

Hayes Cottage Nursing Home Limited

# Hayes Cottage Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Hayes Cottage Care Centre is a nursing home providing personal and nursing care for up to 52 adults. The home consists of three units across a ground and first floor. One unit focused specifically on providing end of life care to 10 people. At the time of the inspection there were 44 people living at the home. The home is operated by Hayes Cottage Nursing Home Limited.

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

Relatives and people said they were safe. The provider assessed and took steps to reduce risks to people's safety and well-being. This included works to develop the home environment.

The service had enough staff to keep people safe. Staff had training on how to recognise and report safeguarding concerns and they knew how to do so. The provider worked with other agencies to investigate concerns.

Staff supported people to receive their medicines as prescribed. The service was following infection prevention and control procedures to keep people safe

People's care plans set out personalised information about their care preferences and the support they needed, including their communication needs. People were supported at the end of their life to have a comfortable and dignified death. There were appropriate procedures in place for responding to complaints.

There were systems in place to monitor the quality of the service. The provider implemented quality and development plans to improvements. The service worked with other agencies to provide people with joined up care.

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](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was good (published 2 April 2020).

### Why we inspected

The inspection was prompted in part due to concerns received about some people's support to manage their skin integrity. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence that people were at risk of harm from this concern at the time of our inspection visit. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hayes

Cottage Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Hayes Cottage Care Centre

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, a special professional advisor and an Expert by Experience. The specialist professional advisor worked had expertise in nursing care. 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

Hayes Cottage Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post. The manager had been promoted to their post in May 2022 and was planning to register in the near future.

#### 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. This included information about important events the provider had notified us about that had happened at the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 13 July 2022 and ended on 10 August 2022. We visited the location's office/service location on 27 July 2022. We spoke with six people who used the service., a visiting professional, and a variety of staff. This included three care workers, a nursing assistant, two nurses, a chef, the maintenance manager, the acting manager, the provider's clinical consultant and the provider's director. The director was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 viewed a range of records including the medicines, skin management and care records for five people and the care plans for four people. We viewed a variety of records relating to the management of the service and building, including records of assorted audits and checks, meeting records and procedures.

After our visit we spoke with eight relatives of people who use the service and two professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at two people's care plans, staff training and quality assurance records, risk assessments, action plans and recruitment information for five staff.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider completed risk assessments to identify and reduce risks to the safety and well-being of people and staff. We saw these were up to date and reviewed regularly.
- We found doors to the stairways between the ground and first floor were not locked and were accessible to people, although we did not see anyone attempt to use the stairs. We discussed this with the provider and the manager who confirmed that they had risk assessed the use of the stairs, no one used them, and people were only supported to use the lift between the floors. However, after our visit the provider also initiated plans to install keypads on the relevant doors to further mitigate the risk of people using the stairways inappropriately.
- We saw a maintenance cupboard was not locked when we visited. While this appeared to be in use and to not present a risk to people at the time, we discussed this with the provider who immediately addressed this to ensure the door was kept locked at all times.
- There were individualised skin integrity care plans for people who required support to manage pressure sores or were at risk of developing these. The service worked with tissue viability nurses to promote this. A professional told us the service always referred people for tissue viability support where required, but in the past this could have been done in a timelier manner on some occasions. The provider had ensured staff attended pressure care training so they knew how to monitor people's skin integrity and seek further intervention when required. We saw more of this training was planned for later in the year.
- Staff we spoke with were informed about people's skin care and care records indicated people's sores were regularly checked and documented. The clinical consultant oversaw and regularly checked people's wound care and provided guidance to staff. People's pressure relieving mattresses were set according to their individual circumstances and checked daily to ensure they were working safely.
- The maintenance manager completed a range of checks to maintain a safe environment in the home. For example, they checked emergency lighting, water temperatures and mobility equipment. They maintained clear records of these checks and actions taken in response to their findings. The provider regularly audited these checks to make sure they were taking place.
- There were fire safety arrangements in place. These included regular checks of the fire systems and equipment and periodic evacuation drills. Staff had completed fire safety training. The provider was in the process of updating the fire alarm system following a review by a fire safety contractor while maintaining a safe service.
- We saw staff supporting people with their food and drinks and those we spoke with demonstrated an awareness of helping people to stay hydrated during the hot weather.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There were records in place setting out when decisions had been made regarding how to support people who were very ill when their health quickly deteriorated. These had been devised by but not always signed by the appropriate clinician. We discussed this with the manager so they could address this with healthcare partners.
- The provider had worked with the local authority when they found a person lacked the mental capacity to agree to their care arrangements and these may have amounted to a deprivation of their liberty.
- Staff had completed mental capacity and DoLS awareness training. The staff we spoke with demonstrated a good understanding of the MCA and supporting people's decisions.

#### Using medicines safely

- The provider had systems in place to make sure people received their medicines as prescribed.
- Staff used 'pill crushers' to crush some people's tablets so they were easier for them to take. We saw three of these devices were stained through use. We discussed this with the provider and they immediately replaced them.
- There were systems for ordering, handling, storing and disposing of medicines, including controlled drugs. Medicines were stored appropriately in fridges where required.
- People's care plans set out the medicines support they required. Staff completed medicines administrations records (MARs) to document when they had supported people to take their medicines. The MARs provided suitable information for the safe administration of the medicines, including people's known allergies.
- The provider assessed competency of staff to provide this support safely. The clinical consultant completed regular audits of the medicines support and took action in response to these audits' findings.

#### Staffing and recruitment

- A professional told us that in the months prior to our inspection they had raised an issue with the provider about some staff not being able to provide good information about a person's healthcare needs. They had worked with the provider to address this and felt the situation had improved.
- The manager arranged staffing rotas to make sure there were enough staff on shift to support people. Staff told us they felt there were enough of them. We observed staff respond to people's support needs in a timely manner and answer call bells promptly. A relative told us, "We see the same staff, we feel that [family member] has continuation of care."
- The provider had appropriate recruitment processes to help make sure they only employed suitable staff. These included checking an applicant's work history, identity and with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.



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

- There were systems in place to safeguard people from the risk of abuse and respond to safeguarding concerns.
- When safeguarding concerns had been raised, the provider had engaged with local safeguarding systems and cooperated with the local authority to look into the concerns and ensure people were safe. This was taking place at the time of our inspection.
- People and relatives told us they felt people were safe. A person said, "Yes I feel safe, the staff are ok." Staff had completed safeguarding adults training and knew how to report a safeguarding concern appropriately. The manager also promoted safeguarding adults in meetings with staff.

### Preventing and controlling infection including the cleanliness of premises

- There were arrangements in place for preventing and controlling infection.
- The provider supplied staff with personal protective equipment (PPE) to manage infection control, such as hand sanitiser, masks, gloves and aprons. Staff told us there always good supplies of this. They had received training on how to use PPE appropriately and the provider checked that they did so. A professional told us they had observed staff wear PPE when they visited.
- The manager accessed regular COVID-19 testing for people using the service and staff so as to help maintain people's safety
- There were arrangements in place for preventing visitors from catching and spreading infections and for admitting people safely to the service. The provider supported people to have visitors in line with government guidance.
- The provider promoted infection management and control through the layout and hygiene practices of the premises. Their infection prevention and control policy was up to date. The home was clean and tidy when we visited and relatives told us this was the case when they visited as well.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

### Learning lessons when things go wrong

- There were processes used to respond to and learn from incidents and accidents.
- Care and nursing staff recorded information about incidents, including as what happened and the actions taken.
- The provider monitored the handling of incidents and reviewed these on a three monthly basis to identify any learning for service improvements. Staff told us lessons and actions for improvement were shared with them.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- The service worked to provide end of life care so people experienced a comfortable, dignified passing.
- People's care plans set out their preferences and arrangements for their end of life care. In one person's case we saw some of this information was recorded in the paper but not the digital version of their plans the home had introduced earlier in the year. We discussed this with the manager so they could update this to ensure the person and their family's wishes were clearly recorded. Staff we spoke with were aware of people's end of life care needs.
- The service worked with a variety of palliative care professionals who visited the service regularly. A professional told us, "Generally I am happy" and "I feel able to tell people they will get good palliative care."

### Planning personalised care

- People received care and support in a planned way that reflected their individual needs and personal preferences. We saw staff provide this in a caring manner.
- People's care set out their care and support needs and how staff were to support them, such as when providing personal care, skin care management and help to wash and dress. Plans were personalised to each person and reflected their preferences. For example, we saw plans describe a person's evening routine to help promote a better night's sleep for them and the brand of toothpaste a person used when staff encouraged them to brush.
- The service reviewed and updated care plans regularly and staff confirmed they used the plans for information about people. This included the 'About Me' section that provided short life histories and background information about each person.
- People told us their needs and preferences were met. For example, a person explained how staff respected their cultural and spiritual beliefs.
- People's care plans included information their dietary requirements and meal likes and dislikes and this was also shared with the kitchen staff. We saw staff support people appropriately to eat and drink.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- Care plans set out information about how people communicated and basic directions for staff to promote this. This included when a person may be hard of hearing or need to support to make sure their glasses were

clean. Staff had learnt some words of a person's first language which was not English and using these helped them communicate with and calm the person when they may be becoming distressed.

- We noted a relative had complimented the service recently for enabling them to communicate with a person stating, "The nurse on duty immediately took the phone down to [family member] and held it to [their] ear so I could talk to [them]."
- There was a pictorial schedule of the planned activities for the week to help people to know what might be taking place. We also saw guidance for staff on communicating effectively with people while wearing a PPE mask.

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

- The service offered a range of timetable activities and supported people to engage in these. These were facilitated by an activities coordinator and assistant and other staff.
- We observed people enjoying a variety of things during our visit. This included a group singing session and personalised activities such as drawing, chatting, completing a word search, reading vintage magazines and using reminiscence cards.
- The service also recognised and supported people's emotional support needs. For example, we saw people enjoy holding a doll or toy animal as these were important to them and their well-being.
- Relatives also told us activities were on offer for people and we saw a relative had recently thanked the home on arranging a birthday celebration for their family member.

Improving care quality in response to complaints or concerns

- There were appropriate procedures in place for responding to complaints. Records of complaints showed these were handled appropriately.
- We saw the provider had systems in place to review complaints on a monthly basis to ensure these were resolved and to identify any learning for service improvements.
- Relatives told us they had not needed to make a complaint, but knew how to do so if they wanted.

# 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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

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

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

- The provider was in the process of moving people's care planning arrangements to from a paper-based system to a digital one. The new system meant staff were able to record, review and update plans more easily while providing monitoring oversight to the manager. However, in some cases it was not always readily clear where all aspects of a person's care were recorded, such as information about a person's end of life care arrangements or their advance directives. We saw the provider was arranging more training for staff to address this and continue to embed the new system.
- The provider employed a variety of systems to assess and maintain the quality and safety of the service. These included audits of care and risk management plans, incident records, personal evacuation plans, medicines support, staff files and health and safety checks. We saw the manager and clinical consultant took action in response to these audits' findings. The clinical consultant also completed audits of skin care management, training compliance and infection control.
- Staff held daily meetings to note and handover any service and resident issues to help make sure people's needs were met. The manager met with heads of the departments regularly to supervise ongoing work in areas such maintenance, staff training, kitchen management and cleaning.
- There was no registered manager at the time of our inspection, but the manager was planning to register in the near future.
- The provider displayed the previous inspection ratings at the home and on their website, as required by regulations.

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

- Some professionals told us there had not always been consistent, strong management leadership at the home over the last year, but things had since improved. We discussed home management with the provider and they demonstrated a commitment to recruiting and supporting a stable management team. For example, we noted they had recruited a new deputy manager who started in post shortly after our visit.
- The manager felt supported in their role by the provider.
- We noted a relative had recently stated they felt things had improved since the manager had started in post.
- Staff told us there was good communication between managers, nursing and care staff. They felt

supported by the manager and one commented, "I have support from the manager, [they are] very good. [The manager] listens to the employees and to our opinion on things, it means a lot."

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

- People, relatives and staff had opportunities to provide feedback about the service.
- The manager held periodic meetings with people using the service when they commented on issues such as the food and activities.
- People's relatives were involved in their family members' care. Most relatives said staff kept them informed about the care, but some relatives told us they felt they were only updated when they called or asked staff.
- The manager held team meetings with staff. Records showed these were used to discuss topics such as resident concerns, ensuring people drink enough during the hot weather, recruitment, employment issues, and the new digital care planning system. Regular newsletters also promoted subject such as international nurses day, self-care and staff well-being.
- The provider had conducted feedback surveys with people, their relatives and staff. This enabled them to give feedback about and influence the running of the service. Over 90% of respondents had indicated they were happy with their care, indicating, for example, their needs were met, people received the medical care they needed and there were activities available to them. A high proportion of staff had indicated they were satisfied or very satisfied working at the home. We saw the provider had taken action in response to this feedback.

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; Continuous learning and improving care

- The provider had processes in place to respond to concerns about people's care when things may have gone wrong. The manager understood their duty of candour responsibilities and we saw this had been discussed with staff in a recent team meeting. Relatives we spoke with said when they have raised concerns or issues these have been addressed.
- Ongoing monthly quality audits identified actions for improvement and we saw these were implemented
- The provider had a development plan in place to continue to implement improvements with the service and the building environment. For example, they had initiated a coaching initiative focused on promoting a positive organisational culture and team-working so new staff felt supported in roles.

Working in partnership with others

- The service worked closely with other care professionals, including local healthcare and palliative care specialists. Professionals told us staff sought and followed their advice and guidance. This helped provide people with joined up care.
- Some relatives and a professional had noted that in the months prior to our inspection it had been difficult to speak with staff on the telephone in a timely manner. We saw the provider had recently employed a new administrator to improve communication for people contacting the home.