

The Cottage Nursing Home Limited

# The Cottage Nursing Home Limited

## Inspection report

80 High Street  
Irchester  
Wellingborough  
Northamptonshire  
NN29 7AB

Tel: 01933355111  
Website: [www.thecottagenh.com](http://www.thecottagenh.com)

Date of inspection visit:  
01 August 2019

Date of publication:  
09 September 2019

## 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 residential care home providing personal and nursing care to 20 people aged 65 and over at the time of the inspection. The service can support up to 53 people. The Cottage also provided personal care to people in their own homes. There was no one receiving this support at the time of our inspection.

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

At the time of the last inspection, 39 people were living at the home. Earlier in the year the provider made a business decision to stop providing nursing care for a period. This meant some people needed to move from the home. The change caused unrest with people living at the home and some people felt uncertain about the security of their placement there. The service had provided reassurance to people that nursing care would continue to be provided.

Changes in management since the previous inspection, had impacted on the leadership within the home and on the overall monitoring of the service. Quality assurance systems and processes to monitor performance required improvements. The provider had not always responded without delay to issues identified, to maintain a safe environment.

People told us they felt safe. Staff had been safely recruited and knew how to recognise abuse and keep people safe from harm. People received their medicines as prescribed. Staff had a good knowledge of infection control procedures.

People knew the current manager by name. The manager had identified improvements required and had a plan in place to action these. The service sought feedback from people about their care experience to ensure any issues were addressed.

People received care from staff that were kind, caring and compassionate. People and staff had built positive relationships together and enjoyed spending time together. People's diversity was respected and embraced. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected.

An activities programme was being developed. People told us activities had improved. Complaints had not always been managed to people's satisfaction. However, the new manager was responsive to concerns raised and people felt confident they would be addressed. People were supported by staff that knew their hobbies and interests and their end of life preferences and wishes had been considered.

Staff had received training to meet people's individual care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and to attend healthcare appointments when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 02 August 2018). The service remains rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection, we have identified a breach of regulation in relation to the systems and processes to monitor the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was always caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Cottage Nursing Home Limited

## **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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, one 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.

#### Service and service type

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 is also registered to provide domiciliary care and supported living. A domiciliary care agency provides personal care to people living in their own houses and flats. A supported living service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of the inspection; people were not receiving personal care from the domiciliary or supported living services.

The service did not have a manager registered with the Care Quality Commission, a manager had been employed and had applied to be registered with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

## During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with 12 members of staff including the manager, operations manager, chef, kitchen assistant, activities co-ordinator, housekeeper, nursing staff, care staff and the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and meeting minutes, were reviewed.

## After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance and maintenance records. We contacted the fire service to seek assurance regarding fire safety.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- At the last inspection, we found risk assessments were not always followed by staff and window restrictors were not always locked to keep people safe. At this inspection we found audits of window restrictors had been undertaken. Risk assessments for falls, skin damage, eating and drinking enough and specific health needs were reviewed at regular intervals to ensure they were reflective of people's needs. These were followed by staff.
- The service had not always undertaken enough environmental checks to keep people safe. For example, checks to protect people from water borne disease. Following the inspection, the provider told us they had booked a water check to ensure people were protected from this risk.
- A fire risk assessment had identified urgent action was needed to ensure people were safe in the event of a fire occurring. Remedial action had not been taken at the time of our inspection. Following the inspection, the provider told us all remedial work had been booked to ensure people were safe in the event of a fire occurring. Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. These were up to date and reflective of people's current needs.

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded. However, these were not always reviewed by the management team to identify trends, patterns and learning.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "It feels comforting having staff around all the time." Another person said, "I don't have any issues with safety." People told us if they had concerns about their care they would raise these with the manager and felt confident these would be addressed.
- Staff knew how to recognise and report safeguarding concerns. They told us the management team would make the required referrals to the local authority. One staff member said, "I also know how to report a concern to the safeguarding team."
- Staff had information about whistleblowing. One staff member told us, "We have had whistleblowing information and a print out of what to do if we've got concerns."

### Staffing and recruitment

- Planned staffing levels were achieved. The provider told us staffing levels remained the same as when 39 people lived at the home. This meant there were enough staff available to meet people's needs, and people

were supported by staff they knew.

- Safe recruitment checks had been undertaken to ensure staff were suitable to work with people receiving care.

#### Using medicines safely

- Medicines systems were organised, and people received their medicines on time and as prescribed. We observed staff safely administer medicines. Clear instructions were available for staff to help them identify when people needed to be given 'as required' medicines.
- Medicines Administration Records (MAR) were completed correctly and audits were undertaken to identify areas for improvement. Medicines were securely stored, and stock was checked at each administration to ensure all medicines had been given as prescribed.

#### Preventing and controlling infection

- The home was clean. The kitchen was inspected by the Food Standards Agency in July 2018 and received a rating of 'Very Good'. We found the home had maintained its good food hygiene practices.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff had a good knowledge of infection control procedures and we observed PPE to be used appropriately.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social and wellbeing needs were holistically assessed before moving to the service. This assessment informed the development of people's care plans. These reflected their support needs in relation to their culture, religion, likes, dislikes and preferences.
- Care, treatment and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Training for staff to refresh their skills had been booked. One person told us, "I think staff are well trained and understand my chronic condition well." A staff member told us, "This is my first job in care. I have had a lot of training."
- Staff told us they felt supported by the management team and could approach them at any time should they need support. One staff member told us, "The manager does my supervision."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food available. One person said, "Carers know already I like to have fruit as snack." We found mealtimes to be a relaxed and sociable occasion.
- Some people were at risk of not eating or drinking enough. People were regularly offered specially prepared drinks and snacks to assist with weight gain. People's weight was closely monitored, and health advice sought if they continued to lose weight.
- People's dietary needs were recorded in their care plans and records showed people's dietary needs were met. One person had chosen to purchase some of their meals from an external caterer to meet their dietary needs. Their relative told us, "I had the opportunity today to meet the owner. They said I should not bring specialist bread because they should provide it, it made me very happy as I was worried about what will happen if I can't come one day."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside local community and medical services to support people to maintain their physical and emotional health and wellbeing. Staff raised concerns about people's wellbeing to community services such as the person's GP and district nurses.
- Staff knew people well and recognised when people needed healthcare support. People felt confident healthcare advice and support would be sought when needed and told us they were supported to remain well. One relative told us, "[Name] came to the home with sores. Now, thanks to staff here, they are healing

nicely."

Adapting service, design, decoration to meet people's needs

- The provider had an improvement plan in place to enhance the living environment for people living at home. Some bedrooms and communal areas had been redecorated and furnished to a high standard. The provider told us, they would continue with refurbishment plans to further enhance the remainder of the home.
- There were several areas available for people to spend private time with their families.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records showed people's choices were respected.
- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff had developed caring relationships together and enjoyed each other's company. One person said, "Staff are like my own family here. They are all good people and they are treating me with respect. They know my mind is a bit muddled sometimes, and they re-assure me." A staff member said, "I absolutely love everyone, they are such a pleasure."
- Staff we spoke with were kind and compassionate and enjoyed supporting people. One person told us, "Staff are caring and helpful, they will do anything I ask them." "A relative told us, "We came last week when it was very hot. Staff were very keen on making everyone comfortable. They offered a lot of drinks and used fresh flannels to cool people's faces. It really made a difference." Another relative told us, "When my relative was upset in the first few weeks of being here, someone was with them most of the time."
- People's cultural and religious needs were detailed in their care plans. People's diversity and staff were respectful to people of all faiths and beliefs.

Supporting people to express their views and be involved in making decisions about their care

- Staff offered people choices and promoted their independence.
- The service had recognised one person needed an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service had referred the person to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and seeking permission to enter.
- Staff recognised the importance of confidentiality and records were stored securely on an electronic system.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints were acknowledged, and correspondence was sent advising of the outcome. However, details of complaints investigations were not always recorded and retained. We could therefore not be assured complaints had been fully addressed. The manager told us, for future complaints, all investigations would be recorded and retained.
- Some people told us they did not feel confident about making a complaint and complaints had not always been resolved to their satisfaction. One relative told us, "Many times I wanted to speak to seniors but because of being fobbed off I thought, better not rock the boat." However, people and relatives told us this had improved.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found people were unoccupied for long periods of time and staff did not have time to support people with activities. A new activity co-ordinator was in post. They told us they were developing activities for people living at the home. These needed further development, embedding and sustaining in practice.
- People told us activities were improving. A person told us, "There were no activities for a very long time, no church service, nothing. I asked about a church service and they said they don't have enough staff. Then things started to get organised. We went bowling yesterday and two weeks ago we went to a church service." A relative told us, "Activities started just two weeks ago. People need more activities and to go out, especially in this weather." A staff member told us, "Activities are back on track, entertainment comes in and people really enjoy it."
- People were supported to maintain relationships with family and friends, we saw many visitors coming and going throughout our inspection. Visitors were warmly greeted. One relative told us, "When we visit as a family, sometimes four or five of us, they accommodate us and make us all very welcome."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There had been improvements in staffing. This meant staff were able to meet people's care needs at the time they needed it. Staff had enough time to read people's care records to understand their individual needs and provide personalised care. Staff knew people's likes, dislikes and preferences for care delivery. One staff member told us, "I take time to read everyone's care plans, and to talk to people about their life and preferences."
- People's care plans were reviewed regularly and as people's needs changed. A 'Who am I' section included important information staff needed to know such as important routines, what to do if people were

upset or anxious and how best to support them. Staff told us care plans contained enough information.

- Care was not rushed, and people were in control of their care. Staff made time to interact with people as they went about their work. We observed one staff member singing with a person while serving drinks.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. Where English was not people's first language this was recorded.

#### End of life care and support

- People were supported to remain at the home at the end of their life if this was their wish. People's future wishes for end of life care had been assessed and detailed in their care plans. These included funeral arrangements, do not attempt cardiopulmonary resuscitation (DNACPR) orders and their preferences for care delivery.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the last inspection. There have been five changes in the management team since then. The current manager had not yet registered with the Care Quality Commission (CQC), they had been in post since May 2019 and had applied to be registered with the CQC. The manager understood the regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications to CQC.
- At the last inspection, we found quality assurance systems to monitor the service were not always fully effective, and action was not always taken quickly enough to resolve issues found. During this inspection we found this had not improved. A fire risk assessment undertaken in June 2019 identified urgent action was required. Remedial works were not booked until after our inspection.
- Changes in the management team meant staff were not always sure where information was stored, or where to locate missing information. For example, a safe water check could not be located. The provider did not know whether a safe water check had been undertaken in line with current guidance. Following our inspection, the provider told us all audits would be stored in a central location and booked a safe water check.
- Records identifying when staff needed refresher training and when DoL's authorisations expired, were not up to date and contained differing information. This meant the manager was not able to easily identify when action needed to be taken. However, we found the provider was compliant with DoL's authorisations and training had been provided or booked.

The provider failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were operated effectively. This is a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider told us, earlier in the year they made a business decision to reduce the numbers of people living in the home and gave notice to people receiving nursing care. They told us, this was to reduce the

reliance on agency staffing, improve safety and enhance people's care experience. This decision caused anxiety and distress to people living at the home and their relatives as some people did not wish to move.

- The provider confirmed they will continue to provide nursing care. Records showed this had been communicated to people individually and during a residents meeting. However, some people told us they still felt anxious about the security of their placement at the home.
- The current manager was passionate about delivering person centred care. They had introduced an initiative, for staff to regularly stop what they were doing and spend ten minutes with a person undertaking an activity or having a 'chat' with them. We observed this during our inspection.

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 had not always been open and honest with people when things went wrong. We received feedback that complaints had not always been acted upon. However, people and relatives told us this had improved, and they felt confident the manager would be open and honest if something went wrong.
- The provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback on their care experience was sought, the manager told us they were reviewing responses to a recent satisfaction survey and would develop an action plan to address areas requiring improvement.
- Residents and family meetings were undertaken. These gave people the opportunity to provide feedback regarding their care and discussed improvements such as, a jazz singer and hairdresser being booked to visit the home.
- Regular team meetings took place. A staff member told us, "Team meetings are every month. We hear important information and if we want to share anything we can." Records showed team meetings were used to communicate areas for improvement.

Continuous learning and improving care

- Whilst the manager had only been in post since May 2019, we received positive feedback about changes they had implemented. A relative said, "The management is very good now. Since [Name of manager] came in, they have turned this place into something new and better." Another relative told us, "The manager is very respectful to staff. They talk to them with respect and always thank them for a job well done." A staff member said, "The manager is like a breath of fresh air. They absolutely want the best for this place and make time for people."

Working in partnership with others

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe and had an action plan in place to address areas for improvement.
- Staff worked closely with other health professionals such as district nurses, GP's and community nurses. The registered manager told us, they contacted health professionals if they had any concerns about people's health or wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were operated effectively.
Treatment of disease, disorder or injury	