives of two people on the palliative care unit if they understood their relative's care and whether it met their needs. Both told us they were happy with the care provided by the service. Their comments included, "It's 100% better here for [relative] than it was when they were in hospital. They feed [relative] and they turn [relative] when they need it and they have taken a lot of trouble to

ensure [relative] does not get pressure sores." "They are lovely here. It's very clean, spotless and never any horrid smells. The sister here is particularly lovely – I can really talk to her. There is a happy atmosphere in the home." We spoke with two people on this unit. They commented, "The staff are great. Very caring. This is a fantastic place to be." and "Lovely staff. They are good people." One person was able to explain their condition and the treatment they were receiving to us. We also saw a notice board with the many thank you cards received from relatives of people who had used the service. Comments included, "We are so glad we chose Hayes Cottage to see [relative] through." "They looked after [relative] with utmost dignity, care, compassion, understanding and kindness and a bit of humour that really helped [relative] each day." "I know how comfortable he was in your good care." "We will never forget your kindness, expert medical care and support and the tenderness and compassion you showed our dear [relative]."

Is the service responsive?

Our findings

People told us that they got the help they needed at the home. For example one person described how care staff had helped source appropriate types of footwear. They said, “Everything I need is in hand. The carers are really helpful.” We were also told how the registered manager had been very responsive to a member of staff’s concern about the need of one person to visit a relative. Despite significant complexities concerned with this, the registered manager had ensured arrangements were made so the visit could take place.

At the last inspection people and their relatives did not always know how to raise complaints and those made were not always responded to in a timely way. At this inspection we found the provider had taken steps to ensure that people and their relatives felt able to raise any concerns about their care informally and formally. At reception there was a clear notice inviting comments, views and suggestions and a confidential suggestion box to collect these. People told us the registered manager was always available and often called in to see people in their rooms, inviting comments and discussion about the quality of the care. We spoke with the residents and relatives liaison officer, whose role included resolving concerns at an early stage. We saw they spent time with people chatting about their care and support needs. The provider’s comments and complaints procedure was clearly displayed on notice boards throughout the service and was included in an information pack provided to each person and their relatives. This set out clearly what people could expect if they made a formal complaint and who they could contact if ultimately they were not satisfied by the response provided by the service. All the people and relatives we spoke to said that they felt able to raise any concerns with staff at any time and that the registered manager was always willing to speak with them. The staff we spoke with said that they would support people in making a complaint by referring any matters to the registered manager. The service had received eleven complaints since the last inspection and these had been recorded, investigated and responded to. Where concerns had been responded to verbally, we discussed ensuring this was identified and recorded, to provide a clear audit trail and the registered manager said she would do so.

At the last inspection people and, where appropriate, their relatives, did not feel involved with their or their relative’s care records to identify their wishes. We had discussed care reviews with the registered manager, so people and, where appropriate, their next of kin could be involved in care updates and have their wishes identified and included. At this inspection posters were displayed throughout the service offering people and their relatives the opportunity for updates and care reviews with the registered manager at any point, to help ensure the care provided was sufficiently tailored to the needs of each person and to discuss any concerns or improvements that could be made. Despite the clear notices few seemed to be aware of the offer although some relatives told us the registered manager often popped in whilst they were visiting, offering such a meeting. We looked at the record of the one review undertaken and saw that action points were identified as a consequence of the discussion. The registered manager said they were considering other ways of ensuring people were aware of this offer, such as including it as an item at resident’s and relative’s meetings and in newsletters.

Since the last inspection a new activities coordinator had started working at the service. There was plenty of information about activities available for people living at the home. A monthly leaflet was displayed around the service setting out the forthcoming programme. In addition the weekly and monthly activities plan was displayed outside the main dining room. This provided an activity for each morning, afternoon and evenings. Posters advertised special events such as a forthcoming Halloween party. The regular programme included arts and crafts, pampering, bingo, baking, films, flower arranging and music sessions. This was supplemented with other options including bowling, trips out and occasional weekend trips for small groups of people. The service had its own mini bus and photographs of activities and trips were displayed by the dining room. Information about events in the local area was made available in the entrance hall. The service held a series of fundraising events such as Christmas bazaars and jumble sales which people in the home could help out at. We observed an arts and crafts activity session and people were engaged in the activity. We saw some people had been involved in potting up plants and others had received a manicure. One person told us they enjoyed going to the pub occasionally accompanied by staff. Information about shop mobility transport schemes was also available in the entrance hall.

Is the service well-led?

Our findings

The staff we spoke to said they enjoyed working at the service. One said, "I love it here. There is a good atmosphere and the quality of care is improving." Another said, "I really enjoy working here." The staff we spoke to expressed confidence in the leadership of the service. The registered manager was considered to be supportive of staff who said they felt listened to and whose suggestions about what would help improve the service were taken seriously. For example, additional equipment requested by staff had been supplied and additional staff had been recruited. Staff felt the initiatives taken to increase consistency in practice, whilst taking time for this to bed in was welcome and that the quality of care had improved in the last six months. The registered manager and providers were receptive to our feedback and expressed their commitment to continually strive to further improve the service.

At the last inspection the provider had shown us new auditing documentation they were going to introduce, to improve the monitoring of the service. At this inspection we saw these had been commenced and we could see how this had fed into the improvements made in the service. For example, the first audit of meaningful activities in August had identified areas for improvement and through the audits for September and October we could see significant progress had been made to improve the provision. We also saw the progress with the staff recruitment and training records through the monthly audits carried out from July to October 2015, and this was confirmed by our findings when we viewed a sample of recruitment records. Other monthly audits carried out included those for pressure sores, kitchen safety, care plans, infection control, health and safety and medicines. Each morning the registered

manager carried out a daily walk around the service and checked staffing, overnight accidents/incidents, diaries, call bells, activities boards and cleanliness of corridors. The findings were recorded and any issues were promptly addressed. Our findings showed the service was being monitored and improvements had been made as a result of the more robust auditing of the service.

The views of people, their relatives and other professionals providing input to the service were gathered by means of a survey. The different survey questionnaires were available in the main entrance and the results of surveys of people's and their relative's view of the care provided at the service for September 2015 were displayed on a notice board in the reception area. We saw relatives and people living at the service could meet monthly to discuss any concerns. The notes of these meetings were displayed on the notice board along with the date of the next meeting. We saw that 19 people had attended the September meeting, which covered topics including the care provided, the food, cleanliness of the service, activities and security. The notes showed people appreciated recent improvements to the activities available and that menu choices had been discussed. One person told us that the choices available at meal times had increased as a consequence of this matter being raised. Meetings for staff were planned for the year and these included weekly for heads of department, two weekly for nursing sisters and monthly for registered nurses, care staff and hotel services meetings. These meetings were minuted and these were available for staff to read and keep up to date on discussions and progress within the service.

While we recognised that significant improvements had been made in relation to the extent to which it was well-led since the last inspection, we needed to see that these improvements would be sustained.