

Acepay Limited

The Cottage Nursing Home

Inspection report

57-58 Blakenall Heath
Walsall
West Midlands
WS3 1HS

Tel: 01922712610

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Cottage Nursing Home is a residential care home providing personal and nursing care for up to 33 people aged 65 and over. The accommodation is provided in a single building, arranged over two floors, with communal facilities including a lounge and dining room, activities room and secure garden. At the time of our inspection, 32 people were using the service, some of whom were living with dementia.

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

The provider and registered manager monitored the quality and safety of the service. However, some quality audits were not sufficiently robust, and improvements were needed to ensure they were consistently effective in identifying and rectifying any shortfalls. We have made a recommendation to improve the audits of medicines and care plans.

Staff knew how to protect people from the risk of abuse. Risks associated with people's care were identified and managed safely. People received their medicines as prescribed. People were supported to access other professionals to maintain good health.

There were sufficient, safely recruited staff to keep people safe and promote their wellbeing. Staff received training and ongoing support to meet people's individual needs. People were supported to enjoy their meals and maintain a healthy diet.

Staff were kind and caring, treated people with respect and promoted their privacy and dignity at all times. People's diversity was recognised and promoted by the staff and systems were in place to meet people's communication needs. People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support plans reflected their needs and preferences and were kept under review. People had opportunities to take part in activities and social events and were supported to follow their hobbies and spiritual beliefs. Staff were proactive and ensured people received timely and dignified care at the end of their life.

People benefitted from a service that had an open and inclusive culture. People and their relatives felt confident any concerns and complaints they raised would be acted on. There were systems in place to capture people's views on how the service could be improved and these were acted on. Staff enjoyed working at the service and felt supported and valued by the registered manager.

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

Rating at last inspection

The last rating for this service was Good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

The 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

The inspection was carried out by one 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 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 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 the inspection

We reviewed information we had received about the service since the last inspection, which included information from local authority commissioners. 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 seven people who used the service and six relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, deputy manager, nurses, and care workers. 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 three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and an incident record.

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 Required Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Since the last inspection, the provider had made improvements and followed robust procedures to ensure staff were suitable to work with people. These included carrying out checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The provider also monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.
- The provider ensured there were sufficient staff to support people safely. People told us they did not have to wait for support and we saw staff responded quickly when people called for assistance in their rooms. One person said, "Staff come immediately". Another said, "Staff are right on the job".
- People received consistent support from staff they knew well because most of the staff had worked at the service for many years. The registered manager monitored staffing levels and existing staff provided cover when short notice absences occurred.
- There were suitable arrangements to ensure agency staff were available when needed.

Using medicines safely

- People received their medicines as prescribed.
- Staff received training to administer medicines and we observed they spent time with people, explaining what the medicines were for and ensuring they had taken them.
- Medicines, including homely remedies and topical creams, were stored correctly and disposed of safely. This showed us the provider had acted on concerns raised at the last inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm. People and relatives were confident that they were safe. A relative said, "I only have good things to say. Staff are marvellous, (name of person) is very safe".
- Staff had received training and discussions showed they were confident to recognise and report signs of abuse.
- The provider had effective systems were in place which demonstrated that any concerns were reported and investigated promptly, using local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and planned for. Relatives were confident that staff understood the risks to people's health and supported people when making choices about their safety to enable them to have as much control and independence as possible.

- Risk management plans were detailed and kept under review. For example, when risks were identified to people's skin integrity, appropriate wound care plans were in place which were kept under review and specialist advice was sought and acted on when needed.

Preventing and controlling infection

- People were protected by the prevention and control of infection. The home was clean, and people and relatives were positive about approach of staff. One person said, "They have got cleaners in the morning and night. A lot of the staff help as well. They clean up after us. It's kept spotless".
- Staff received training and understood their responsibilities to follow infection control procedures to keep people safe from the risk of infection.

Learning lessons when things go wrong

- We saw that thorough reviews were carried out when incidents occurred, and staff reflected on their practice and discussed how improvements could be made to minimise the risk of reoccurrence. For example, staff told us how changes had been made following a medicines error. This showed us lessons had been learned when things had previously gone wrong.

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; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives were consistently positive about the effectiveness of the care and support staff provided. One relative said, "We are pleased with it [the care]. We would only have the best for (name of person). I'm a nurse and I wouldn't have them just put anywhere. They were in another home and it was terrible, so I spoke to a colleague who recommended here. We came and looked and since they have been here they have not had any hospital admissions, no pressure sores or trauma wounds".
- People's needs were assessed and planned for in line with evidence-based guidance and prompt referrals were made to external services to make sure people's needs were met holistically.

Staff support: induction, training, skills and experience

- People and relatives told us the staff understood their needs and provided effective care. One relative told us how well staff supported their family member when they became unsettled. They said, "They [staff] know how to pacify them when they are on the move better than we do".
- Staff completed a range of training and were supported through supervision and appraisal meetings, which enabled them to reflect on their practice and identify opportunities to develop their skills and knowledge to meet people's changing needs.
- New staff received an induction, which included completing the nationally recognised Care Certificate, which equips staff with the skills to work in health and social care. Staff told us they shadowed experienced staff and did not work unsupervised until they and their manager were confident they were able to do so.

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

- People had choice over their meals and had access to sufficient food and drink throughout the day. We saw meal times were not rushed and people were offered alternatives if they wished. One person told us, "You get three choices at breakfast, a cooked breakfast, cereal or oats and a choice of two or three at lunch".
- People's individual dietary needs were assessed and met. Staff monitored people's weights and where needed, advice from other professionals such as the GP and dietician was acted on. One person's weight had been very low on admission and we saw that this was being managed and was increasing steadily.
- People were actively involved in meal planning and their likes and dislikes were fully explored, including any cultural needs or ethical preferences.

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

- The home had several different areas where people could choose to spend their time and people had

access to outside space that was safe.

- The provider had considered the needs of people living with dementia. An activities room had recently been completed, which included a reminiscence area and sensory equipment, which staff used to support people when they became unsettled. We also saw adapted equipment in bathrooms, such as coloured toilet frames and pictorial signage to support people orientate themselves and promote their independence.
- People were involved in making decisions about the décor and their rooms were furnished and decorated to their personal taste and preference.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to improve and maintain their health and wellbeing through regular input from relevant health professionals. One person said, "We have them all come in, the optician, chiropodist, and hairdresser. We have all the flu injections. The dentist comes in. He just checks everyone's teeth and makes sure their gums are healthy".

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.

- People and their relatives told us the staff sought their consent before providing care. One person said, "Oh yes they do [ask] everybody." A relative told us the staff recognised that their family member's mood depended on how they responded. They said, "The carers know the times when they are happiest and will go back to them [if they refuse at first]".
- Staff had received training in the MCA and understood their responsibilities to support people to make their own decisions as far as possible. We observed staff seeking people's verbal consent before supporting them and discussions with staff demonstrated they knew what to do to make sure decisions were taken in people's best interests. One relative said, "Although [name of person] can't make choices, the staff ask and involve them".
- We saw people's capacity to make certain decisions was assessed and any decisions made in their best interests involved relevant people and professionals. Applications had been made to the local authority to lawfully deprive people of their liberty to ensure their safety. The registered manager actively monitored these applications and was aware of the requirement to notify us of any authorisations made.

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 the same. 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 their relatives felt the staff really cared about them. A relative told us, "We feel lucky. I like the relationships they [staff] have with the residents, it's outstanding". Another said, "It's home from home here and the staff are supportive of relatives. We had bereavement and staff were very understanding, even had a collection and bought us flowers".
- Staff knew people well and treated them as individuals, chatting with them about their family or things they knew interested them. This promoted a warm, friendly atmosphere, with light hearted banter and laughter. A relative told us, "(Name of person) loves the staff. They know them well and how they like banter and to have a laugh".
- Some staff had worked at the service for many years and told us how much they enjoyed working at the home. One said, "We are like a family here". Another said, "I enjoy my job, if I put a smile on people's faces, that's good enough for me".

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

- People were involved in making decisions about their care and told us they could choose how they spent their time. One the day of our inspection visit, some people had chosen to have a lie-in. One person told us, "When I have my wash I can stay in bed or get up whichever I please".
- People's families were encouraged to support their relatives to make decisions when it was appropriate. A relative told us, "I've seen (name of person's) care plan and get invited to reviews with the social worker, there's a meeting tomorrow actually".
- People were able to access the support of an advocate to help them express their views. The registered manager told us they sometimes took on the role to make sure people's views were heard during reviews with professionals. A relative told us, "I go to reviews and the manager always speaks up for (name of person)".

Respecting and promoting people's privacy, dignity and independence

- People were always treated with dignity and respect. One person said, "I have difficulties with sitting up. The staff ask me if I'm all right and do I need anything. They speak to me as a human being. They are all well-mannered".
- People's privacy was maintained. Staff told us about a person who did not always want to go to their room when they required support and a screen was provided for privacy. A relative confirmed this. They said, "I have seen staff use screens to make sure people have privacy".
- People were supported to maintain their independence as much as possible. One person said, "They ask

me if I'm comfortable when they give me a wash. I say to them give me a wet wipe and they let me do parts of it myself".

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care from staff that knew them well. People told us staff provided care in the way they wanted. One person said, "The care is very good, they bend over backwards to help you".
- Care plans were personalised and identified people's preferences, including gathering information about people's life histories from family and friends. Whilst people's relationship needs were considered, their protected characteristics were not always formally recorded. The registered manager assured us they would review this to ensure people's preferences were fully understood and met.
- People's care was kept under review to ensure it remained relevant. One person told us, "They come and ask how you are, if you have any pains you didn't have before and if everything is alright. They are very good".
- Relatives felt involved in people's care and told us they were kept informed about how their family was. One relative said, "They phone if there is anything out of the ordinary, even minor things". Another said, "Staff are great, they ring night or morning and even gave me a call when I was on holiday. I always go home feeling content that (name of person) is safe. I have nothing but praise [for the care]".

End of life care and support

- People's needs and preferences were recorded in an end of life care plan, which included any cultural or religious needs.
- The provider worked with a local palliative care organisation and ensured staff were trained and followed national good practice and professional guidelines for end of life care.
- Specialist equipment and medicines were monitored to ensure they were available when needed to ensure people would have a comfortable and pain-free death, in line with their wishes.
- People were encouraged to grieve for loved ones and remember people who had passed away at the service. A memory service was held, and people's thoughts and memories were displayed on a 'memory tree' at the entrance to the service.

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 provider was meeting the AIS by identifying and meeting people's communication needs. Staff understood how people preferred to communicate. For example, staff told us how they supported a person who did not have English as their first language and who sometimes found it difficult to communicate when

they were unwell. They showed us a list of common phrases they had written down, which they used to support the person. One staff member said, "Some are words they have translated for us, others we have 'googled' on the internet. It has really helped".

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

- People and relatives were able to join in social events and were supported to follow their hobbies and interests. One person said, "I'm happy here, all the activities I used to do at home I still do". A relative told us, "Staff always involve (name of person). They go into the activities room and on outings. It's hair and nails today, very important to them".
- People were consulted about their preferences and supported by activity staff, who organised a varied programme of events, including regular outings and activities. One person told us, "They ask you where you want to go and where you don't want to go. I watch television, I paint, I do jigsaws".
- People were supported to attend local church services and worship at home, to maintain their religious beliefs.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise any concerns and complaints and were confident the registered manager would listen and resolve them. One relative said, "I would be happy to go the manager if I needed to".
- There was a formal complaints procedure and the registered manager had an 'open door' policy to encourage people to raise any concerns or complaints. One relative told us the registered manager and staff had acted immediately when they had raised a concern.
- Any complaints were logged and responded to in accordance with the provider's policy.

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 Good. At this inspection this key question has deteriorated 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

- Quality assurance checks were not always formalised and were not fully embedded in the service. For example, although people received their medicines as prescribed, audits of medicines consisted of a monthly check of stock levels. We found these had failed to identify that stocks were not routinely carried forward at the start of each cycle when new medicines were delivered. We carried out several random checks and staff were not able to reconcile stocks held for each person with the medicine administration record. The lack of an audit trail meant that any errors could not easily be traced.
- Medicine audits had also failed to identify that staff did not always follow good practice when recording medicines. Staff did not consistently record why the person had been administered the medicine. In addition, staff booking in medicines outside the regular medicine cycle did not ensure their entries were countersigned, to minimise the risk of errors.
- The registered manager explained how they carried out checks of care records to ensure they were accurate and up to date. However, these were not formally recorded, and we could not be assured they monitored all areas of people's care, for example demonstrating people's protected characteristics were recorded and acted on. The registered manager assured us they would review their systems and ensure more comprehensive checks were carried out of all areas of the service.
- The registered manager monitored the home environment to ensure it was safe for people and we saw any concerns identified were acted on promptly. There was a rolling programme of improvements to the home which were monitored by the provider, who visited the service on a regular basis to check that people were happy with the care they received.
- The registered manager notified CQC of important events that happened in the service, as required by their registration. This information is used by CQC to keep an overview of a service and the care and welfare of the people who live there.

We recommend the provider seeks advice on improving their governance systems from a reputable source.

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

- There was a warm and friendly atmosphere at the service. People and their relatives were consistently positive about the approach of the registered manager and staff. A relative said, "The manager is lovely, and if you want to see her she is always there". Another said, "The staff are very approachable, they always

include you in their conversations".

- Staff were proud of how they worked as a team to promote a positive atmosphere. One staff member said, "We don't have a big turnover of staff here and know each other well, which plays a big part in a happy team. I've visited other services where the atmosphere isn't as good because they have a big turnover of staff".

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 registered manager understood their responsibilities under Duty of Candour and we saw that they were open and transparent with people and their families when accidents and incidents occurred, or complaints were raised.
- Staff knew about whistleblowing and would have no hesitation in reporting any concerns they had. Whistleblowing is when staff raise concerns about poor practice in their workplace.

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

- People and relatives were involved in the running of the service through meetings, an annual survey and a newsletter, giving information on events at the service. We saw the most recent survey was positive and action had been taken to improve menus at the service in response to people's comments.
- The provider had a volunteer scheme, to promote people's wellbeing. A relative told us, "There are family meetings and I volunteer here once a week. You get feedback about what's going on".
- Staff understood their role in providing a good service and felt supported and valued by the registered manager. One member of staff explained how they were involved in promoting oral healthcare at the service and showed us the poster they had created.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous improvement. They were involved in quality initiatives in partnership with local clinical commissioning groups, for example in relation to improving end of life care and reducing hospital admissions.
- The registered manager planned to improve links with the local community, using social media and the development of a dementia café at the service. We will follow this up at our next inspection.