

Bakewell Cottage Care Home Limited

Bakewell Cottage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bakewell Cottage Nursing home is a care home providing accommodation in one adapted building, for up to 38 people who require nursing or personal care. This may include adults with a physical disability, dementia, a sensory impairment, learning disability or an autistic person. At this inspection, there were 35 people receiving care at the service, including 32 receiving nursing care.

At the time of the inspection, the service did not care or support for anyone with a learning disability or an autistic person. However, we took account of the care provision under Right Support, Right Care, Right Culture, against the areas we inspected, as it is registered as a service for this population group.

People's experience of using this service and what we found

Overall, ongoing and sustained service improvement was demonstrated. However, the registered provider's accountability and oversight arrangements were not wholly effective, to consistently ensure timely action and improvement following their management assurance checks for the quality and safety of people's care.

People were protected from the risk of harm or abuse at the service. Risk management strategies for people's care and emergency contingency planning, were effectively informed and understood by staff. Action was assured to fully ensure the safe storage of equipment used for people's care at the service

People's medicines were safely managed to ensure people received them when they should. People and relatives were confident people received safe care from staff at the service.

We were assured the provider was meeting with requirements and nationally recognised government guidance, concerned with the prevention and control of infection, including COVID-19.

Staff were safely recruited, deployed, and they understood and were highly motivated to carry out their role and responsibilities for people's care.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care was person centred and promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff, helped to ensure people could lead confident, inclusive and empowered lives.

There was a registered manager for the service who understood and followed the requirements of their role. Overall, staff were effectively managed, informed and supported to perform their role and responsibilities for

people's care.

People, relatives and staff were confident in the culture, ethos and day to day management of the service. All were regularly consulted to help inform and improve people's care when needed.

Effective partnership working was established with relevant external professionals, agencies and authorities, to help inform and agree people's care in their best interests.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement. (Published 22 February 2020).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good, based on the findings of this inspection. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bakewell Cottage Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well led findings below.

Bakewell Cottage Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team comprised of 1 inspector and 1 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.

Service and service type

Bakewell Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care, as a single package under a single contractual agreement dependent on their registration with us. Bakewell Cottage Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of this inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from local authority care commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, 7 relatives, 4 nurses and 4 care staff including 1 team leader; 1 cook, 1 domestic, the registered manager, deputy manager and nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how staff interacted with people and we reviewed a range of records. This included 5 people's care plans, multiple medicines records; staffing and quality assurance management records, and a range of the provider's operational policies. Following the inspection, we continued to seek clarification from the registered manager, to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, environment and any equipment used for people's care, were mostly effectively managed. However, some equipment was not safely stored. This included the storage of clean linen and mobility hoists, including when charging.
- We discussed our findings with the registered manager and nominated individual for the provider. Remedial action was immediately progressed and subsequently assured in consultation with the local fire authority, to rectify this for people's safety. However, we have referred further to this matter under the Well Led section of the report.
- Staff understood people's individual health conditions and any related risks to their safety. This information was recorded in people's care plans, which were regularly reviewed. For example, to ensure people's safety in relation to their mobility, nutrition or behavioural needs.
- Emergency contingency plans and health emergency procedures were in place, which staff understood to follow. For example, in the event of a fire alarm or individual health emergency.
- People and relatives were confident that people's safety needs were being met within the service. A relative told us, "Yes, [person] is definitely safe; there's a safety mat in the room and safety guards so they don't fall out of bed." One person told us, "I need a hoist sometimes (to move safely); there are always two staff who help me, and they use it appropriately."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse.
- Staff were trained and knew how to recognise and report any suspected or witnessed abuse, in accordance with local procedures.
- People and relatives were sufficiently informed and supported to help keep people safe.
- People and relatives that we spoke with, all told us they felt safe, knew how and were confident to raise any safety concerns if they needed to.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were safely recruited and deployed for people's care.
- Safe staff recruitment procedures were followed. This included relevant pre-employment checks, such as obtaining employment references and Disclosure and Barring service (DBS) checks. These are checks which provide information, including details about any convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Throughout the inspection, we saw staff were visible and responsive to provide people with timely care and support. The registered manager took regular account of people's care and dependency needs, to help inform staffing levels. Nurse recruitment was on-going. Regular named agency nurses who were familiar with the service, were used when needed. This helped to ensure the safety and continuity of people's care.
- People, staff and relatives felt there were enough staff to provide people's care. One person said, "There's enough staff when I need them." A relative told us, "There seems to be plenty of staff, they regularly come into the room to check [person]; there has never been a problem if they need assistance."

Using medicines safely

- People's medicines were safely managed. This included the arrangements for their ordering, receipt, storage, administration and disposal.
- Care staff were provided with accurate written guidance, to help ensure the safe administration of people's prescribed skin creams, when required.
- We observed staff giving people's medicines safely to them, when needed. The provider's medicines policy and related staff training arrangements helped to ensure safe medicines arrangements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider followed current government guidance concerned with visiting in care homes. People's rights to family life and to receive visitors were being met.

Learning lessons when things go wrong

- There were effective management arrangements in place, to ensure the routine monitoring and analysis of any health or safety incidents that may occur within the service. This included post incident reviews. The registered manager used this information, to help identify any trends or patterns that could be used to inform or improve people's care when needed for their safety.
- There had been no safety incidents within the last 12 months, resulting in any person's serious avoidable

harm or injury at the service.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question as requires improvement. The rating at this inspection has remained requires improvement. This meant accountability and oversight at provider level was not wholly effective to fully support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found gaps in the provider's framework of accountability and oversight for the quality and safety of people's care at the service. When management audits identified improvements needed, there was no recorded improvement plan to show related remedial actions agreed by the provider, timescales for achievement and who would be responsible for carrying out and monitoring their completion. In addition, our findings at this inspection regarding the unsafe storage of equipment, had not been identified by the provider and therefore not rectified for people's safety in a timely manner, until raised by us at this inspection
- There was a registered manager for the service. Records showed they had embedded systems for ensuring regular management checks of the quality and safety of people's care.
- Overall, the registered manager was able to demonstrate ongoing and sustained service improvement since our last inspection. Examples of improvements, either made or in progress included care planning and medicines systems improvements; environmental improvements and for the prevention and control of infection and cleanliness at the service.
- The registered manager and staff understood their roles and responsibilities for people's care. Related management and communication measures for staff performance, supervision and support helped to ensure this.
- People, relatives and staff were overall confident in the day to day management and leadership within the service. Most knew who the registered manager was and made positive comments. Examples, included, 'The manager is accessible and approachable; has an open door I think.' "A very good hard-working manager." "The manager is tenacious and always listens to and follows up any questions; I have no complaints."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a welcoming, positive and happy atmosphere at the service. Staff were kind, caring and had good relationships with people and their relatives; knew people well and provided their care in a personalised way.
- There were regular opportunities for people to engage in home and community life, and to participate in a range of social and recreational activities as they chose. People's equality characteristics were fully considered and acted on, to effectively inform their care. For example, to consistently ensure the right care and support for any person who may be living at the service, with a learning disability.

- People's views about their care were regularly sought in a variety of ways. This information was used to help inform and improve their care and daily living experience when needed. Questionnaire type surveys were in progress with people and relatives, to help capture their views.
- Feedback from people and relatives was positive regarding the service. One person said, "It's not my own home but it's certainly the next best; I am very comfortable and well looked after; I choose how to spend my time, I couldn't really ask for more." A relative told us, "I would recommend this service to anyone, it's a good place and the staff are very good at what they do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider sent us written notifications about any important events when they happened at the service when needed, to help us check people's safety there.
- Related records showed timely action was taken by the provider and registered manager following any incidents, to ensure people's safety and help prevent any re-occurrence.

Working in partnership with others

- The provider worked with relevant agencies, including external health and social care partners, to help inform and agree people's care when needed.
- Local care commissioners and an external health professional told us staff worked in consultation with them for people's care at the service.