

Babbacombe Care Limited

Hadleigh Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Hadleigh Court is registered to provide accommodation and personal care for up to 31 older people. At the time of our inspection, 28 people were living at the home.

People's experience of using this service:

People told us they felt safe, supported and were happy living at Hadleigh Court. Staff were seen to be kind, caring and attentive to people's needs.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not been undertaken robustly and therefore had been ineffective in identifying shortcomings in practice. These included concerns with records, risk management, and the management of people's medicines.

People's medicines were stored safely. However, we found one person had not received their medicine as prescribed and some aspects of medicines recording could be improved. This included information for 'when required' medicines and those requiring regular monitoring.

People were not always protected from the risk of avoidable harm. We found where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, where some risks had been identified, care records did not contain enough information of any action taken, or guide staff as to the action they should take to mitigate those risks.

Other risks were well managed. Risks had been identified, in relation to people's care needs such as mobility, skin care and action had been taken to minimise these.

Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment, and fire safety systems were serviced and audited regularly.

Accidents and incidents were monitored to look for trends and identify whether changes were needed to reduce risks.

People had confidence in the registered manager and told us the home was well managed. One person said, "The home is well run, and the manager is nice".

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

Hadleigh Court was clean, and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection:

Hadleigh Court was previously rated as 'Good.' The report was published on 11 January 2019.

Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 4 and 5 December 2018. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do to improve and by when.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hadleigh Court on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Hadleigh Court

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 team consisted of one inspector.

Service and service type:

Hadleigh Court 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:

Before the inspection we reviewed the information, we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection:

We spoke with four people who used the service about their experience of the care provided. We also spoke with five members of staff and the registered manager. To help us assess and understand how people's care needs were being met we reviewed three people's care records. We also reviewed records relating to the running of the home. These included staff recruitment, medicine records and records associated with the provider's quality assurance systems. 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. Following the inspection, we received feedback from three health and social care professionals.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Using medicines safely:

- Medication Administration Records (MARs) for one person showed they had been prescribed a medicine to reduce anxiety and aid sleep. Staff were not administering this medicine in the way prescribed for them.
- Records relating to some medicines were not always complete or accurate. For example, those relating to the use of medicines in the form of patches, and those medicines which were administered when needed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audit systems were in place to check medication practices.
- Medicines were stored and disposed of safely.
- Staff had received training in the safe administration of medicines and their competency was regularly assessed.

Assessing risk, safety monitoring and management:

At our last inspection we identified a number of people's care records had not been updated or did not contain sufficient information to guide staff on how to support people and mitigate risks. Following that inspection, the registered manager sent us an action plan telling us what action they would take. At this inspection we found insufficient improvements have been made.

- We looked at the care records and risk management plans for three people. We found where some risks had been identified, it was unclear what action had been taken to mitigate those risks and keep people safe. For example, staff had identified risks in relation to smoking, choking and personal relations. Care records did not contain enough information of any action taken, or guide staff as to the action they should take to mitigate those risks. Whilst we did not find people had suffered harm as a result. The failure to ensure care and support plans were an accurate, complete and a contemporaneous record in respect of each persons' care, continued to placed people at the risk of harm.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks were well managed. For example, risks had been identified, in relation to people's mobility, skin care and nutrition, and action had been taken to minimise these. Detailed plans were created to ensure staff had the information they needed and specialist advice from healthcare professionals was sought where

necessary and acted upon. For example, where people were at risk of falls, staff had involved the falls team and had created detailed risk assessments to keep people safe.

- The premises and equipment were maintained, and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing and legionella.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. Individual personal emergency evacuation plans (PEEPs) indicated any risks as well as any support people needed to evacuate them safely.

Systems and processes to safeguard people from the risk of abuse:

- People continued to be protected against the risk of abuse.
- There were effective systems in place to protect people from the risk of abuse and staff were aware of when and how to report concerns should they need to do so.
- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues.

Staffing and recruitment:

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and were suitable to support people who might potentially be vulnerable by their circumstances.
- People and staff told us there were enough staff to support people and keep them safe. Throughout the inspection we saw call bells were answered promptly, and people did not have to wait for assistance.

Preventing and controlling infection:

At our last inspection we recommended the registered person seeks and implements guidance on the safe management of laundry systems. At this inspection we found improvements have been made.

- Laundry processes had sufficiently improved to help prevent the spread of infection and reduce the risk of cross contamination. There was clear separation between soiled or dirty linens awaiting laundering and clean linens waiting to be returned to people's rooms.
- Systems were in place to prevent and control the risk of infection. Staff confirmed they had attended training in infection control and were observed wearing appropriate personal protective equipment (PPE). This reduce the risk of cross contamination and the spread of infection.

Learning lessons when things go wrong:

- Accidents and incidents were recorded, and records showed appropriate action had been taken in response.
- All accident and incident reports were reviewed by the registered manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same, 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 and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not been undertaken robustly and therefore had been ineffective in identifying poor practice. For example, regular checks of medicines had not been sufficiently undertaken to identify the concerns we found with the management and recording of people's medicines. Monthly care plan reviews had not identified that some care records did not contain sufficient information or guidance for staff to mitigate known risks.

Failure to ensure systems were operated effectively to ensure compliance with the regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home.
- All accidents and incidents reported were monitored to look for trends and identify whether changes were needed to reduce risks.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.
- The registered manager was aware of their responsibilities to provide CQC with important information.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People had confidence in the registered manager and told us the home was well managed. One person said, "The home is well run, and the manager is nice". A healthcare professional said, "I have always found that the registered manager has been keen to seek support and advice appropriately and the staff to be engaging."
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care:

- People, relatives and staff continued to be encouraged to contribute their views on an ongoing basis informally and through regular meetings and surveys.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, supported and had input into the running of the home.
- The provider was working in partnership with other organisations to support care provision and service development. Following this inspection, the home contacted the local authority's quality assurance and improvement team (QAIT) for advice and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure people's medicines were managed safely.</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured an accurate, complete and contemporaneous record had been maintained in respect of each service user care.</p> <p>The provider failed to ensure systems were operated effectively to ensure compliance with the regulations.</p> <p>Regulation 17 (1)</p>