

Acepay Limited

# The Cottage Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 3 May 2017. At our last inspection in October 2015 we rated the provider as 'requires improvement' overall. The Cottage Nursing Home provides accommodation for up to 33 people who may have nursing needs. At the time of our inspection there were 32 people living at the home.

At the time of our inspection there was a registered manager in place. 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.

People who lived at the home told us they felt safe. The provider's recruitment system was not extensive enough to ensure staff were recruited safely. Staff understood their responsibilities in keeping people safe and knew how to report any suspected abuse. Staff knew the risks to people's health and safety and understood the measures in place to keep people safe. People and their relatives told us there were enough staff to meet people's needs. People told us and we saw people got their medicine when they needed it.

People were supported by staff to meet their needs. Staff sought consent from people before providing care. The registered manager had applied the principles of the Mental Capacity Act 2005 which meant people's rights were protected. People told us they enjoyed the food at The Cottage. People told us they had access to other healthcare professionals when their health needs changed.

People told us they were supported by kind and considerate staff. We saw and people confirmed they had choices about their care and staff respected the choices they made. People were supported by staff to maintain their independence and staff supported people in a dignified way. We saw people were encouraged to maintain relationships that were important to them.

People and their relatives told us they were involved in their care. People told us and we saw staff understood people's individual needs and supported people ways they preferred. People had access to activities which they enjoyed. People told us they were confident to raise any complaints but had not had reason to. When people did complain there was a system in place which meant they would be listened to and complaints would be investigated.

People were happy living at The Cottage and told us it was well led. Staff told us they were supported by the registered manager by means of regular supervisions and team meetings. The registered manager was aware of their legal responsibilities. The provider operated a quality assurance system which identified areas where improvements were needed and took action where concerns were highlighted.

## 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 was not always safe.

Although people told us they felt safe the recruitment system in place did not ensure people were recruited safely. Staff knew how to protect people from harm. There were sufficient staff to meet people's needs. People received their medicine as prescribed.

### Is the service effective?

Good 

The service was effective.

People were supported by staff who had been trained to care for them effectively. People's rights were protected as the registered manager had applied the principles of the Mental Capacity Act 2005. People's nutritional needs were being met. Staff supported people to access other health professionals when their health needs changed.

### Is the service caring?

Good 

The service was caring.

People told us they were supported by kind and considerate staff. People were given choices about the care they received. People's privacy and dignity was respected by staff. Staff promoted people's independence. People were supported to maintain relationships that were important to them.

### Is the service responsive?

Good 

The service was responsive.

People were involved in their care. People were supported by staff who knew their individual needs. People had access to activities which they enjoyed. The provider had a system in place should people wish to complain.

### Is the service well-led?

Good 

The service was well led.

People told us the home was well led. The registered manager sought opinions from people. Staff were supported by the registered manager which led to a positive culture within the home. The registered manager operated a quality assurance system which identified where improvements needed to be made.

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# 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 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 3 May 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. The specialist advisor was a registered nurse who had knowledge of specialist nursing care needs of older people. Before our inspection we reviewed information we held about the home including information of concern and complaints. We looked at statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection.

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.

During the inspection we spoke with seven people who used the service and four of their relatives. We spoke with the registered manager and four members of staff. We carried out observations throughout the day to help us understand the experiences of the people who lived there. 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 looked at care records for four people and six medicine records. We looked at other records relating to the management of the home. These included staff files, accident reports, complaint logs and audits carried out by the registered manager.

# Is the service safe?

## Our findings

At our last inspection in October 2015 we rated the provider as 'requires improvement' under the key question 'Is the service safe?' This was because staff did not always use safe moving and handling practices and the manager had not always considered making referrals to the local authority when potential abuse may have occurred. At this inspection we found some improvements had been made but there were still areas where further action was needed to ensure people received safe care.

We looked at the recruitment system operated by the provider to ensure people were supported by staff who were suitable to work with vulnerable people. Although staff we spoke with had worked at the service for a number of years and were unable to recall the recruitment system in place five staff files showed disclosure and Barring (DBS) checks had been completed before staff started work at the home. DBS helps employers to make safer recruitment decisions and prevents unsuitable people being recruited. However, in two people's files we saw references had not been sought from their previous employers. In one of these files we could not evidence how the registered manager had assured themselves the member of staff was suitable to work in service. There were no interview notes and no work history available. The registered manager was unable to explain why this information was missing from the files and could not explain why they had not sought suitable references. They assured us following our inspection they would audit all staff files and ensure introduce a new system that would ensure all documents have been requested to evidence staff are suitable to work in the home. We found improvements were required in the recruitment system to ensure people were protected and staff who worked with them were suitable to work with vulnerable people.

People told us they felt safe. One person said, "I am happy here. Safe, warm and comfortable". Another person explained to us they felt safe because everything was locked up and visitors all had to sign in so staff knew who they were. Relatives were happy that their family members were well looked after and safe. One relative commented, "[Name of person] is safe because they check on [name of person] a lot". Staff knew how to recognise potential signs of abuse and what to do should they suspect any abuse has taken place. One member of staff told us, "I would report it to the manager". The registered manager knew what constituted potential abuse and told us they would make referrals when necessary.

Risks to people's health and safety were managed by staff who understood how to protect people from further injury or harm. One person told us, "When they bath me they use the hoist. They strap me in first so I don't fall". Staff told us how they managed risks to people's health and safety. One member of staff gave us examples of how they protected a person from further weight loss by monitoring their food and fluid intake and by ensuring they drank sufficient amounts through the day. We saw staff moved people using equipment in a safe way to protect them from risks. We saw staff ensured people had equipment with them which helped prevent sore skin when sitting down for long periods. When people had assessed risks we saw that they were recorded in their care plan and monitored by staff.

We looked at how the registered manager monitored accidents and incidents in the home. We saw there was a system in place which meant when people sustained a fall or an injury they were documented and reviewed by the registered manager for any patterns. This meant that people were protected from further falls as the registered manager could take preventative action.

People told us there were sufficient staff to meet their needs. One person said, "Yes there's definitely enough staff and we all have buzzers in our room if we need anything". Relatives and staff told us there were sufficient staff to meet the needs of the people. We saw for the majority of the time there were enough staff available when people required support. However, we saw when one person required support in the lounge to attend to their personal needs they were unable to attract the attention of the member of staff because they were out of sight and sat at the other end of the room. We asked staff if there was a system in place which meant they could attract a member of staff. Other than one person who told us they would walk to get a member of staff if required by another person, there wasn't. Staff told us they would look at systems they could introduce which meant people could attract a member of staff if required.

People told us they got their medicines when they needed them. One person told us they felt safe because they got their medicine every day. Another person told us staff applied their prescribed cream every day. Staff told us only nurses gave people their medicines. We looked at the medicine records of six people. We saw their medicine had been given as prescribed by their doctor. We saw when people had medicine to be administered 'as required' the registered manager had ensured guidance was in place for staff to follow for each individual person. We saw the registered manager had ensured levels of stock of each person's medicine were checked regularly which ensured people's medicines were available for them when needed. We saw staff kept a record of the temperature where people's medicines were stored to ensure they remained effective and safe to be administered to people. We saw some people's prescribed creams were left out on a trolley throughout our inspection which meant they may have been used by someone other than the person they were prescribed for. We pointed this out to the registered manager who said they would ensure they were kept locked away with other medicine's following our inspection.

## Is the service effective?

### Our findings

At our last inspection in October 2015 we rated the provider as 'requires improvement' under the key question 'Is the service effective?' This was because the rights of people who lacked capacity to make their own decisions were not always protected because the principles of the Mental Capacity Act 2005 had not been followed. We had also found that people weren't always moved using safe techniques. At this inspection we found the required improvements had been made.

People told us staff always sought their consent before delivering care. One person said, "They wouldn't do anything without asking". Staff understood the need to gain consent from people before providing any care. One member of staff explained how they gained consent from a person who didn't communicate verbally, they said, "They opened their eyes to consent to any care." Staff sought consent from people before giving their medicine to them. We saw staff asked permission from one person before transferring them from a chair.

The Mental Capacity Act (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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training and demonstrated that they understood how the principles of the MCA affected people's care. One member of staff told us, "We have to assume everyone has capacity to make decisions for themselves, unless we assess they are not able to." We saw where people lacked capacity to make decisions for themselves the registered manager had sought the opinion of others involved in their care to ensure any decisions were made in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty so they remain safe. The registered manager understood their responsibility in protecting people when their liberty may have been restricted and had applied to the local authority to ensure the legal safeguards were in place. We saw where authorisations were in place staff were working within the guidelines. Staff were aware when people were being deprived of their liberty and how it affected their care such as using specially designed chairs which people were not able to get out of themselves without assistance.

People and their relatives told us staff had received training which meant they could support them with effective care which met their needs. One person told us since being at the home staff had enabled them to walk again. Another person said, "Staff are qualified. They hoist me safely because they have had training". Staff told us they received training which helped them to support people in the home. One member of staff said, "The training is good". They went on to explain how the dementia training they received had helped them understand people who live with dementia better, and to see things from their perspective. The registered manager told us they changed how some of their training was delivered since our last inspection.



We saw this training had been effective as staff now moved people using safe techniques.

People told us they were happy with the food they received. One person told us, "I like the food. I get choices at lunchtime". Another person said, "The food is gorgeous". We saw people were offered choices at breakfast and lunchtime and asked where they would like to sit. We saw when one person told staff they were still hungry they were offered more breakfast and they chose what additional food they wanted. We saw there was a pleasant and relaxed atmosphere in the dining room and in the lounge where some people chose to eat. We saw staff supported people when necessary to eat in a dignified way. People who had special diets were catered for. We saw staff offered people choices of hot and cold drinks throughout the day. People were supported to have enough food and drink to meet their nutritional needs in order to remain healthy.

People told us they were supported to access other healthcare professionals. One person explained to us staff had taken them to their doctor's surgery and also to an appointment at the hospital. A relative told us staff had supported their family member with a health condition and had also involved other professionals. Staff knew about people's health needs and gave us examples of how they supported people to access other professionals. Records we saw demonstrated health professionals visited the home on a regular basis. This meant people received support from the appropriate health care professionals when required.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. One person said, "They spoil me. They look after me very well". All the relatives we spoke to praised staff for how they supported their family member. One relative commented, "Staff manage to get [name of person] to smile. It's the best way to stop [name of person] from being grumpy. Staff are caring and gentle. They always explain things". Another relative told us staff appeared 'chatty and open' and that's why they chose to place their family member at The Cottage. We saw people were comfortable with staff and laughed and joked with them and their family members. We saw staff treated people with kindness. For example, one person was falling asleep with a drink in their hand. Staff removed the drink and made sure they were comfortable in their chair.

People told us they were given choices about their care. They told us they were able to get up when they wanted and chose when they went to go to bed. We saw staff offered people choices throughout the day. Staff had worked at the home for a number of years and therefore knew people well. Staff knew and respected people's choices of when they chose to get up and ensured breakfast was still available for those who chose to get up later. We saw one member of staff brought a bottle of water to one person who was sat in the lounge. The person then told us it was how they liked to drink water and added "It's nicer than in a glass". We heard staff address people by the name of their choice and spoke to them using caring and considerate language. We saw staff ask people how they were and stopped to listen to their response.

People told us staff respected their privacy and dignity. One person said, "They always make sure the door is shut, and if they knock staff ask who it is first". We saw staff respected people's dignity by speaking at eye level with them. However, we saw on two occasions a member of staff did not respect one person's privacy or dignity when administering their medicine. We asked the member of staff why they did this and they told us because the person's bedroom was on the first floor and the medicine was time critical. The registered manager intervened and advised the member of staff in order to respect the person's dignity told them to use a screen around the person. We saw the next time the member of staff administered the person's medicine they used a screen around them to protect their dignity. People's privacy and dignity was respected by staff although this was not always consistent.

People told us staff encouraged their independence. One person said, "I try to do what I can for myself". Another person told us, "I wash myself because I can". Another person told us how staff had encouraged their independence by enabling them to walk since they moved into the home. They continued to say how staff used to do everything for them but now they were able to do more things for themselves. We saw staff encouraged people's independence by not completing all tasks for them. For example, we saw one person was left to support themselves as much as possible at lunch time and staff only intervened when the person required support. People were supported by staff to maintain their independence when possible.

We saw people were encouraged to maintain relationships that were important to them. One relative told us they enjoyed visiting as staff made them 'feel comfortable' whilst they were there. We saw friends and relatives were encouraged to visit when they chose and staff were happy to chat to them and their family member. For example, we saw one person was celebrating their birthday on the day of our inspection. Staff

had prepared a cake for them to enjoy throughout the day with friends and relatives who visited them.

## Is the service responsive?

### Our findings

All the people and their relatives told us they were happy with the care they received whilst living at The Cottage. One person said, "To me, it's all 100%". A relative told us, "Everything here is lovely. We have never looked back since [name of person] has been here".

People and their relatives told us where possible they were involved in the planning of their care. One person said, "They involve me in my care, they ask what I want". Another person said, "They do involve me in my care, they ask me if I want to take part. They give me a choice". A relative told us they had been involved from the outset. Staff had assessed their family member's needs whilst they were in hospital and had involved them by asking questions about their likes and dislikes and their family members preferred routines. Staff knew people's routines and were able to tell us how they supported people with their care. People told us staff respected their choices.

Many staff had worked at the service for many years and were knowledgeable about people's routines and their backgrounds. This meant people received care which was responsive to their individual needs. A relative told us, "Although [name of person] has a medical condition which meant they should not eat too much sweet food, their doctor had said they could have some and staff respected this choice". We saw staff responded to people when they recognised they needed further support. For example, when one person sat by themselves and appeared lonely a member of staff sat with them and chatted about their day and enquired if they wanted to do anything. They exchanged jokes and the person was left chatting with another person sat next to them.

We asked people how they spent their time. One person told us, "I just like to read and go out in the car [with family]. They do take us out to shows and pantomimes" Another person explained to us how when they came to live in The Cottage they had lost all interest in any of their hobbies and told us how staff had encouraged them to have an interest again and now they were sewing, knitting and reading again. Another person told us they sometimes played bingo but enjoyed reading as well. We saw one person had their guitar with them which people told us they sometimes played. A relative gave us an example of how staff had responded to their family members needs by ensuring they could watch television in their own room so they could stay in bed if they wished. We saw relatives joined in with people to play dominoes. We saw staff had worked with people to make decorations for Easter. The registered manager told us they had a men's group once a week where they tried to do things specifically the men in the home would like to do and they chose what they would like to do. People were supported to follow their hobbies and interests and had meaningful activities to spend their time.

People told us they hadn't needed to complain but felt comfortable in raising concerns with staff if they weren't happy with any aspect of their care. One person told us "I have never had to make a complaint, but I would tell the manager". A relative told us, "I would complain if I needed to". We saw the provider had a system in place so people could raise a complaint. We saw the system in place was effective; when people had complained we saw that their complaints had been recorded and responded to.

## Is the service well-led?

### Our findings

People told us they were happy living at The Cottage and felt the leadership was good. One person told us, "It's a nice home; you would have to go a long way to get somewhere better". A relative told us they thought the only reason their family member was still alive was because of the care they received whilst at the home. People and their relatives told us they would recommend the home to others. Staff appeared happy working at the home which had resulted in very little staff turnover. We saw staff worked together as a team and they told us they were happy working at the home which promoted a positive culture within the home.

Staff told us they received support from the registered manager and found them approachable if they had any concerns. One member of staff told us, "Supervisions support us in our role. We have appraisals as well. If you have a problem [name of registered manager] will sort it". They continued by giving us an example of how they felt supported in their role as they had requested a change in shift patterns and this had been arranged. Another member of staff told us, "If I have problems I can go to the nurses or management. They are always interested". Staff told us they had regular team meetings which they felt supported them as they could discuss any concerns about the home openly and share their ideas with others.

We saw the registered manager involved people and their relatives, staff and other stakeholders in the running of the home by sending out regular questionnaires. We looked at the most recent questionnaires which had been returned and found the registered manager had collated the results and saw that the results were positive.

We saw the registered manager promoted a positive culture within the home. They spoke to people, their relatives and staff throughout our inspection and spent time in the lounges with staff and asking people how they were. We also saw that the provider had ensured information about the service's inspection rating was displayed as required by the law. We found the provider had met their legal requirement in submitting notifications to CQC.

The provider operated a quality assurance system which identified areas where improvements needed to be made. We saw the registered manager ensured people got their medicines as prescribed by checking on a daily basis if they had been administered appropriately. We saw action had been taken when audits had highlighted areas where improvements were needed action had been taken to address the concern. For example when a recent mattress audit identified a new mattress was required and it was immediately replaced.

As part of our inspection we highlighted areas in the recruitment system where improvements needed to be made. The registered manager told us they would now audit all of their staff files to ensure people were supported by staff who had been recruited safely. The registered manager told us they would look at improving the system following our inspection.

