

Broadoak Group of Care Homes

South Collingham Hall

Inspection report

Newark Road
Collingham
Newark
Nottinghamshire
NG23 7LE

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22 October 2019

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29 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

South Collingham Hall is a care home providing personal care and accommodation for up to 33 people. There were 24 people using the service at the time of our inspection.

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

The manager had developed a comprehensive auditing process to check the quality of service being provided. These audits enabled them to monitor all areas of the service being provided and make any necessary changes to the benefit of the people living there.

People were provided with a safe place to live. Shortfalls identified at our last inspection regarding the environment had been addressed. People felt safe living at South Collingham Hall and risks to people had been identified, assessed and managed. Staff were aware of how to keep people safe from avoidable harm and any concerns were appropriately reported. People received their medicines as prescribed and staff had received the training they needed in order to provide people with their medicines in a safe way. The service was clean and odour free and staff followed the provider's infection control policy. Appropriate recruitment processes were followed to make sure suitable numbers of staff were available to meet people's needs. The manager made sure lessons were learned when things went wrong to continually improve the service provided.

People's needs had been assessed prior to them moving into the service and plans of care had been developed for staff to follow. The staff team had been provided with the training they needed to enable them to meet people's individual and diverse needs. People were supported with their nutritional needs and supported to eat and drink well. Staff made sure people were supported to access the relevant healthcare professionals when they required it.

Improvements had been made to the environment, providing people with a comfortable place to live. We saw curtains were missing in the main lounge area, plans were in place to address this. People's rooms were personalised and there were places available for people to meet with others or to be alone.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring, and treated people with respect. People were involved in making decisions about their care and their consent to care was always obtained. The staff team treated people in a dignified way.

Comprehensive plans of care had been developed and these had been monitored regularly. Staff knew people's care and support needs well and had the opportunity to be involved in the care planning process.

People knew how to make a complaint and were confident their concerns would be listened to and addressed. People's wishes at the end of their life had been explored and followed.

The staff team felt supported by the manager and their thoughts on the service were sought. People and their relatives were asked for their opinion of the service through day to day conversations, meetings and the use of surveys. The manager worked in partnership with others to provide people with the care and support they needed.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 29 April 2019) and there were three breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 29 March 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating and carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

South Collingham Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

South Collingham Hall 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. At the time of our visit the registered manager was not working at the service. The service was being overseen by another manager who had applied to be the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with four people living at the service. We spoke with the manager, the assistant manager and thirteen members of the staff team. We also spoke with a healthcare professional visiting at the time of our inspection. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included five people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the providers quality assurance audits the management team had completed.

After the inspection

The manager provided us with further evidence to demonstrate compliance with the regulations.

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 inadequate. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to protect people from the risk of infection. Robust protocols were not always in place. Moving and handling practices had not always been carried out safely. Measures identified to mitigate risk were not always in place and not all areas of the service were safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Preventing and controlling infection

- Much work had been carried out since our last inspection to improve the cleanliness of the environment, and people were now provided with a clean place to live. One person told us, "The housekeeper comes into my room every day and hoovers, wipes the sink and the commode and all of the surfaces."
- Comprehensive audits had been carried out on the environment and all areas of the service seen were hygienic and odour free.
- The staff had received training on the prevention and control of infection and followed the provider's infection control policy.
- Personal protective equipment such as gloves and aprons were readily available for staff, and these were used throughout our visit.
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This showed the service demonstrated good food hygiene standards.

Assessing risk, safety monitoring and management

- Since our last inspection, many improvements had been made to the service. These improvements made sure people were kept safe from avoidable harm. For example, windows found to be without window restrictors (used to restrict how much a window could be opened), now had these fitted. Radiators found to be without radiator covers to protect people from the risk of burns, were also now fitted.
- Risks to people had been identified, assessed and managed. Risks assessed included those associated with supporting people to move, risks associated with nutrition and hydration and those associated with the prevention of pressure ulcers. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service and with the staff who supported them. One told us, "I know everybody

and that makes me feel safe." Another explained, "I need help to get from my bed to my chair, the staff help me and talk to me while I am moving, and that makes me feel safe."

- Staff were aware of their responsibilities to keep people safe from avoidable harm, including the reporting of any concerns. One explained, "I would go to my manager, they would immediately deal with the situation."
- The manager was aware of their responsibilities and reported all potential signs of abuse to the relevant organisations, including the local authority safeguarding team.

Staffing and recruitment

- People told us there were suitable numbers of staff working at the service to keep them safe. One person explained, "I choose to sit in my room during the day and if I need someone, I ring my bell and the staff seem to come quickly."
- Staff felt there were enough staff to meet the needs of the people they supported, though one explained as more people moved into the service, more staff would be needed. They explained, "A few more [staff] would help, certainly as more residents come in, more staff would definitely help."
- The manager monitored staffing levels at the service. They explained staffing levels were flexible to ensure people's needs continued to be met in a timely manner.
- The manager undertook appropriate pre-employment checks, to help ensure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People were supported to have their medicines at the right times and in a safe way. One person told us, "I trust them [the staff] with my tablets, they come around with the trolley at regular times of the day."
- Staff had received training in medicine management and their competency was regularly checked.
- We observed part of the morning medicine round. The staff member explained what the medicines were for and ensured these were taken. They then signed the electronic medicine records.
- Protocols were in place for medicines prescribed to be given only as required and a record of any allergies was included in the records held.

Learning lessons when things go wrong

- Both the manager and provider had learnt lessons following the concerns raised at our last inspection. They had made significant improvements to the service to protect people's safety, and audits and checks had been implemented to bring about and maintain the improvements made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual care and support needs had been assessed and their diverse and cultural needs had been explored prior to them moving into the service. This ensured people's needs could be met by staff.
- The assessment also considered people's holistic needs such as their physical, mental, spiritual and emotional needs and well-being.
- Care and support were provided in line with national guidance and best practice guidelines. Guidance was readily available to enable the staff team to provide treatment and support. This included information on infection control, hand cleaning techniques and promoting good oral health.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided. One staff member explained, "I had an induction and I shadowed someone else for a week. I've had lots of training and that was very useful." Another told us, "I've done lots of training, moving and handling and dementia, and I have just done wound care, that was very interesting."
- The manager had commenced supervision sessions for all staff and annual appraisals had been completed.
- The staff felt very much supported by the manager. One explained, "I do feel supported. [Manager] treats us with respect, like we treat the residents with respect. They have made such a difference."

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

- People told us the meals served were good. One person told us, "The food is good. I have Weetabix for my breakfast or sometimes I have an egg. I struggle to get food down and the staff know that, so sometimes they will make me some soup for tea. They ask me what I fancy every day."
- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed and people's weight was monitored monthly.
- Drinks and snacks were offered throughout our visit and mealtimes were relaxed and unhurried.

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

- People lived in a service that had been adapted to meet their needs. South Collingham Hall was an old building and the manager had worked hard to make improvements since our last inspection. Carpets had been replaced and specialised furniture such as hospital beds had been purchased. A staff member told us,

"We've had new hospital beds, new mattresses and new carpets. If there is anything we need, we get it." We did note there was a pair of curtains missing from one of the lounge windows. We shared this with the manager for their attention and action.

- The manager was in the process of replacing signs on people's bedroom doors to make them more respectful.
- People had access to suitable indoor and outdoor spaces. There were spaces available for people to meet with others or to simply be alone. The manager was in the process of fencing off part of the garden to make an enclosed area where people who had short term memory problems could walk freely without being put at risk.
- People's rooms were well presented and personalised with their personal possessions and memorabilia.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had regular access to healthcare professionals such as GP's, opticians and dentists.
- The manager had introduced champions into the service to ensure people experienced good healthcare outcomes. These included champions in infection control, dementia and diabetes.
- The staff team had received training in oral care and the people using the service had received an oral assessment. Where issues had been identified, appropriate referrals had been made. The manager ensured people received the appropriate support to clean their teeth/dentures and toothbrushes were replaced every three months.
- Staff were observant to changes in people's health and when concerns were raised, support and advice was promptly sought. A visiting healthcare professional explained, "They know the people using the service really well. If ever I need to know something, they have the answer."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager was working within the principles of the MCA. Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves. Any restrictions on people's liberty had been authorised and conditions had been adhered to.
- The staff team had received appropriate training and those spoken with understood their responsibilities within this. One staff member explained, "It's about people having or not having capacity to make decisions for themselves. Where they don't, we are able to make decisions for them if it is their best interest."
- People were encouraged and supported to make decisions about their day to day routines and personal preferences and their consent was always obtained.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were cared for by staff who were kind, caring and compassionate. One explained, "The staff are excellent, and I don't think I would find that anywhere else." Another told us, "The staff are really kind, and they are all very good to us. They are likeable people and they get us everything we need. I like to have people looking after me who I recognise, and I do think we have that here."
- We observed support being provided throughout our visit. We saw numerous examples of warm and tender interactions between the staff and the people they were supporting.
- Staff knew people well and it was evident there was a genuine connection between them. We saw when people were anxious or distressed, staff responded promptly, calmly and sensitively.
- Staff understood the importance of promoting equality and diversity and respecting people's religious beliefs. They had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. One person told us, "The staff are very nice with my visitor. They make them a drink and always make them feel welcome."

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

- Staff encouraged and supported people to make decisions regarding their day to day routines and express their views about their personal preferences. One explained, "I ask them [people using the service] questions in a polite manner and give them as many opportunities as possible to do what they can for themselves."
- Advocacy services had been made available to people who were unable to make decisions regarding their care and support. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- Staff members gave us examples of how they maintained people's privacy and dignity when they supported them with personal care. One told us, "I close the door when am washing someone, and a cover them with a towel so they are covered and warm." Another explained, "It's about treating people how you would expect to be treated yourself. People deserve to be treated with dignity and respect."
- Staff were discreet when people needed assistance, providing support in a dignified way. All the staff working at the service were dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate and person centred, as well as efficient, and are willing to try to do something to

achieve this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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

- Much work had been carried out on people's plans of care since our last inspection. Those seen were comprehensive in detail and had been formed using information supplied by the person or their relatives and information known to staff.
- Plans of care were detailed and personalised, providing staff with the information they needed to support people safely according to their needs. They contained people's life histories, hobbies and interests and considered any cultural and religious needs.
- They covered areas such as mobility, the persons nutritional needs and the personal care they required. For people at risk of developing pressure ulcers, plans showed staff followed recommended interventions including appropriate use of pressure relieving equipment.
- Plans of care had been reviewed monthly or sooner if changes to the person's health and welfare had been identified.
- The staff team now had regular access to people's plans of care and knew people well because of this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified and information had been provided in a way people understood. Information was readily available in different formats including large print and pictorial form to support people with choices and preferences.

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

- People were supported to follow their interests and take part in both group, and one to one activities. The provider employed an activity coordinator and people's interests and hobbies were explored and enjoyed. One person told us, "We had a singer in recently and that was lovely; everyone was up and dancing."
- Activities recently enjoyed included, cooking, knitting, gardening and a visit by a local children's nursery. For people who stayed in their rooms, the activities coordinator visited them to provide one to one support. This included offering, hand massages, pamper sessions and pet therapy.
- During the morning of our visit, music was playing in the background and people were observed to be

singing quietly along. People were offered magazines to read and staff were observed to be regularly having one to one interaction with the people. In the afternoon, people enjoyed a game of quoits.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and a copy was displayed for people's information. People we spoke with knew who to talk to if they had a concern or complaint of any kind. One person told us, "If I needed to complain, I would speak to the manager she is very good, and I know she would look into it and put it right." Another explained, "If I wasn't very happy about something, I would tell them [the staff] and know they would listen."

End of life care and support

- People had been provided with the opportunity to discuss their wishes at the end of their life. Advanced plans of care and recommended summary plans were in place. These encouraged people to plan ahead for their care and treatment in a future emergency in which they were unable to make choices. This promoted more conversations between people and healthcare professionals.
- The staff team had received training on supporting people at the end of their life. One explained, "We spend extra time with people. It's about providing a peaceful environment and respecting people's wishes."

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 inadequate. At this inspection this key question has now improved to good.

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

At our last inspection the provider had failed to have systems and processes in place to assess, monitor and improve the health and safety of people using the service. This constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The registered manager had also failed to notify CQC of specific incidents that had occurred at the service. This constituted a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 and 18.

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

- The provider and manager had made significant improvements to the service to protect people's safety. This included carrying out the required work on the environment in which people lived.
- Comprehensive audits and checks had been developed and completed. These showed continual and sustained improvements had occurred at the service since our last inspection. The new auditing systems had been embedded within the monitoring and management of the service. This ensured any shortfalls were quickly identified and suitably addressed.
- Weekly and monthly audits had been carried out. These included checking the environment, people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed were issues had been identified, appropriate action had been taken to further improve the service.
- The manager and provider were committed to ensuring the quality of care for people using the service was the best it could be.
- The manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. Appropriate notifications had been received from them. They were also aware of their responsibility to have the rating from their latest inspection on display. We saw the rating was clearly on display within the service.

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

- A manager was in place who had applied to the CQC to be the registered manager. People spoke positively about them and the staff team. One told us, "The manager is such a nice person; they come and have a chat

with me. They are really lovely." Another explained, "If I have ever wanted anything and I have asked the manager, it seems to be here the next minute."

- Staff felt supported by the manager. One told us, "Since [manager] took over everyone's happier and its working lovely. It's a happier home now."
- Staff at all levels understood their roles and responsibilities and the manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required through the provider's supervision and appraisal processes.

Continuous learning and improving care

- The manager was extremely committed to improving care at the service with many improvements being made since our last visit. This included making the environment safe and clean, developing a robust auditing system, improving communication with both the people using the service and the staff team and providing the staff team with a support network they could rely on.

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

- A duty of candour policy was in place and the manager worked in an open and transparent way when incidents occurred at the service in line with their responsibilities.

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

- People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through meetings, informal chats and the use of surveys.
- Staff had been given the opportunity to offer their thoughts on the service and have a say on how the service was run. One explained, "[Manager's] door is always open, and they always offer support. They have brought people's morale up, it's amazing what you can do with the right guidance."

Working in partnership with others

- The manager worked openly with stakeholders and other agencies. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate.