

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bakewell Cottage Nursing Home is located in the Peak District in the village of Bakewell. It is registered to provide personal care for up to 36 older adults, which may include some people living with dementia. This inspection was unannounced and took place on 23 February 2016. At the time of our inspection there were 32 people living at the service.

There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we observed that the home had a calm atmosphere and staff were friendly and approachable. We observed staff delivering care which met people's individual needs and supported them in a respectful and appropriate way.

People were involved in choices about their care. Staff were supportive and compassionate and took time to communicate with people in a friendly and reassuring manner. Staff had a good understanding of people's needs and people's privacy was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs. Staff had access to additional training specific to the needs of people using the service. People were encouraged to access and maintain links with external health and community services, making effective use of the good relationships the registered manager had developed in the local community and with visiting healthcare professionals.

People, relatives, staff and visiting professionals spoke very highly of the registered manager and felt the service was well-led.

People were supported to maintain relationships with family and friends. Visitors were welcomed at any time and offered refreshments or meals if visiting over a meal time. Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. There was a varied activity programme for people based on individual and group preferences. Activities included one-to-one time on outings or in pursuit of personal hobbies or interests; as well as group activities which enabled people to meet up and were a social occasion.

Staff were aware of their roles and responsibilities for people's care. People said that staff were approachable and felt there was an open and honest culture within the home, which encouraged people to raise any issues or concerns they might have.

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.

Staff knew how to keep people safe and how to report any concerns.

Risks were identified and managed which meant people were kept safe from potential harm.

The systems in place for the storage and administration of medicines were well organised and understood by the staff that administered medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training to meet the varied needs of people using the service.

Staff knew people and their individual care needs.

People enjoyed the food and chose from a healthy varied menu.

Is the service caring?

Good ●

The service was caring.

Staff were caring and compassionate and spent time getting to know people.

Staff respected the privacy and dignity of people using the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred, informative and organised.

There was a changing programme of activities within the centre and in the local community that was developed around individual interests and hobbies.

Is the service well-led?

Good ●

- The service was well-led.
- There was an open culture within the service where people and staff felt valued.
- Staff felt supported by the manager who was visible to staff, residents and visitors.
- There were good links with external agencies that focused on meeting the needs of people using the service.

Bakewell 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 was planned to check 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 23 February 2016 and was unannounced. The inspection was carried out by two inspectors 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.

Before the inspection we looked at all the information we held about this service including any feedback sent to us from people who have used the service and any notifications from the provider that we had received. A notification is information about important events, which the provider is required to send us by law. We also contacted local commissioners and contract managers for feedback about the service.

During the inspection we spoke with five people who were living at the service, five relatives of people who were visiting the service and four visiting health professionals. We also spoke to seven staff including the cook, activity worker, registered manager, care and nursing staff. We looked at four care plans and other records relating to how the service is managed. For example medicines records, health and safety checks, staff training and quality assurance audits. We also observed staff going about their duties during the day and how they interacted with people and responded to their needs.

As some people were living with dementia at Bakewell Cottage Nursing Home, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe at Bakewell Cottage Nursing Home. One person said their relative "Was absolutely safe". A person living at the service told us they had, "Nothing to worry about," and another visitor said their relative was much safer at Bakewell Cottage than they were, when living in their own home.

Staff told us people were 'extremely' safe and said they understood their roles and responsibilities to keep people safe from harm. They said they received regular training on safeguarding adults and how to protect people from the risk of abuse, records we saw confirmed this. The staff team were aware of local procedures for reporting allegations of abuse and told us they were confident in raising any concerns they had. The local authorities safeguarding contact details were displayed on noticeboards which meant that the information was freely available to anyone using or visiting the service should they wish to report any concerns directly to the local safeguarding team. This meant people who used the service were kept safe from the risk of harm or abuse.

Staff had a good understanding of people's needs, including individual risks and understood how to provide care and support in the safest way. Risk assessments were reviewed regularly and recorded in people's care plans; these were signed by people using the service showing they had been consulted during the review. Staff said they knew how to respond if anyone had an accident or an incident. We saw that accident and incident forms were completed and available in people's care plans. People had personal emergency evacuation plans in place and the service had a recent fire safety visit where it was assessed as 'broadly compliant'. This meant that risks within the service were identified and managed in order to reduce the potential risk of harm to people.

Throughout our inspection we observed there were sufficient and visible staff who provided people with timely assistance when they needed it. Staff we spoke with felt staffing levels were appropriate for the people living at the service and told us they were able to meet people's individual needs without delay. A staff member said there were 'plenty of staff' which they felt meant people were given opportunities to participate and be supported in activities. A relative of a person living at the home said staffing levels were 'adequate' another said the staffing levels were 'fine'. The manager told us they used a dependency tool to calculate staffing levels based on the needs of people living at the home. Records we saw showed that people had one-to-one time with the activity workers which included trips into the local village. This indicated there was sufficient staff to meet individual needs safely.

Recognised recruitment procedures and pre-employment checks were followed, to ensure that staff were fit to work in the home before they commenced their employment. This helped to make sure that staffing arrangements were safe and sufficient to meet people's needs.

People's medicines were safely managed. The nursing staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff also told us they had been observed giving people their medicines by the registered manager to ensure they continued to follow

best practice guidance.

Medicines risk assessments were in place along with information for staff to follow; these detailed how to support each person with their medicines. We saw medicines administration records included information and guidelines regarding the use of 'as required' medicines. This ensured people did not receive too much, or too little medicine when it was prescribed on an 'as required' basis.

We observed nurses giving people their medicines safely and in a way that met with recognised practice. Medicines were stored correctly and current legislation and guidance was followed. This showed people received their medicines safely and as prescribed.

We saw staff responding promptly to call bells and the registered manager said they were able to monitor response times to the call bells with the system in place. This meant they were able to check that staff responded promptly and identify any increased need from people.

Is the service effective?

Our findings

Staff told us they felt supported and received sufficient training in key areas of delivering safe and effective care. One staff member said, "We get to do loads of training." Another member of staff said, "There's tonnes of training; like you wouldn't believe." We saw the training matrix which confirmed the variety of training available along with renewal dates and planned training. This showed that staff received training to update their knowledge and support them to meet people's individual needs.

The registered manager told us new staff had a period of time shadowing experienced staff so they could learn about people's individual needs. This was part of a three month induction which also included completing the Care Certificate along with mandatory training. The Care Certificate identifies a set of care standards and introductory skills that non regulated health and social care workers should consistently adhere to.

Staff told us they received support through supervisions and team meetings, we saw records that confirmed this. One staff member said of the supervision, "I get good feedback". This meant that staff had been supported to deliver effective care that met people's needs. Staff also told us that the manager was very supportive and available for advice or support if needed.

Staff told us, "We work well together as a team," another said, "There's good team working". Staff told us there is good communication between team members and the manager. Staff members used a handover and communication book for sharing information and had regular team meetings. This meant that staff were updated on a regular basis regarding the changing needs of people and were able to give the most effective care in a consistent way that met people's needs.

Staff we spoke with had some understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the importance of acting in people's best interests. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager told us how they put the principles of the MCA into practice when providing care to people. Records we looked at showed where people lacked capacity to make a decision about their care or support, mental capacity assessments had been completed.

The registered manager and staff we spoke with understood the circumstances which may require them to make an application to deprive a person of their liberty and were familiar with the processes involved. We saw that appropriate DoLS referrals had been made. For example, during the inspection we saw a number of

people wore a 'wander bracelet'. This alerted the staff to anyone who was trying to leave the home without the assistance or knowledge of staff. During our inspection we saw this system in use as it alerted staff when a person approached the main entrance. Staff were seen to respond quickly to this alarm. Records confirmed that a DoLS and best interest decision had been made in respect of this person wearing a band and that it was in their best interest and the least restrictive method to ensure their safety.

Forms in relation to 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) were safely stored in people's care files. The registered manager confirmed people were registered with local GP's and we saw a number of healthcare professionals visiting the service on the day of the inspection, including a dietician, physiotherapist, GP and community matron. This meant that people were supported to access additional health services that supported them to meet all their health needs.

A visiting healthcare professional told us they always felt welcomed to the home. The healthcare professionals told us the staff followed any recommendations and advice. One said, "It is well staffed here, care is excellent". Another said the registered manager is, "Really on the ball".

There were systems in place to ensure people's health and well-being were monitored and reviewed regularly. A visiting GP said they review people's treatment plans every 12 weeks, or more frequently if required. They said the registered manager is involved in these reviews and supports an open culture of information sharing. They said they visited most Tuesdays and provided a weekly summary of their visits to support this process. This ensured staff have information to provide the most appropriate care in response to the changing needs of people.

We saw staff documented any changes to people's conditions and these were easily identified within their care plans. We saw staff discussing changes in people's needs with visiting healthcare professionals and feedback from the healthcare professionals indicated the registered manager and staff ensured good and effective lines of communication. Records showed that people were supported to access relevant healthcare services as required.

People were satisfied with the quality and choice of meals. One person told us the food was, "Very good." One person was heard to say, "I think the cook here is very good."

We looked at the choice of food and drinks offered to people during our inspection. At lunchtime, we observed food was freshly prepared, nutritious and nicely presented. We heard staff supporting people to make a choice of food and drink. We saw people were offered an alternative if they did not like what was on the menu that day. The cook catered for people with specialist dietary requirements. For example, suitable choices were provided for people with diabetes. The cook showed us picture cards they used to help people make decisions about what to eat. The menu on the wall of the dining room included pictures to help people remember or choose their meal. Food was also prepared in the correct consistency and calorific value for people who required soft or fortified diets because of their health needs. This meant that people had access to a varied and nutritious menu which supported them to maintain a healthy diet.

We saw people were offered a choice of hot and cold drinks at regular intervals during the day and with their meals. We also saw water coolers on each floor of the building and jugs of fruit squash in people's rooms and communal lounges, for people to help themselves. This meant that people had access to regular drinks and were hydrated which supported them to maintain their health.

We saw staff knew people well and were aware of individual dietary and related support needs. People who required assistance were provided with support to eat their meal whilst remaining as independent as

possible. For example, we saw a staff member sat at a dining table with a small group of people. This staff member assisted one person with their meal whilst they encouraged others to eat. The staff member was supportive of everyone at the table in an effective and sensitive way. This meant that people who required assistance with eating were still able to enjoy the social aspect of eating with other people and everyone was supported to eat a balanced and nutritious diet to maintain their health.

People had a choice of where to eat their meals, in one of two dining rooms, their own rooms or the lounge. Staff supported their decision and ensured their meal was delivered to them at a time to suit them and provide assistance if it was required. Mealtimes were a social occasion and we saw relatives asked if they would like to join their family member. One visitor said he had eaten lunch with his relative and it was, "Very good," another said their relative, "Really enjoys their lunch". One person said the food was variable and they did, "An excellent fresh fruit salad for breakfast". People confirmed they had plenty of choice including hot and cold meals for tea or supper. This demonstrated that people could choose from a varied nutritious menu that supported them to maintain good health; and that mealtimes were a social occasion that supported positive relationships.

Is the service caring?

Our findings

The service had a calm atmosphere and staff were observed being friendly and approachable. We observed staff delivering care which met people's individual needs and supported them in a respectful and appropriate way. A healthcare professional told us, "Staff are definitely caring" another said, "Staff are always polite, kind and respectful" and they went on to say, "Care is excellent".

We heard staff being supportive and compassionate in their conversations with people. They ensured people were comfortable and took the time to communicate about what was happening in a friendly and reassuring manner. We also saw staff giving people choices about where they would like to sit and how their support was provided. This meant people were treated respectfully and were able to express their views and be involved in decisions about their care.

One relative said of the staff, "Nothings too much trouble," and "I couldn't have it any better". During the morning a staff member sat with a small group of people helping them to manicure their nails and applying nail polish. The staff member was kind and caring in their interactions with people, focusing on them as individual people rather than on just completing the task. People appeared to enjoy this time together, as they were talking and laughing with each other. This demonstrated that staff were able to develop positive, caring relationships with people who used the service and were person focused rather than task focused.

Staff spoke in a positive manner about the people they cared for and had taken the time to get to know people's preferences and wishes. One person said, "The establishment is excellent, staff are charming, couldn't be more caring". A relative said, "The home is very good, my mother gets very good treatment," and "Very caring, friendly, I have nothing to worry about".

Staff had a good understanding of people's needs and this was demonstrated in their responses to people and recognition of when people required additional support. When an alarm sounded an alert that a person was at risk, staff were seen to respond quickly. They spent time providing lots of positive praise and reassurance, assisting the person back to a place of safety.

Communication prompts were displayed in rooms where people had difficulty with verbal communication. This helped staff and visitors talk to the person in a way they could understand and give them time to respond. There were also photographs of key workers in people's rooms with, details of their role and their availability. This meant the service was inclusive and creative in its response to individual needs.

People's privacy was respected. People had space to be able to spend time in private with relatives. One visitor told us they were able to hold a birthday party for their relative in the small lounge and the staff provided, "A lovely chocolate cake and platter" for them.

We spoke with staff who were able to give us examples of how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, one care worker told us about how they ensured people's privacy was maintained during personal care. Another told us how they had received

training on end of life care and how to support people and their relatives during this stage of their life and after death, with dignity and sensitivity. This meant that people's privacy and dignity was respected.

The service has been awarded the Derbyshire Dignity Award. This means the staff have been assessed by Derbyshire County Council who has agreed that the way they care for people is respectful and promotes people's dignity and privacy.

Is the service responsive?

Our findings

People told us that the staff were very responsive to their needs, "I am very comfortable, I only have to ring the bell and they come running". A relative said, "They really understand my mum".

People and relatives told us they contributed to discussions about their care and treatment. One person said they were fully engaged with their relative's care plan and had a copy of it at home. They gave an example of how staff had responded creatively to manage their relative's behaviour which promoted their independence and dignity. Relatives told us they were informed quickly of any changes in health, needs or concerns. This meant that people received personalised care that was responsive to their needs. Records we looked at were personalised and included decisions people had made about their care including their likes, dislikes and personal preferences. We saw that staff had reviewed care plans with people (and their relatives where appropriate). This showed that people's individual needs, wishes and preferences had been taken into account.

People were supported to follow their interests and introduced to new activities within the home by the activity workers, visitors or entertainers. There was a programme of activities available seven days a week which took account of individual and shared interests. Activities were provided on a one-to-one basis as well as in small or large groups depending on personal preference and ability. Activities were planned as social occasions to promote dexterity, mobility, mental stimulation and individual wellbeing.

People told us how they had been accompanied to local places of interest and encouraged to maintain links with the local community. There was also evidence of art and craft sessions with pieces of art work being displayed around the home. People were supported to maintain relationships with family and friends. Visitors told us they were welcomed at any time and offered refreshments or meals if visiting over a meal time. This meant people were encouraged and supported to maintain their interests and relationships which support their overall well-being and promote their identity.

People had a choice of whether they took part in any activities. Whilst most people we spoke to said they 'really enjoyed' the activities, when one person was asked if they joined in any organised activities they replied, "Not if I can avoid it". This showed that personal preferences were considered and respected. Other people had evidence in their rooms of being supported to follow personal interests - TV, DVD's, books, sports memorabilia, family mementos and photographs. This demonstrated people's choices and preferences were known and supported.

There were memory boxes around the building which were useful prompts for people who live with dementia or just as talking points for people. Pictures on doors and other visual prompts supported people to find their way around the building.

People and their relatives said they knew who to go to if they had any complaints but said they had 'nothing to complain about'. The complaints policy was displayed on the notice board in the reception area, with other information of interest, including activities and events. The registered manager confirmed they had

not received any official complaints, however they did tell us about feedback from a recent 'family and friend's' survey. Family visitors had suggested that the front entrance porch needed brightening up. In response, the registered manager arranged for hanging baskets and extra lighting at the front entrance. Records we saw confirmed this and also that family and friends were very happy with the service their relatives received, with many positive comments.

Relatives told us they had attended resident and family meetings and people felt they were involved in decisions about developing the service. This demonstrated that the service encouraged feedback, listened and learnt from people's experiences and suggestions in order to improve the quality of care.

Is the service well-led?

Our findings

People living at Bakewell Cottage Nursing Home told us they knew who the registered manager was. They felt they had a positive relationship and that the manager understood their needs and their personalities. Relatives told us the registered manager, "Is terrific and can't do enough," another said the registered manager was doing, "A pretty good job - of a pretty tough job". Another person told us, "[the service] is pretty well run and [the registered manager] is very competent".

Staff told us Bakewell Cottage Nursing Home was a good place to work. One staff member told us, "I'm very happy here." Another staff member told us, "It's the best place I've worked". They felt the registered manager was approachable and were confident in raising any issues or concerns they had and felt they would receive a positive and supportive response. Staff told us that the registered manager, "Runs a tight ship; has a lot of responsibilities and keeps the home running well". Staff also told us that the registered manager was approachable and listened to them. Another staff member said, "[the registered manager] has high standards and I respect that".

Visiting healthcare professionals were very positive about the management and leadership of the service. One said, "The [registered] manager is quite hands on and knows the patients" and "leads by example". Another said, "The [registered] manager follows procedures and sticks to it and doesn't cut corners". One person said, "The [registered] manager is well organised and works well ahead of schedule"; another said they had a, "Good working relationship - it's an excellent home, I would recommend it". This demonstrated that the registered manager maintained positive links with other services and had 'people at the heart of all decision making and activities'.

Staff felt the registered manager had a good understanding of people's individual needs at the service and motivated staff to develop their skills and knowledge to provide the most effective care for them. Staff described the registered manager as very 'hands-on' when needed. The registered manager told us they offer a 'hub' placement to student nurses from the University of Derby, as they value the opportunity to help train future healthcare professionals. They also told us how they recognised the benefits of creating a learning environment within the service which positively impacted on all staff working there, not just students on placement.

Our observations and conversations with the staff team showed that staff understood the provider's vision and values for the home, which were to 'provide a secure, relaxed and homely environment for its clients in which their care, well-being and comfort is of prime importance'. We observed a positive and calm atmosphere during our inspection with compassionate interactions between staff, people and visitors.

The service has been awarded The Derbyshire End of Life Care Quality Award by Derbyshire Clinical Commissioning Group (CCG). This is in recognition of the quality of care people receive in relation to End of Life Care. This is a local programme that focuses on 'living well till you die'. The programme helps services develop a proactive approach to end of life care with support from the local Primary Care Trust team. Staff told us they received emotional support after the death of a resident plus an opportunity to join an 'end of

life meeting'. This enabled staff to share experiences and thoughts with other team members regarding end of life care and discuss how they can develop their approach and ensure that people and their families receive the best support possible through this time.

The registered manager understood their responsibilities in relation to the Care Quality Commission. The provider ensured notifications were submitted to us about any incident or event they were required by law to tell us about. The registered manager told us they liked to keep up-to-date with current best practice. They showed us a leaflet promoting pressure ulcer care in care homes which they had been involved in developing with 'The East Midlands Leadership Academy'. This demonstrated that the manager maintained links with external services and was open to new ways of working and improving care practice.

The registered manager confirmed that they received supervision and support from the provider of the service who was supportive of their way of working and development ideas. The registered manager told us they were responsible for the quality assurance of the service and conducted regular audits. This included observation of care practice, audits of care records, activities and health and safety records. They also conducted annual resident and family surveys and encouraged people to feedback regularly during resident meetings, care reviews or following activities or events. Records we saw confirmed this. Information and responses to comments and suggestions made by people was also available on the communal notice boards which demonstrated an open and inclusive approach.

For example people had expressed frustration at not having a main contact within the staff team to discuss their care or the care of their relative. In response the registered manager had introduced a key worker system and each person had a photograph of their keyworker, their responsibilities and their availability in their room. People told us this was really helpful and was working well. Staff told us they liked this idea and it helped them build positive relationships with family and friends as well as people living at the home. This showed the registered manager had good leadership and management skills, responded positively to suggestions and maintained a high quality service.