

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?	Inadequate ●

Summary of findings

Overall summary

Hadleigh Court provides care for up to 31 people. People living at the home were older people, many of whom were living with dementia.

This inspection took place on the 3 May 2016. It was an unannounced focussed inspection to follow up on a warning notice issued following an inspection on the 8 and 13 October 2015. On the inspection in October 2015 we identified concerns over a number of breaches of legislation.

We issued the provider and then registered manager with a warning notice in relation to Regulation 17 (1) and (2) (a) (b) (c) and (d) of the Health and Social Care Act (Regulated Activity) Regulations 2014 (Good Governance). The provider and registered manager needed to comply with the warning notices by 15 January 2016.

The provider sent us an action plan telling us what actions they had taken to improve, and worked with the local authority's safeguarding and quality teams to improve standards at the home. The registered manager in post at the time of the inspection in 2015 had left the home and additional time was allowed to enable the service to make the changes they needed to improve.

This focussed inspection was carried out to ensure the provider had met the detail of the warning notices for Regulation 17 (Good Governance). Other areas for improvement identified during the inspection of 8 and 13 October 2015 remain part of the home's ongoing action plan, and will be looked at on the next comprehensive inspection, when we will also check to see improvements made at this time have been sustained.

We found sufficient action had been taken to meet the requirements of the warning notice.

There was a newly appointed registered manager in post. A registered manager is a person who has registered with the CQC 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.

People's safety had improved. Systems for the management and assessment of risks had been strengthened and where risks had been identified measures were put into place to reduce these wherever possible. We saw that people's well-being had improved as a result of the reduction and proper management of risks, for example the number of falls had declined. Internal and external audits had been put into place, and where issues were identified, action plans identified progress being made to resolve them. New systems had been put into place to ensure the risks of cross infection were reduced. This included more regular audits, cleaning schedules and improved equipment.

Improvements had been made to the leadership and management of the home. Staff received increased guidance in their role and routines were being made more flexible to meet people's differing needs and

wishes. Communication systems had improved, including handovers and regular staff meetings.

Records, policies and procedures had improved. People's care plans reflected their needs, wishes and aspirations regarding their care in more detail, and policies and procedures had been updated. Staff recruitment processes and records had been strengthened to help protect people and provide greater assurance of their character and work performance. References had been obtained and disclosure and barring service (police) checks had been undertaken before any new staff started to work with people. Systems had been put in place to assess any risks in relation to staff recruitment and gaps in people's employment history had been explored.

Quality assurance systems and feedback had led to improvements for people. For example changes had been made to improve the environment and people were enjoying more trips out. Feedback from people living at the service or visiting was positive about the changes being made.

This report only covers our findings in relation to compliance with the warning notice for Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hadleigh Court care home on our website at www.cqc.org.uk.

The ratings identified on the inspection of 8 and 13 October 2015 have not been changed as a result of this inspection but will be updated at the next comprehensive inspection. A comprehensive inspection will take place to inspect all five questions relating to this service. These questions ask if a service is safe, effective, caring, responsive and well led. At the next inspection we will also check to ensure improvements made for this inspection have been sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's safety had improved.

Staff recruitment processes had been strengthened to help protect people and provide greater assurance of the character and work performance of the staff member in their previous role.

Systems for the management and assessment of risks had been improved.

Where risks had been identified measures were put into place to reduce these wherever possible.

Requires Improvement 

Is the service well-led?

Improvements had been made to the leadership and management of the home.

Risk assessment and management systems including internal and external audits had been put into place.

Records, policies and procedures had improved. People's care plans reflected their needs, wishes and aspirations regarding their care in more detail, and policies and procedures had been updated.

Action plans for the development of the service had been implemented and had been or were being completed.

Quality assurance systems had led to improvements for people.

Inadequate 

Hadleigh Court

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 provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and in particular to look at actions taken by the provider and registered manager in relation to the warning notice issued following the inspection of 8 and 13 October 2015.

This inspection took place on 3 May 2016 and was carried out by one adult social care inspector. We looked at the information we held about the home before the inspection visit, including the inspection history, previous reports and the action plan sent to us by the provider. We also looked at the service improvement plan being worked through with the local authority quality team, which identified progress being made, and minutes of safeguarding meetings.

On the inspection we met with the nominated individual and newly registered manager. We spoke with two people receiving a service, a staff member, a visiting district nurse and three visitors. We looked at areas of the building, and sampled policies and procedures. We viewed the changes to the quality assurance and management systems that had been made since the last inspection and sampled records including three care plans and two staff files.

We also looked at risk assessments, minutes of meetings and feedback received and analysed from people using the service, staff and their relatives. We discussed the home's action plans and progress being made on the overall concerns identified in October 2015.

Is the service safe?

Our findings

At the inspection of 8 and 13 October 2015 we identified concerns over the assessment and management of risks related to staff recruitment processes, risks to people from their care and risks from the environment. The risks were not being properly assessed or managed. On this inspection we looked to see what changes had been made. We looked at two staff files, and discussed with the registered manager how a new staff member was being employed. We looked at risk assessments and changes that had been made in the environment to keep people safe. We looked at how risks were being managed and reduced.

We found improvements had been made in all these areas.

At this inspection the provider and registered manager had improved their staff recruitment systems, and a full process was being followed. Systems had been put in place to ensure any risks associated with staff disclosure and barring checks would be assessed and recorded. A record of each staff member's employment history had been obtained. A system was in place for a full audit of staff recruitment files and the registered manager had recruited administrative support to have this completed and any gaps explored. Systems were improved for monitoring and addressing concerns about staff work performance where they were identified. The registered manager had recently taken action to protect people as soon as a concern had been identified about a member of staff.

Systems had been put in place to assess, monitor and reduce risks to people at the home. A room by room audit had been carried out of the environment and areas of concern identified had been addressed. For example hard corners of furniture that could present a risk were covered, heavy furniture was secured to the walls and new heating systems had been provided where there had previously been electric radiators installed. New windows were being fitted throughout much of the home, and new beds purchased that better met people's needs. Fire precautions had been upgraded, and infection control and cleanliness improved. The registered manager had increased the infection control audits at the home, put in place cleaning schedules, and purchased new equipment. A member of staff was taking on the role of infection control lead, which meant they would have additional training in infection control and could support staff to manage risks consistently. Where a person had been admitted to the home with an identified infection control risk there was clear information in their care plan on how to manage this. All areas of the home seen were clean and warm. Risks from hot water were being regulated and testing carried out every month.

Systems had been put in place to ensure risks to people were being analysed and had been reduced where possible. Incident forms were being reviewed by the registered manager, and it was clear if any further actions needed to be taken. We checked through a person's care plan and found where they had fallen there was a clear information about recent falls and actions identified to ensure the incident did not happen again. Concerns were being escalated appropriately to other agencies, such as the local safeguarding team.

The registered manager had worked with the local GP surgery to reduce in a controlled way the amounts of medicines that people were taking. This had led to a significant decrease in the number of falls and injuries people were having. For example prior to the medicines review one person had been falling nearly every

day, but since their review several weeks before the inspection had not had a fall. The registered manager had also worked with district nurses and dieticians to reduce the risks of poor nutrition and hydration. People whose weight had been decreasing had been provided with a fortified diet and additional support with their eating. Their weights had stabilised or in many cases increased. People at risk were being weighed weekly and had their food and fluid intake monitored each day. Where people had wanted to decrease their weight, support had been provided. One person told us they were very proud of the weight they had lost and intended to continue. They also told us they were feeling much better now their medicines had been reviewed and reduced.

Is the service well-led?

Our findings

On this focussed inspection we looked to see what had changed as a result of the warning notice. We saw improvements had been made, and the warning notice had been complied with. The rating for 'Well led' will be reviewed at the next comprehensive inspection of the home, when we will look to see improvements made have been sustained.

Systems had been put into place to assess, monitor and improve the quality and safety of the services provided. Risks and quality issues were being reviewed regularly through a series of internal and external audits, maintenance contracts and servicing of equipment. Where issues had been identified action plans were in place to address the issues. Regular meetings were being held between the registered manager and nominated individual at the home to review action plans and progress being made. External professional advice and support had been provided, for example to provide supervision and support to the registered manager and carry out detailed audits to monitor practice. An audit calendar had been produced, and it was clear which areas were reviewed each month. The home's management team were also working through and had almost completed the quality improvement plan from the local authority's quality improvement team, and had carried out their own self-assessment tools to identify actions still outstanding.

On this inspection the home was calm and although busy, staff had purpose, direction and understood the tasks that needed to be done to support people. Communication systems had improved, including handovers between shifts. Regular staff meetings were held to discuss progress being made on the home's action plans and what still needed to be done. People told us there had been improvements. One relative told us the changes made were "much better. I am really happy with the improvements made. (Person's name) would soon tell me if they weren't happy" and another said "Staff very good, care excellent. Very happy."

Quality assurance systems had been improved. Questionnaires had been sent to relatives, people living at the home and other stakeholders in February and March 2016. Results and feedback had been analysed and changes were being made as a result. Some of these were small changes, such as a preferred choice of jam, but others had involved changes to carpets and décor which were being attended to. A development plan indicated where actions had already been taken and what was planned. For example, people had requested more activities be provided. People were now going out twice a week. We saw photographs of these trips out and feedback told us people were very happy with this.

Records maintained by the home had been improved. Staff recruitment records were well maintained, and staff training needs identified on a matrix. People's care plans had been updated to include more detail and daily records were being updated on a computerised system. Staff had been encouraged to ensure care plans and daily routines better reflected people's choices and preferences, and this had been reflected in the way staff carried out their overall duties. For example staff had previously woken people throughout the night to check on them at a set frequency, whether this was needed or not. Following an analysis of risk and care needs the registered manager had adapted the care plans and routines. This meant some people were being checked less frequently, and so disturbed less. Aids such as pressure alarms were used to alert staff to

people getting out of bed. Plans were signed by the person or their supporters wherever possible. Other records such as fluid balance charts were well maintained and up to date. Protocols had been provided for "as required" medicines so that staff were clear about when these should be given. Re-written plans had sections completed by relatives giving the home more information about people's social and personal life histories where this was possible.

Policies and procedures had been replaced with a new system referring to up to date information and legislation.