

The Cottage Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Cottage Nursing home limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 Nursing home limited is located in a residential area in Northamptonshire and is registered to provide accommodation and personal care to people who may or may not have nursing care needs. They provide care for older people who may also be living with dementia and can accommodate up to 53 people at the service. When we visited there were 39 people living at the service.

At the last inspection in July 2017, the service was rated Good. At this inspection on 17 July 2018 we found the service had deteriorated to requires improvement.

There was not a registered manager in post. There was an acting manager in post, and the provider had recruited a new manager who would be going through the registration process once their employment commenced. 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.

Risk assessments were in place to manage potential risks within people's lives, but they were not always implemented or followed by staff.

People did not always receive the support they needed to go to the toilet. There was a lack of moving and handling equipment including hoists, which meant that people had to wait long periods of time before getting the support they required.

People were not always engaged with and spent long periods of time un-occupied.

Quality audits in place were not always effective, and issues found were not always followed up on promptly.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and

support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the acting manager and senior team, and had one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner.

People were involved in their own care planning and could contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

Risk assessments were not always implemented and followed by staff.

People felt safe within the service.

Staffing levels were sufficient.

Medicines were managed effectively.

People were protected by the prevention and control of infection.

Lessons were learnt when mistakes were made.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Requires Improvement ●

The service has deteriorated to Requires Improvement

People did not receive the support they required with personal care promptly.

People were not always engaged with regularly.

A complaints system was in place.

End of life care was available for those that required it.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance systems in place were not always effective

Staff felt well supported.

The service worked in partnership with outside agencies and professionals.

The Cottage Nursing Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 17 July 2018 and was unannounced.

The inspection was carried out by two inspectors, an assistant 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.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with eight people who used the service, two relatives of people using the service, eight support workers, an activities coordinator, a nurse, the chef, the acting manager and the provider. We reviewed six people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service such as maintenance records, user feedback, and meeting minutes.

Is the service safe?

Our findings

Risk assessments covered all the potential risks present for people and the environments they were receiving support in. However they were not always implemented or followed correctly by staff. We saw that one person's risk assessment stated they should not have a call bell in their room as this was a potential risk to them. Instead, they should have a floor sensor mat which alerted staff when they got out of bed. We looked in the person's room and found that they had the normal call bell in place, and did not have a sensor mat. This meant that the risk assessment was not being followed by staff. The acting manager told us that the risk assessment had been created by the previous manager, who had failed to implement it in to practice. The acting manager told us they would be immediately re- assessing the person, and providing a sensor mat as required.

Window restrictors were in place to ensure that windows could not be opened wide enough for anyone to fall from, however, we found that one person's room had window restrictors that were unlocked, and the windows were open wide. This presented a potential risk to people who could fall from, or climb out of the window. The acting manager told us that the person's family had unlocked the restrictors due to the hot weather, but they would make sure that all window restrictors would be locked and monitored by staff.

People told us they felt safe in the service. One person said, "It feels safe here, they schedule everything so it works for me. I feel secure as I know the routine and what's happening next." Another person said, "I feel very safe here with the staff they're just marvellous."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "It is safe here, I've had safeguarding training and I wouldn't hesitate to report anything I wasn't happy with." We saw that staff were all trained in safeguarding procedures, and this was up to date.

Staffing numbers were sufficient to meet people's needs. During our inspection we saw that people had the support they needed from care staff and nurses who were available for people promptly when called. There were enough staff on shift to make sure people were safe. The acting manager used a dependency tool to identify the accurate amount of staff required to meet people's needs. Rotas we saw confirmed that staffing was consistent and appropriate for people's needs.

The service followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Nursing staff provided evidence of their registration with the Nursing and Midwifery Council (NMC) and the provider had systems in place to ensure their registration was maintained.

The environment was clean and tidy and was meeting infection control requirements. We did see that one

area of the service had old carpets that were stained and had a strong odour. The provider showed us evidence that new vinyl flooring had been purchased which was due to be fitted. This would bring the flooring up to the same high standard as the rest of the service. People were protected from the risk of infection. The provider had infection control procedures that staff followed. We saw that staff used gloves and aprons when providing personal care and undertaking clinical tasks. The service had recently attained a five star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency. The kitchen area was clean during food preparation.

There were appropriate arrangements in place for the management of medicines. Nursing staff had received training and demonstrated they were knowledgeable about how to safely administer medicines to people. The provider used Medication Administration Records provided by the pharmacy and in addition used an electronic record keeping system to record the time people had received their medication. Some people received their medications covertly; without them knowing, usually disguised in food. People receiving their medicines covertly had undergone an assessment and agreement by their GP and Pharmacy in the person's best interests; the arrangements had been made in accordance with the Mental Capacity Act 2005. Nursing staff had clear guidance on how to administer covert medicines safely.

We looked at the providers records of accidents, incidents and statutory notifications and whether improvements had been made when things go wrong. The records demonstrated learning from accidents and incidents. The staff we spoke with felt that any learning that came from incidents, accidents or errors was communicated well to the staff team, through team meetings, training and supervisions if required.

Is the service effective?

Our findings

People's needs were assessed to achieve effective outcomes. We saw that detailed pre assessments of people's needs were created by management before care was delivered, to ensure each person's needs could be met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

Staff were skilled, knowledgeable and experienced, and people received the care they needed. All staff went through an induction training package when starting employment. Continuous training took place to refresh knowledge and keep up to date with standards. We saw that the acting manager had ensured that all staff had either completed training or had booked on to an upcoming session to refresh their knowledge. Staff received supervision from the acting manager and felt able to approach them whenever they required support.

People's individual dietary needs were met and people were supported to maintain a healthy and balanced diet. One person said, "Food is good, choice of two mains and snacks if needed. I get plenty of drinks. I have breakfast in my room and sometimes have a cooked breakfast." People could choose what they ate and when. A 15-minute menu was being introduced to give people more choice of what they could eat and when. This meant a range of meals had been devised which could be quickly prepared as alternatives for people. We saw the Chef interacting with the people that use the service during mealtimes.

Health and medical information was recorded for each person. One person said, "They call the doctor in if I'm unwell. Last time I didn't have to wait at all really." Staff were vigilant to any changes in people's health and acted to enable people to access relevant healthcare professionals. Care plans documented any health conditions that people had, and kept an up to date log of recent appointments and medical input. For example, we saw that a chiropodist was at the service on the day of our inspection.

People were able to personalise their rooms and furnish them as they wished. We looked around people's rooms and saw that they were all personalised with photographs, pictures and furniture that belonged to them.) There were several communal areas for people to use and staff encouraged people to use them. Outdoor areas and gardens were available for people to use in good weather.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS appropriately and as required. People told us that staff sought their consent before carrying out any care.

Is the service caring?

Our findings

We saw that staff treated people with warmth and kindness and staff interacted with people in a polite and respectful manner. Care was carried out in a dignified and person-centred way. One person said, "The male carers are very good, we have a laugh and a joke as well as get the job done". A relative of a person said, "I would complement the carers as they are making [name] very comfortable". The staff and management we spoke with all spoke positively of the people living in the service, and were knowledgeable about people's needs and preferences.

People and family members mostly felt involved in the care provided. One relative said, "I am here every single day for several hours. The staff are very good here. I feel like [name] is in good hands and they know what [name] needs. They communicate well with me and keep me involved in what's going on." We saw that people were offered choice in all aspects of their care including food, activities and care tasks. The staff members we spoke with all spoke of the importance of involving people in their own care and offering as much choice as possible.

People confirmed that the staff respected their privacy and dignity when providing care. During our inspection we saw that staff were considerate when entering people's rooms, they knocked on doors before entering, and were aware of protecting people's dignity when personal care was required. One person told us, "They generally knock and my door and call my name. When I have a wash, they cover me up and close the door. I don't mind male or female carers as long as they are kind."

Staff were aware of the requirement to keep people's personal information private. All personal information about people was kept securely and only shared on need to know basis with the appropriate staff.

Is the service responsive?

Our findings

The service was not always responsive to people's needs. We saw that there were only two working hoists at the service, one on each floor. This meant that some people had to wait for extended periods of time to get the support they required to use the toilet. One relative told us, "I get really cross when I see [name] have to wait to be taken to the toilet; there's just not enough equipment. There's been a broken hoist in the hairdresser's room for ages that's just been repaired. I have spoken to the staff many times and they agree, I think there's only two." Another relative said, "[Name] has waited for the toilet far too long after lunch." A staff member we spoke with said, "There's often delays in turning and taking people to the toilet. It's so frustrating. I have said to the seniors lots of times but they think it's ok. I haven't spoken to the manager about this." We spoke with the acting manager about this, who acknowledged the problem and showed us evidence that new moving and handling equipment such as hoists and stand aids had been ordered.

We saw some people sat in the dining area unoccupied for long periods of time. There was an activities coordinator on shift who was running activities with some people throughout the day, however, our observations were that at times people's experience of living in the home could be improved through further increases to staffing levels for activities. The acting manager explained that the service were currently recruiting another activities staff member, which should increase the options available for people to join in with meaningful activity. The people we spoke with told us they felt the activities coordinator did a good job, and they enjoyed most of the activities on offer.

The service used an electronic care planning system and staff had access to people's records on phones and computers. Not all staff felt they had enough time to read people's care plans and risk assessments. Some members of staff told us they had not read people's care plans, or had started to read them but not continued. This meant that not all staff were aware of people's assessed needs. The acting manager told us they were ensuring that all new staff were given sufficient time to read care plans, and would expect all staff to access care plans via their phones before providing care. The acting manager told us they would ensure all staff were given sufficient time to read care plans and risk assessments.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. This is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person told us, "My son talks to staff if there's a problem and I would talk to the nurse. It's generally little things that get sorted nothing major." Other people we spoke with said they had not had to make any formal complaints but would do so if needed. We saw that the complaints record had logged several complaints from people and relatives which had all been responded to formally as per the complaints policy.

People were supported with the appropriate care when at the end of their life. Systems were in place to make sure people got the care and support they needed at this time. This included support with advanced decision making and enabling people to receive the medication they required, when they required it.

Is the service well-led?

Our findings

The service was not consistently well led.

There was not a registered manager in post. There was an acting manager in post, and the provider had recruited a new manager who would be going through the registration process once their employment commenced. 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.

At our last inspection in July 2017, we found that quality assurance systems were in place, but required further time to embed themselves in to practice. At this inspection, we found quality assurance systems were in place to monitor all aspects of the service, however, they were not always fully effective, and action was not always taken quickly enough to resolve any issues found. Audits had not picked up that a person's risk assessment was not being followed accurately, and that an alarmed matt was not in place when it should have been. The acting manager was aware that more moving and handling equipment was required, however the provider had not acted quickly enough to ensure that adequate equipment was in place to meet people's needs. We spoke with the acting manager who showed us that they completed regular audits within all areas of the service and fed back any areas of improvement to the provider.

The acting manager had a clear vision and was committed to delivering person centred care that respected people's needs. The acting manager had been asked to manage the service whilst a new manager was recruited. They had driven improvements such as initiating the recruitment of additional staffing, identifying the need for replacement carpet and additional hoists, implemented staff meetings and employee and resident surveys. Both people and the staff we spoke with were positive about the support they received. One person said, "I see the manager most days as she is around a lot. She's doing well as she's only been here a short time". A staff member said, "I had a 1-2-1 with (acting manager) when they came into post, I feel able to tell other staff if I'm not happy with things, I don't bottle it up."

The acting manager told us that the provider was easily contactable and always provided the support they required. They told us that any problems or issues that had been identified, were reported to the provider for action. We saw that several issues had been identified by the acting manager and plans had been put in place to bring about improvements and change within the service. Both the acting manager and provider were open and receptive to any problems that we found during the inspection.

People, staff and family members were asked to feedback their opinions on the quality of the service via quality questionnaires. We saw that new questionnaires had been devised and sent out to people to complete. One person said, "I feel that I can talk openly. I had a survey to do very recently."

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments. We found the provider had displayed their rating at the service.

The service worked positively with outside agencies. This included visiting health professionals and liaising with the local authority and safeguarding teams. We saw that the acting manager had been working on actions for improvement set by other social care professionals, and positive progress was being made.