BSB Care Ltd

The Cottage Residential 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

This was an unannounced inspection carried out on 13 June 2017.

The Cottage Residential Home can provide accommodation and personal care for 40 older people, people who live dementia and people who have a physical disability. There were 38 people living the service at the time of our inspection. The service can also provide care for people in their own homes in Nocton, Billinghay and surrounding villages. At the time of our inspection eight people were receiving care in this way.

In this report we refer to the two services as being the 'residential service' and the 'care at home service'. In addition, when we speak about issues that affect the staff working in both services we refer to them as being, 'care staff'.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

People had not always been assisted to avoid preventable accidents and medicines were not consistently being managed safely. In addition, full background checks had not always been completed before new staff were employed. However, there were enough care staff on duty in both services and they knew how to safeguard people from situations in which they might experience abuse.

Although some care staff had not received all of the training the registered persons considered to be necessary, in practice they had the knowledge and skills they needed. People were supported to eat and drink enough and care staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that whenever possible people were helped to make decisions for themselves. When people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that most people only received lawful care. However, an improvement needed to be sustained to ensure that people living in the residential service only received lawful care.

Care staff were kind and compassionate. People's right to privacy was promoted and confidential information was kept private.

People who used both services had been consulted about the care they wanted to receive and were given all of the practical assistance they needed. Care staff promoted positive outcomes for people who lived with dementia and people were supported to pursue their hobbies and interests. There were arrangements to quickly resolve complaints.

Although quality checks had not always effectively resolved problems in the running of the residential service, people had been consulted about the development of the services. Care staff considered that the services were run in an open and inclusive way so that they were able to speak out if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always helped to avoid preventable accidents and medicines were not consistently managed in the right way.

Background checks had not always been completed before new care staff were employed.

There were enough care staff on duty and they knew how to keep people safe from the risk of abuse.

Is the service effective?

Good

The service was effective.

Although care staff had not received all of the training the registered persons considered to be necessary, they knew how to care for people in the right way.

People were supported to eat and drink enough.

An improvement needed to be sustained in the residential service to ensure that people only received lawful care.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Care staff were caring, kind and compassionate.

People's right to privacy was promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and were given all of the practical assistance they needed.

Care staff promoted positive outcomes for people who lived with dementia.

People were offered sufficient opportunities to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the residential service being quickly put right.

People and their relatives had been asked for their opinions so that their views could be taken into account in the development of the services.

There was good team work and care staff had been encouraged to speak out if they had any concerns.

The Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the services. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the services that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the residential service or who received care at home. We did this so that they could tell us their views about how well the services were meeting people's needs and wishes.

We visited the services on 13 June 2017. The inspection team consisted of a single inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the residential service and with three relatives. We also spoke with two residential care workers, two care at home care workers, two senior residential care workers, the administrator and the training manager. We also spoke with the care at home manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the residential service and for two people who received care at home. We also looked at records that related to how the services were managed including staffing, training and quality assurance.

In addition, in the residential service 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 were not able to speak with us.

After our inspection visit we spoke by telephone with three people who received care at home and with two of their relatives. We also spoke with the relatives of three people who lived in the residential service.

Requires Improvement

Is the service safe?

Our findings

People who received care at home told us that they felt safe. One of them said, "Yes I do feel quite relaxed about having staff in my home because it's a professional service and I know I can rely on them." People who lived in the residential service were also confident about this matter. One of them said, "I get on okay with the staff and feel quite settled here." Two people who lived with dementia and who had special communication needs smiled broadly when asked about this matter. All of the relatives said they were confident that their family members were safe in the service. One of them said, "I chose this place because it has a homely feel to it and I've not been disappointed."

The registered persons had taken a number of steps in the residential service to help people avoid having accidents. We saw that hot water was temperature controlled and radiators were guarded to reduce the risk of scalds and burns. In addition, people had been provided with equipment such as walking frames and raised toilet seats. Another example was care staff in the residential service having received guidance about how to respond in the event of a fire alarm sounding. This including guidance about how to correctly call the fire service and how to move people to a safe place.

However, we also noted that some hazards in the residential service had not been addressed. In one of the toilets the water closet seat was broken and slid to one side when any pressure was put on it. Furthermore, the safety handle fitted to the wall next to the water closet was loose and so did not provide a firm support when used. In one of the bathrooms various items that had been left on the floor which increased the risk that people would trip and fall. In addition, one of the windows on the first floor was not fitted with a safety latch. As a result the window opened too wide and created the risk that people would become trapped in its mechanism. We raised our concerns with the registered manager who told us that steps would immediately be taken to address each of our concerns. In addition, shortly after our inspection the registered persons wrote to us confirming that the damaged water closet had been repaired.

Records of the accidents and near misses involving people who used both services showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people living in the residential service being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled residential care staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were shortfalls in some of the arrangements that had been made to manage medicines in the residential service. Although most medicines were stored securely we found that one item had been left in an unlocked cupboard in a communal bathroom. A number of people had access to the bathroom and this increased the risk that someone might use the medicine in the wrong way. We also found that some of the necessary checks had not been completed to ensure that medicines were consistently kept at the right temperature. This is important because if some medicines become too warm their therapeutic effect can be reduced. We raised our concerns with the registered manager who assured us that the shortfalls

would quickly be put right. In addition, during our inspection visit we saw medicines being administered in the right way. Senior care staff who administered medicines checked that they were giving the right medicine to the right person, waited until each tablet had been taken and then completed the necessary records. People who received care at home told us and records confirmed that care staff were reliably helping them to use medicines in the right way. This included taking medicines out of their containers and making sure that the right amounts were taken at the right times.

We examined records of the background checks that the registered persons had completed when appointing two new residential care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment history. This had reduced the registered persons' ability to determine what background checks they needed to complete in order to confirm that they were suitable people to be employed in the service. However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, the registered manager assured us that the services' recruitment procedure would be strengthened to ensure that in future all of the necessary checks would be completed in the right way.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

People who lived in the residential service said that there were enough care staff on duty to promptly provide them with the care they needed. One of them commented, "The staff are usually pretty good and when you ask for help it's given quite sharpish." People who received care at home were also complimentary about this subject. One of them remarked, "The staff turn up like clockwork through thick and thin and so I suppose they must have enough staff on their books to cover for sickness and holidays." Although the record of the number of care staff on duty in both services was not always accurate, in practice we found that there were enough care staff on duty to provide people with the assistance they needed. In the residential service we saw people who were sitting in the lounge promptly receiving help to go to the bathroom. We also observed call bells being quickly answered so that people who were in their bedrooms could receive the assistance they needed. In relation to people who received care at home records showed that visits were being completed on time and lasted for the correct amount of time.

Good

Is the service effective?

Our findings

People who used both services were confident that care staff knew how to provide them with the practical assistance they needed and had their best interests at heart. A person who lived in the residential service said, "The staff are very good to me and they know how I like things." Relatives were also confident that residential care staff had the knowledge and skills they needed. One of them commented, "I can see how well the staff care for my family member and from how they speak with them I know that they understand their little ways." A person who received care at home commented, "There's only a small team of staff and over time you get to know them and they get to know you. Certainly, the staff who call to see me know exactly what help I need."

Care staff told us and records confirmed that new care staff had undertaken introductory training before working without direct supervision. The training manager said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met with a senior colleague to review their work and plan for their professional development.

The registered manager told us that it was important for care staff to receive refresher training in key subjects to ensure that their knowledge and skills were up to date. These subjects included how to safely assist people who experienced reduced mobility, providing basic first aid, promoting infection control and ensuring fire safety. Although records showed that some care staff had not received all of this training we found that in practice they knew how to care for people in the right way. An example of this was care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. This included knowing how to prevent people from developing sore skin and the action to take if this occurred. In addition, we were told that a development plan was in place to ensure that care staff received all of the training that the registered persons considered to be necessary.

People living in the residential service told us that they enjoyed their meals. One of them remarked, "The food is not that bad actually and there's more than enough." Records showed that people were offered a choice of dish at each meal time. When we were present in the residential service at lunch time we noted that the dining experience was a relaxed and pleasant occasion.

We found that people using both services were being supported to have enough nutrition and hydration. In the residential service people had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that residential care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting people to eat their meals and gently encouraging them to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food specially prepared so that it was easier to swallow. Records showed that when necessary people who received care at home were being assisted to prepare their meals and gently reminded about the need to eat and drink enough.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that people who used both services were supported to make various decisions for themselves. An example of this occurred in the residential service when we saw a member of care staff explaining to a person who lived with dementia why it was beneficial for them to accept one of the medicines that was being offered to them. The member of staff rubbed their own stomach and indicated that the medicine in question would help the person avoid experiencing indigestion. We noted how the person responded positively to this information and was pleased to accept the medicine in question.

Records also showed that in relation to people who lived in the residential service and who lacked mental capacity, the registered persons had consulted with key people when a decision about a person's care needed to be made. This was necessary so that they could confirm that important decisions were made in the people's best interests. An example of this was the registered manager liaising with relatives and social care professionals because a person needed special help to manage their finances. This had enabled the person to receive the guidance they needed to correctly administer their funds in order to support themselves.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that in the residential service seven people were protected by an authorisation and that applications had been made for a further two people. We noted that residential care staff were complying with any conditions attached to the authorisations and that as a result the people concerned were only receiving lawful care. However, we also noted that an application had not been promptly made for one person who was being deprived of their liberty. This had resulted in their legal rights not being fully protected. We raised our concerns with the registered manager who immediately made an application for the necessary authorisation. This action ensured that the person could receive care in a way that respected their legal rights.

Records showed that some people living in the residential service had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by residential care staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People who lived in the residential service said and records confirmed that they received all of the help they needed to see their doctor and healthcare professionals. These included dentists and opticians. A person spoke about this commenting, "The staff call my doctor and someone comes to see me from the surgery if I'm not well." Relatives also remarked on this matter with one of them saying, "I think that the staff are very attentive and they always let me know if they've called the doctor for my family member."

Good

Is the service caring?

Our findings

People who lived in the residential service were positive about the quality of care that they received. One of them said, "I like the staff and get on quite well with most of them. I don't have any complaints." In addition, we noted that people who lived with dementia and who had special communication needs were relaxed in the company of residential care staff. One of them was holding a soft cushion and we saw them approach a member of care staff so that both could hold and smooth its textured surface. The person smiled and was pleased to share this time with the member of staff. People who received care at home were also complimentary about staff. One of them remarked, "The staff are fine with me, caring and polite and how they should be. I look forward to seeing them. I wish I could afford to have them call to see me more often."

We saw that people living in the residential service were treated with compassion, kindness and respect. This included residential care staff making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. Another example was the way in which people were helped to celebrate their birthdays. This included having a birthday cake made for them and if the person wanted they could also have a party. We also saw that people were asked about how and when they wanted their care to be provided. Examples of this included residential care staff asking people how they wished to be addressed and establishing if they wanted to be checked during the course of the night.

Residential care staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. Bedrooms were laid out as bed sitting areas so that people could relax and enjoy their own company if they did not want to use the communal areas. We saw care staff knocking and waiting for permission before going into bedrooms. In addition, when they provided people with close personal care staff made sure that doors were shut so that people were assisted in private. People who received care at home also told us that care staff respected their privacy. This included care staff consulting with them about how they wanted them to obtain access to their properties if the person was not able to answer the front door. They also said that care staff were careful to offer to close bathroom and toilet doors when close personal assistance was being provided if other people were present in the household.

We found that people living in the residential service could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that residential care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I don't really want the expense of having my own telephone installed as I can use the home's cordless telephone if needed."

The registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

In both services written records that contained private information were stored securely. Computer records

were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that when care staff in the residential service needed to discuss something confidential they went into one of the offices or spoke quietly in an area of the service that was not being used at the time.

Good

Is the service responsive?

Our findings

People living in the residential service said that care staff provided them with all of the assistance they needed. One of them remarked, "The staff are very good to me and they give me a lot of help every day." Relatives were also positive about the assistance their family members received. One of them told us, "I think that the care is very good here. I see the people who live here wearing neat and clean clothes and you can see that they're well cared for." People who received care at home also told us that the service they received met their needs and expectations. One of them commented, "Each time they visit me at home they ask me what help I want and they're quite happy to change what they do if I need something different done on a particular day."

We noted that care staff had carefully consulted with each person in both services about the assistance they wanted to receive and had recorded the results in an individual care plan. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. Records confirmed that each person was receiving the care they needed as described in their individual care plan. This included help with managing medical conditions, washing, dressing and using the bathroom.

In the residential service we saw that care staff were able to provide reassurance for people who lived with dementia if they became distressed. We saw that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not remember when their relatives were next due to visit them. A member of care staff gently reminded them about the day when their relative was not at work and so was able to call to the service. This information helped the person to recall the last time their relative had called and to look forward to the next visit.

Care staff understood the importance of promoting equality and diversity. We noted that in the residential service arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was residential care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

People living in the residential service told us that there were enough activities for them to enjoy. One of them said, "There's something to see and do on most days. If I do get bored it's my fault and sometimes I don't want to join in." Records showed that people were being offered the opportunity to enjoy a wide range of social events including arts and crafts, quizzes, gentle exercises and games such as carpet bowls. During our inspection visit in the residential service we saw people enjoying carpet bowls, dominoes, painting and singing. People who received care at home told us that the home care manager was always willing to adjust the times of their visits so that they could attend social events in the community and family gatherings. One of them said, "As long as you give them a bit of notice they couldn't be more helpful with cancelling or changing visits so that they fit around me and not the other way round."

People who used both services told us that they had not needed to make a complaint about the assistance they received. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had received a small number of formal complaints and concerns. We saw that on each occasion the registered persons had correctly followed their procedure to quickly and fairly resolve the matters concerned. This included properly investigating each matter and ensuring that the complainants received an informative and polite reply. We also noted when something had gone wrong, action had been taken to help reduce the likelihood of the same thing happening again. This included revising policies and procedures and providing staff with additional guidance and training.

Requires Improvement

Is the service well-led?

Our findings

People who used both services told us that they were well managed. A person living in the residential service said, "Things seem to run smoothly most days and there don't seem to be many dramas." Relatives also said that the residential service was well led. One of them remarked, "I am very confident that the manager has a good grasp of how things are going and sets a high standard for the staff." A person who received care at home commented, "It must take a fair bit of organisation to make sure that all the visits are done at the right time. But all I can say is that on the dot each day the member of staff is at my front door."

However, we found that although a number of quality checks were being completed in the residential service these had not always been effective in quickly putting right the shortfalls we described earlier in our report. These checks had been completed both by a representative of the company who ran the service and the registered manager. The problems included the concerns we raised about the prevention of avoidable accidents, the management of medicines, the recruitment of care staff and the arrangements in place to ensure that only lawful care was provided. In addition, there were other examples of problems being identified and then not being quickly put right. These included a lock that had been incorrectly fitted to a bathroom door so that it indicated that the room was vacant when in fact it was occupied. Another problem was the lock on the main shower room door that was too stiff to operate when using reasonable force. Further problems were one of the windows that was damaged and draughty. We also noticed that a clock in one of the lounges showed the wrong time. We were told that the clock belonged to a person who lived in the service who wanted to have it on display. However, we were concerned that some people who lived with dementia would not find it helpful to see a clock that showed the wrong time. In addition, there was an area of carpet in a hallway that was stained and unsightly.

We raised our concerns with the registered manager who assured us that each of the problems we had identified would quickly be addressed. They also said that the completion of quality checks would be strengthened so that any future problems in the running of the residential service could quickly be put right. Records showed that the home care manager had regularly checked on how well the care at home service was running. These checks included making sure that visits were being undertaken as planned and that people were reliably being provided with all of the care they had agreed to receive.

We noted that a number of significant events had occurred in the residential service about which the registered persons had told us. This had enabled us to promptly assess the circumstances surrounding each occurrence to help to ensure that people were kept safe. We also saw that the registered persons had displayed the ratings we had given the services at our last inspection. This had been done by means of a poster in the residential service and by entries on the services' website. These actions had helped to inform people about the judgements we had reached about how well the services were meeting people's needs and expectations.

People who lived in the residential service said that they were asked for their views about their home as part of everyday life. One of them remarked, "I see the staff all the time and we have a chat about how things are going for me." In addition, records showed that people had been invited to attend regular residents'

meetings so that they had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was the registered manager arranging for changes to be made to the menu so that it better reflected people's changing preferences. We also noted that people who received care at home had been invited to complete an annual questionnaire to give feedback on their experience of using the service.

People who lived in the residential service and their relatives said that they liked seeing the registered manager around the service. They also said that the registered manager was approachable and genuinely interested in the wellbeing of the people who lived in the service. One of the relatives said, "I think that the manager is very helpful and they're very happy to help if there's something that could be improved." During our inspection visit we saw the registered manager talking with people who lived in the service and with residential care staff. We also noted that the registered manager knew about the care each person was receiving. Furthermore, they knew about points of detail such as which members of care staff were on duty on any particular day. This level of knowledge helped them to run the residential service so that people received the care they needed.

People who received care at home told us that they liked the fact that the home care manager completed a number of visits themselves. They were reassured that the home care manager knew in detail how the service worked in practice. One of them remarked, "The lady who organises the home care visits often calls herself and so she knows what's going on and which member of staff is doing what. Nothing much gets past her."

We found that care staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior member of care staff on duty in the residential service. In addition, during out-of-office hours there was a senior colleague on call if care staff in either service needed advice. Residential care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift in the residential service. At these meetings significant developments in each person's care were noted and reviewed. We also noted that in the care at home service staff made a record of the assistance they had provided during each visit. This was done so that their colleague who completed the next visit had an up to date account of what assistance needed to be given.

In addition, records showed that there were combined staff meetings that were attended by care staff from both services. These were intended to provide care staff with an opportunity to discuss their roles and suggest improvements to further develop effective team working. These measures contributed to care staff being able to care for people in the residential service and in their own homes in the right way.

There was an open and relaxed approach to running the services. Care staff were confident that they could speak to the registered manager and to the home care manager if they had any concerns about another member of staff. Staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.