

Bakewell Cottage Care Home Limited

Bakewell Cottage Nursing Home

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bakewell Cottage Nursing Home is a care home located close to the centre of Bakewell. There are 36 single occupancy bedrooms. At the time of the inspection there were 35 people living there.

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

Governance systems had improved since the last inspection. However, some improvements were still in the process of being implemented and required more time to fully embed. The registered manager had developed a positive culture that was person-centred.

The provider could not demonstrate they had always adhered to safe recruitment practices. We recommended that the provider review the way documents relating to recruitment were stored to show they were adhering to Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

Improvements in medicine management had been made since the last inspection. However, further improvement was required as the provider had not ensured some guidance was readily available to staff.

People had access to snacks and drinks throughout the day and night, however, some people felt the choice of food was limited. 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. Staff received appropriate training to carry out their role effectively.

The registered manager ensured people were treated with kindness and compassion. This was reflected in all the feedback we received. People were supported by staff who respected and promoted their privacy, dignity and independence.

People were supported to take part in activities that were varied and designed with their personal preferences in mind. People were supported to develop and maintain relationships with people that were important to them. Visitors and relatives told us they were always welcomed.

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published July 2019) and there were breaches in Regulations. This report is the third consecutive Requires Improvement rating for this service. The provider completed an action plan after the last inspection to show what they would do and by when to improve. Although improvements have been made in all areas of the service and all regulatory breaches have been met, we have found evidence that the provider needs to continue to make further improvements. Please see the Safe and Well-led sections of this report for details.

Why we inspected

This was a planned inspection based on the previous rating.

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

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 Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

Requires Improvement ●

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, 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

Bakewell Cottage Care 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 had a manager registered with the Care Quality Commission. This means that they 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with 13 people who used the service and ten relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, care staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two 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 registered manager to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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.

Staffing and recruitment

At the last inspection the provider had failed to ensure staff were adequately deployed to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) 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 this Regulation.

- At this inspection we found staff were there were enough qualified staff on duty and they were deployed effectively to keep people safe.
- We found that recruitment practices were safe, however, the provider did not always retain relevant documentation to evidence this.
- When new staff were recruited, the provider had failed to keep copies of appropriate identification checks they carried out with new employees. This meant they could not evidence that robust recruitment practices were in place.

We recommend the provider review their recruitment practices to ensure they can evidence they are adhering to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Other pre-employment checks such as criminal records checks and receiving satisfactory references were completed and retained.
- There were enough staff on duty to meet people's needs and provide companionship. We reviewed rotas and saw staffing levels were consistent. People told us staff turnover was low and they received support from staff they knew well.

Using medicines safely

At the last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) 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 this Regulation.

- Improvements were still in progress and some areas of medicine management were yet to be updated.
- Medicines that are prescribed as and when required (PRN) did not always have clear and available guidance for staff about what the medicine was prescribed for. The registered manager explained that PRN

guidelines were on the medicine management system, but these could not be located and staff we spoke with were not aware of how to find them.

- When people required creams to be applied to their skin, there was no clear or available guidance to show staff which part of the person's body to apply the cream. The process of creating guidance that was easily accessible for staff began during the inspection. After the inspection the registered manager sent samples of the guidance to us with their assurances that guidance would be in place for every person's medicine records.
- People received their medicines as prescribed. Staff had received training in medicine administration and had their competency assessed.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to assess and do all reasonably practicable to mitigate risks to people's safety. This was a breach of regulation 12 (Safe Care and Treatment) 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 this Regulation.

- People told us they felt safe. One person said, "I am safe living here." A relative we spoke with said, "I can rest easy knowing the care is excellent and [Name] is safe here."
- The registered manager had implemented risk assessments to identify potential risks to people and guide staff how to maintain people's safety and well-being.
- Risk assessments were reviewed and updated when unforeseen incidents occurred to reduce the likelihood of the same thing happening again.
- When people had behaved in a way that may have challenged others, the registered manager sought to understand the causes of the behaviour and worked with people to reduce things which may have led to them feeling distressed.
- The registered manager and staff consistently focused on improving their safety record. Staff understood how to keep people safe and how different people required different types of support to maintain their safety.

Learning lessons when things go wrong

- When things had gone wrong there was a review involving people, staff, relatives (where appropriate) and relevant external professionals.
- People's care plans were updated to reflect their changing needs after accidents or incidents.
- The provider had commissioned external training and audit organisations to help the registered manager drive forward improvements since the last inspection.

Preventing and controlling infection

At the last inspection the provider had failed to assess the risk of, prevent, detect and control the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) 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 this Regulation.

- The home was clean and free from malodours throughout. Staff wore appropriate person protective equipment such as disposable gloves and aprons and were seen to follow best practice guidelines to control and prevent the spread of infection.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to ensure safeguarding was given the right level of scrutiny and

oversight. This was a breach of regulation 12 (Safe Care and Treatment) 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 this Regulation.

- Where incidents of concern had happened, the registered manager had sought advice from the local authority safeguarding team and where appropriate, made formal referrals to them. This enabled independent professionals to carry out investigations and recommend preventative measures.
- Staff had been trained in safeguarding and understood the types of abuse and potential signs to look out for. Staff told us they wouldn't hesitate to report potential abuse if they suspected it.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had access to snacks and drinks throughout the day and night. Everyone we spoke with told us they enjoyed the food, however, some people and relatives told us they didn't feel they were offered enough choice. One person said, "Sometimes the food is just put in front of me and I haven't chosen it." A relative said, "There isn't a choice at lunchtime, if you ask they will prepare something else but if I'm not here [Name] doesn't get a choice." We reviewed the menus and saw there were a variety of choices offered every day, however, feedback we received shows not everyone was aware of this.
- We discussed the above feedback with the registered manager. After the inspection they contacted us to tell us they had held a meeting with the catering staff and were in the process of designing new menus with more choice and implementing pictorial menus, so people could have the choices presented to them in a way that was easier for them to understand and remember.
- Other people gave more positive feedback about the food. One person said, "I enjoy my food here, I like the puddings, sometimes I just eat puddings because that is what I ask for."
- We observed mealtimes and saw they were a pleasant and sociable time. Some people chose to eat alone, and staff supported with a kind and patient manner.
- The chef had up to date information about people's dietary requirements, including specialised diets for people with certain health conditions or people at risk of choking.

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

- Peoples physical, mental and social needs were holistically assessed. Their care, treatment and support was delivered in line with current legislation and evidence-based guidance.
- Recognised tools such as the Malnutrition Universal Screening Tool (MUST) were used to monitor weight and skin integrity.
- Since the last inspection the registered manager had implemented new systems to monitor food and fluid intake. Advice had been sought from relevant healthcare professionals to ensure the documentation was in line with the most recent evidence-based guidelines.

Staff support: induction, training, skills and experience

- Staff received appropriate training to carry out their role effectively. People told us staff were well trained, one person said, "They [Staff] look after me properly." A relative said, "Staff here know the right way to do things." Staff told us they felt the training they received equipped them with the skills they needed to care for

people well.

- New staff were supported with an induction programme. This included training the provider deemed mandatory and a period of shadowing experienced staff followed by a competency assessment before people could work unsupervised.
- Since the last inspection the provider had introduced more training for managers and staff. External professionals were invited to deliver new training. Training had been sought for managers to implement positive behaviour support, we saw the registered manager had done this effectively.
- A health care professional told us the registered manager had implemented strategies to upskill nurses. One nurse on duty during the inspection had brought in recent evidence-based guidance for staff to follow and told us they were working closely with the registered manager to continue to drive forward improvements.

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

- There were clear systems for referring people to external professionals. Since the last inspection, these had been applied consistently. There was open communication with commissioning teams, GP, community nurses and the local authority safeguarding team.
- When people moved to Bakewell Cottage Nursing Home they were assessed, so the registered manager could confidently commit to meeting people's needs and preferences. When people moved in from other services, there was open communication before and after they moved in to ensure all relevant parties were kept up to date about a person's care needs.
- Care plans included oral health and guided staff how they should support people to maintain this. People attended dentist appointments where appropriate.

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

- People and relatives were involved in decisions about the design and décor of the premises. The registered manager took on board suggestions some relatives had made about one of the communal lounges and made the changes they had requested.
- Since the last inspection the registered manager had researched and implemented more signage to aid people living with dementia and sensory loss to navigate the building and locate their bedrooms with ease. Pleasant photographs of people were on their bedroom door to help them identify their bedroom, these were placed at a height that people in wheelchairs could easily see.
- Peoples bedrooms were personalised with their own furniture and belongings. Each bedroom was different, and people had comfortable seating areas as well as beds in their rooms. This meant they could spend time with relatives or friends in the privacy of their room if they wished to.
- There was a secure garden and we saw people who were able, had access to outside space whenever they wanted. The activities co-ordinator told us they would take people to enjoy outside space as often as they wished. Guidance in peoples care plans instructed staff to make sure people had access to fresh as much as possible.

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 was working in line with the MCA. People had their mental capacity assessed and those lacking capacity had decisions made in their best interests. DOLS were applied for and where an authorisation had been granted, conditions on these were known, understood and adhered to.

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 Requires Improvement. At this inspection this key question has now improved to 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

- The registered manager ensured people were treated with kindness and compassion. This was reflected in the feedback we received. One person said, "[They] really are kind to me, I enjoy being with them and there is always a smile." Another person said, "Staff are absolute quality, very diligent." A relative said, "Care is really good here, it's literally a caring and loving place and I do think the staff love [Name]."
- We saw many kind, caring and meaningful interactions between people and staff. When staff arrived on duty they went around and said hello to everyone. People were pleased to see staff and often had cuddle with them.
- There were enough staff on duty to ensure care needs were met and offer companionship to people who wanted this. We saw one person became upset in a communal area. A staff member noticed immediately and offered compassionate support. They made sure the person was feeling better then went to the registered manager to tell them someone had been upset. The registered manager immediately arrived to ask the person what was wrong and have a conversation about what they could do to make the person feel better.
- Where people preferred to spend their time alone, we saw staff respected this whilst making sure they were appropriately supervised and offered the option of company.
- Staff knew and understood people's whole life needs and preferences, including characteristics protected by the Equality Act (2010). People were supported to follow a faith, maintain chosen specialised diets and dress and present themselves in the way they chose. For example, one person liked to have their hair a certain way and wear makeup and jewellery, staff helped them to continue to do this.

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

- People, relatives and staff told us they all felt involved in people's care planning and delivery. Some comments we received included, "I am an active member of [relations] care."
- People lived the life they chose, and staff were sensitive to people's life choices. Independent advocacy was available where relevant to people. An independent advocate is a person who assists and supports people to make decisions in their best interest and speak up for themselves

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and without discrimination. Staff had enough time to

develop meaningful relationships with people, so trust could develop. We saw staff speak with people in a respectful way, people were referred to by their chosen name and personal care was discussed discreetly.

- People were supported to be as independent as they could be. Where safe, people managed their own medicines. There were regular trips out to a variety of places and people chose how to spend their time. One person chose to sleep on a reclining chair instead of a bed, they were supported to do this safely.

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 now improved to Good. This meant people's needs were met through good organisation and delivery.

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 recommended the service make more provision to engage with people when they are not in the communal lounge. The provider had made improvements

- People's social needs and preferences were understood and respected. Some people preferred to spend time alone in their rooms. We saw evidence in care plans that staff were guided to spend time with people and efforts were made to ensure they were not socially isolated.
- People were supported to take part in activities that were varied and designed with their personal preferences in mind. There was a dedicated activities co-ordinator who engaged people in group and one to one activity.
- External companies and volunteers were invited to the service to offer a variety of other activities. For example, during the inspection an animal therapist volunteer visited with a pet dog. We saw people enjoyed this and staff made sure the volunteer knew which people would not like the dog near them.
- People told us they enjoyed the activities. One person said, "This is a lot of fun." One relative said, "There's always something going on in the lounge."
- Activities were designed by using evidence-based research. We saw people enjoy solo activities such as colouring and word searches. There were group activities, such as a group baking session in a communal lounge. People went out to different places, such as concerts, the park or a local coffee shop. An employee of a local café had telephoned the registered manager to say how impressed they were with the kindness the activities co-ordinator showed to people when they were there.
- People were supported to develop and maintain relationships with people that were important to them. Visitors and relatives told us they were always welcomed. We saw ex-staff who had formed close bonds with people came to visit.

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

- People and where appropriate, their families and friends were involved in developing care and treatment plans. Relatives told us they played a meaningful role in their relations care, one relative said, "I always have a say in [Relations] care, staff always call me or chat to me when I visit."
- People chose how to live their lives. People were not restricted from enjoying the things they had enjoyed before moving in.
- Since the last inspection there had been a drive to make care plans more person-centred and this was still

a work in progress. All care plans did contain information about peoples likes, dislikes, who was important to them and how they would like to be cared for. Care plans were updated as and when people's needs changed.

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.

- The service was meeting the AIS. Where appropriate, consent documents were provided in pictorial formats to assist people to understand them. Peoples communication needs were assessed when they moved in. Staff were guided to ensure people had working hearing aids and glasses if necessary. We saw staff reading text to one person who was struggling read something.

Improving care quality in response to complaints or concerns

- No complaints had been received since the last inspection. The provider had a complaints policy and people told us they knew how to complain and felt confident they would be listened to.

End of life care and support

- People were supported to make decisions about their preferences for the care they would receive at the end of their lives. There was guidance within peoples care plans for staff to follow when discussing end of life care. Staff made every effort to ensure that where appropriate, peoples relatives and friends were involved in the planning and delivery of end of life care.
- The service worked effectively with relevant health care professionals, including palliative care specialist to ensure systems were in place to enable people to have a comfortable and pain free death.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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

At the last inspection the provider had failed to assess, monitor and improve the quality and safety of the service provided. 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 this Regulation.

- Some improvements were still in the process of being implemented and required more time to fully embed in the day to day running of the home. This is the third consecutive Requires Improvement rating for this service.
- At the last inspection we imposed a condition on the provider's registration that the registered manager be provided with support to audit food and fluid intake records, weight records and re-positioning charts. The registered manager told us this was done informally as she sought support from the clinical commissioning group and another registered manager. However, re-positioning charts were not included in documented audits. We saw one person's re-positioning chart where staff had forgotten to include which position they had assisted the person to. This could lead to a person not being assisted to receive appropriate pressure relief and increase the risk of them developing sore skin.
- Immediately after the inspection the registered manager contacted us to tell us that re-positioning charts were now reviewed daily by a senior member of staff.
- Governance had improved in other areas, such as weight monitoring, food and fluid intake monitoring, oversight of behaviours that challenge and documented staff supervision.
- The provider had commissioned an independent company to audit the service and recommend improvements. The registered manager explained they had been open to all suggestions made to them and were in the process of continuing to drive forward improvements.

Continuous learning and improving care

- At the last inspection we saw lessons were not always learned from accidents and incidents. At this inspection we saw improvements had been made. There was now a strong focus on continuous learning.
- Since the last inspection the registered manager had completed training and sought advice and feedback from external professionals. One improvement we saw was how incidents of behaviour that challenged were

managed, documented and investigated. The registered manager had implemented a new system for documentation which included reviewing and updating care plans and risk assessments to guide staff how to prevent the same thing happening again.

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

At the last inspection the provider had failed to notify us of certain incidents. This was a breach of regulation 18 (Notification of Other Incidents) of Care Quality Commission (Registration) Regulations 2009 (part 4). Enough improvement had been made at this inspection and the provider was no longer in breach of this Regulation.

- The registered manager ensured all relevant people were informed after accidents or incidents had happened. We saw evidence that people's relatives and where appropriate, external professionals were contacted and invited to discuss the incident and any potential change to care needs.
- The registered manager submitted notifications to CQC as and when certain incidents had happened. This is a legal requirement of their registration.
- The provider is required to display their CQC rating and inspection report openly in their premises and on their website. We checked and saw this had been done.

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

- People, relatives, staff and external professionals told us the service was consistently well-led by the registered manager. One person said, "I do like [registered manager], she talks to us nicely." A relative said, "The manager is always open and honest, and we know we can approach her about anything, she genuinely cares." A staff member said, "The manager is very approachable and supportive to us, we can suggest anything, and she always makes time to listen." An external professional said, "[Registered Manager] has taken onboard suggestions and worked hard to get things right."
- The registered manager had developed a positive culture that was person-centred. She had evaluated their service and implemented a system of only accepting people for whom she was confident had needs and preferences they could meet. For example, she had identified they weren't equipped to accept new people who displayed behaviours that could challenge others.
- The registered manager genuinely welcomed feedback from people, visitors, staff and other professionals. She had engaged openly with CQC since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager ensured people, staff, relatives and professionals had meaningful involvement in the running of the service. For example, some relatives had requested changes to the décor in one of the communal areas. This had been done.
- There were regular meetings where people, relatives and staff could make suggestions. One relative said, "I'm always welcomed here and know I can raise anything with [registered manager] anytime, she always has time to listen." Everyone we spoke with told us the registered manager operated an open-door policy and was available to listen to people whenever they asked.