

The Cottage Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The Cottage Nursing Home Limited is a nursing home which provides nursing and personal care for up to 53 older people. Thirty-one people were living at the service at the time of our visit.

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

Although the arrangements for assessing risk, safety monitoring and management within the service had improved since the last inspection, a number of fire safety risks had been identified in the environment and some works were required to be carried out.

Infection control measures had been increased since Covid-19 and the CQC had signposted the manager towards updated guidance for Personal Protective Equipment (PPE) in Care Homes for their staff.

Risk assessments were in place to support people to receive safe care.

People who used the service told us they felt safe. They told us staff treated them well and they knew who the manager was.

Safeguarding investigations were completed as required and appropriate action was taken when staff had not met expectations.

Relatives felt that communication could have been better during Covid-19. Professional agencies confirmed the management team had worked alongside them during Covid-19 and kept them informed.

The provider had quality monitoring systems in place which reviewed incidents and looked for patterns of behaviour. This was helpful to identify trends, or key times when people may need additional support.

The management team were striving to improve the culture within the service and took an open and transparent approach when incidents occurred. The management team were eager to learn and share good practice and this helped people remain safe. Systems were in place to audit the care provided and to seek feedback from people involved with the service.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 9 September 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulation, however the overall rating remains the same.

Why we inspected

We carried out an announced comprehensive inspection of this service on 1 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led, which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed.

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 The Cottage Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

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 and a third inspector who spoke to relatives and staff away from the care service by telephone.

Service and service type

The Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 announced. We gave a short period notice of the inspection because we needed to be sure that the manager would be present to support the inspection, particularly in light of Covid-19.

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, the local Clinical Commissioning Group (CCG) 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.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service, five people's relatives, one nurse and three members of care staff. We also received feedback from a healthcare professional involved with the service and spoke with the service manager.

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. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rota's, policies and quality assurance records.

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

- Although the arrangements for assessing risk, safety monitoring and management within the service had improved since the last inspection, works were needed to be carried out, following the identification of a number of fire safety risks at the service.
- Inspectors observed two doors, being propped open by people living in the service. It was not clear at the time of the inspection if these two doors were connected to a door holding system, linked to the fire alarm. The manager told inspectors this would be looked into as the fire risk assessment was booked in for review the following week.
- Following the inspection, a fire risk assessment was carried out by an external company. A regulatory reform order was produced, instructing the provider to undertake a list of detailed works, including a number of urgent actions, to make sure people could safely escape if there was a fire.
- At the last inspection, we found the provider had not always undertaken checks to protect people from water borne disease. At this inspection the current Legionella Testing Certificate was valid and the manager told us, regular monitoring was taking place, to ensure people were protected from this risk.
- People had risk assessments in place, which followed medical advice. Staff were knowledgeable with regards to people's needs, which impacted on how they lived their lives on a daily basis.
- Staff were managing falls risks within the service alongside the local falls team. One person who had frequent falls due to their health condition, had sensor mats and cushions in place. This reduced the risk of falls injury and alerted staff when they had moved out of their bed or from a seated position in the service.

Preventing and controlling infection

- Inspectors observed a staff member not always wearing a surgical mask in the service during the inspection. Following the site visit, inspectors signposted the manager to the updated government guidance, in relation to the wearing of Personal Protective Equipment (PPE). The manager advised that staff personal risk assessments had been updated in response to this guidance, and this information was shared with all staff.
- People had been supported to understand and improve cleaning and hygiene practices in light of Covid-19 by the manager and the provider.
- Regular Covid-19 testing was taking place for both people living in the service and staff.

Staffing and recruitment

- People were supported by appropriately recruited staff. Appropriate background checks were completed

on staff including references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

- There were mixed views about staffing levels at the service. Some relatives and staff felt there were not always sufficient numbers of staff when it came to be carrying out nail care, encouraging people to leave their rooms or to support them with an activity of their choosing. Others felt staffing was adequate to meet people's needs.
- Our observation on the day of the inspection was that people received care in a timely manner, despite the team being shorthanded, due to staff sickness and the activities co-ordinator being not in work. This meant activities had to be scaled back during our visit.
- The provider used a dependency tool to determine staffing levels at the service. The manager was frequently reviewing the dependency levels, as there was a high level of need from people living in the service and this had increased during Covid-19.
- The manager acknowledged the challenges Covid-19 had had on maintaining a consistent staffing team, whilst caring for people in their own rooms. The manager had been supported by the provider, who supported the service with staff and management support from another service.

Safeguarding people from the risk from abuse

- People told us they felt safe receiving their care from the service. One person told us, "It's a very nice place, I like it here". The [carers] are very kind and helpful". "[The carers] always pop in".
- Staff told us they would report concerns and felt supported by their manager in doing so.
- Safeguarding systems were in place to reduce the risk of abuse, as safeguarding investigations were completed comprehensively, and learning was identified to prevent similar occurrences.

Using medicines safely

- Staff had a good understanding of how people liked to take their medicines and supported their preferences.
- Medication Administration Records (MAR) were completed to show the medicines people received.
- Medicines related care plans and protocols for as and when required medicines were in place to support the safe administration of medicines.
- There were sufficient stocks of medicines and dates of opening were recorded to ensure medicines were used in line with local policies.

Learning lessons when things go wrong

- The management team took a detailed approach to learning from incidents and were committed to ensuring improvements were identified and acted on.
- Investigations were completed, and learning was shared with staff to help prevent further incidents.

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 now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

At our last inspection the provider had failed to ensure systems and processes to assess, monitor and improve the quality and safety of the service were operated effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A manager had been in place since January 2020 and had applied to be the registered manager with the CQC, alongside the operations manager for the service.
- 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 improved. A fire risk assessment was undertaken just after our site inspection and identified urgent action was required. Remedial works had been booked to rectify newly identified issues.
- Deprivation of Liberty Safeguards (DoL's) authorisation information was shared with inspectors for people living at the service and contact had been made by the manager with the local authority to determine where delays had been identified with requests for authorisations.
- The manager had records to determine when staff refresher training was due. Staff were currently transferring information onto a new updated version of their care home management software system.
- The provider had quality monitoring systems in place which reviewed and identified where improvements were required, for example in people's care plans. Auditing systems reviewed incidents and looked for patterns of behaviour. This was helpful to identify trends, or key times when people may need additional support.

Engaging and involving people using the service, the public and staff

- People, staff, and professionals had been asked for their feedback about the service. The feedback was positive and appreciative of the service. One professional commented, "[The manager has also been very

honest about [people's] needs and has asked for the appropriate funding to meet the home's requirements. We are all looking forward to building a good relationship with the manager, it's always nice to have a cheerful person on the end of the phone".

- Mixed feedback was received from relatives of people living at the service. During Covid-19 some relatives felt that communication could have been improved and there had been confusion over whether it was possible to visit their loved ones. Relatives did not always feel informed.
- The manager was accessible and spent time with people in their service to review staff practice and gain regular feedback. Staff members were complementary of the manager, one member of staff told us, "I have confidence [the manager] will continue to make improvements". Staff told us morale had improved and they now felt more supported in their role by the manager.

Leadership vision, values and culture; Acting with honesty and transparency if something goes wrong

- The provider and management team had a Covid-19 strategy in place for the service, which had been regularly updated and shared with local partners.
- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. Families were contacted by staff following incidents. One relative said, "We get a call from the service when something goes wrong, they make us aware of [incidents]."
- Investigations carried out by the manager following a complaint were fully investigated and responded to.

Working in partnership with others; Continuous learning, innovation and improving the quality of care

- Since our last inspection, the management team had worked closely with the local authority and the local clinical commissioning group to implement improvements within the service.
- Visiting professionals to the service told us how they worked closely with the managers and staff. One professional told us about their last recent visit to the home, "The home had a good feel about it". I was shown around the home and listened to the manager's plans for the future of the home".
- Staff had reviewed the dining experience, an alternative part of the building had been decorated with new flooring and furniture to make the experience a more positive one for people living in the service, along with a new chef. The manager reported people's food intake had improved as a result of the changes.