Broadoak Group of Care Homes

South Collingham Hall

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 28 January 2016. South Collingham Hall provides accommodation for up to 33 older people who require support with personal care, some of whom are living with dementia. On the day of our inspection 24 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were exposed to the risk of infection because not all of the appropriate measures had been taken to keep people safe. People felt safe in the service and staff understood their responsibility to protect people from the risk of abuse.

People received their medicines when they needed them but further information was required to ensure medicines

Summary of findings

were used appropriately.Staff felt that staffing levels needed to be increased. We observed that people's requests for support were responded to in a timely manner.

People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and health needs. Referrals were made to health care professionals for additional support or guidance if people's health changed.

We observed that staff responded to people's requests for support in a caring manner, however staff did not always anticipate the needs of people with limited communication or offer explanations of the support they were providing. People were not aware of being involved in care planning.

People told us that they felt that activities at the service were limited. We observed limited activities and stimulation provided to people on the day of our visit. People, and their relatives, told us they would feel comfortable making a complaint to the registered manager.

Improvements were required as to how people's views were gathered on how the service was run. Improvements were required in relation to management systems to ensure they were effective in addressing shortfalls in the service.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe.

People were exposed to the risk of infection because not all of the appropriate measures had been taken to keep people safe.

We saw that staffing levels had been discussed at the service and the manager was in the process of increasing staffing levels. We saw that staff responded to people's needs in a timely manner.

People were protected from the risk of abuse and received their medicines when they needed them but further information was required to ensure medicines were used appropriately.

Requires improvement

Is the service effective?
The service was effective.

People were cared for by staff who received training and supervision.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain their nutrition and staff sought and acted on guidance from healthcare professionals.

Good

Is the service caring?
The service was not always caring.

People's requests for support were responded to in a kind manner however, staff did not always anticipate the needs of people whose communication was limited.

People were not involved in their care planning. People's choices and decisions were respected by staff.

Requires improvement

Is the service responsive?
The service was not always responsive.

People felt that activities at the service were limited and they were not supported with their interests. People's care plans were not always kept up to date with changes.

People and their relatives felt comfortable to approach the manager with any issues and felt that complaints would be dealt with appropriately.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

Improvements were required as to how people's views were gathered on how the service was run and how an overview of the service was formulated.

Improvements were required in relation to management systems to ensure they were effective in addressing shortfalls in the service.

South Collingham Hall

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 is 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.

We inspected the service on 28 January 2016. This was an unannounced inspection. The inspection team consisted of 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with five people who used the service, three relatives, three members of care staff, the cook and the registered manager. We observed care and support in communal areas. We looked at the care records of four people who used the service, staff training and recruitment records, as well as a range of records relating to the running of the service including audits carried out by the manager.

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.

Requires improvement

Is the service safe?

Our findings

People and their relatives expressed mixed views on the cleanliness of the service. One person told us, "You can tell it's clean" whilst another person said "The cleaner comes in once in a while but it's not as acceptable as I'd have it."

The service employed a cleaner who was on holiday the week of our inspection. The registered manager told us that care workers were responsible for cleaning duties when the cleaner was absent. We were unable to review cleaning records on the day of our visit as these were in the process of being updated. We checked some areas of the service and found some cleanliness and maintenance issues which might contribute to the spread of infection. For example, the bathroom and toilets on both floors were not clean and there was damage to painted surfaces, equipment surfaces and the vinyl flooring. Wheelchairs did not appear clean. This meant that people may not be fully protected by the prevention and control of infection risks.

People were exposed to the risk of contracting legionella from the water supply because the provider had not carried out the required risk assessment. The registered manager was carrying out other safety checks, such as flushing through taps. However, it was unknown as to whether legionella was already present in the water supply.

We found orientation around the building difficult as not all rooms were numbered or identified as people's bedrooms. A member of staff had difficulty in locating a bedroom on the day of our inspection due to a lack of room identification. This could pose a risk that areas of the service would not be quickly identified in the event of an emergency.

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

Guidance as to the support people would require in the event of an emergency such as a fire was available to staff. We saw that people had personal emergency evacuation plans (PEEPS) in place which contained detailed information about the person and their likely whereabouts in the building at different times of the day

Risk assessments were in place in relation to people's risk of developing a pressure ulcer, nutritional risk and the risk of falls. Risk assessments had been reviewed on a monthly basis until approximately six months prior to the inspection but had not been updated since. For example, one person who was assessed as being at very high risk of developing a pressure ulcer had not had their risk assessment updated for five months. The registered manager confirmed that risk assessments had been updated following our inspection to reduce the risk that changes to people's needs would not be recognised or acted upon.

People were supported by staff, and with the provision of equipment, to move around the service. Staff told us they had sufficient equipment to meet people's needs. We found that staff were knowledgeable about the need to report incidents and accidents which occurred at the service and that measures were taken to reduce risks to people by preventing a reoccurrence. One staff member gave an example of a person's bedroom furniture being re-arranged following the person having a fall to try and prevent further falls. We looked at the accident and incident records which showed very few accidents and incidents had occurred. The registered manager told us the information was accurate and there were very few falls at the service.

People told us they felt that staff were available if they required support. People were able to summon help by finding staff or using their call bell. One person told us that they used their call bell to request support from staff and that staff, "Don't take long to come." Not all of the people using the service were able to use call bells and one person told us that they were not aware they had one. There was no reference as to whether people were able to use their call bells within care plans, although we saw that regular checks were carried out to monitor people's safety. We saw that staff were responsive to call bells on the day of our inspection.

Staff told us that they felt staffing levels needed to be increased to enable them to spend more time with people and to provide activities and stimulation. One member of staff told us that staffing levels had been discussed at a recent staff meeting and the registered manager had agreed to increase staffing levels. We saw records of the meeting which confirmed a discussion about staffing had taken place and the proposed action to address the issue.

We checked recruitment records and saw that the service had taken the necessary steps to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks

Requires improvement

Is the service safe?

were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and appropriate references had been obtained prior to employment and retained in staff files.

People told us they felt safe at the service. One person told us, "It is ever so safe. I like living here with the open space" whilst another person told us, "I'm very safe". A person's relative told us that they felt their relation was safe, stating, "It's first class, no problems at all."

People could be assured that staff knew how to respond to incidents of abuse. We found that staff had received training in protecting people from the risk of abuse. The staff we spoke with were knowledgeable about the signs of possible abuse and how to respond to any allegations or incidents of abuse. They were confident the registered manager would act on any concerns which were reported to them and the need to escalate concerns to external agencies if required. We found that the registered manager was aware of their responsibilities to protect people from any harm or abuse.

People told us that they were happy with the way in which their medicines were managed. One person told us, "I have a lot to take. I get a drink. I'm happy with the way they do it." Another person told us, "They're administered very carefully. They tell me if there's any changes to them too." We observed the administration of medicines and saw that staff followed appropriate procedures when giving people their medicines.

Information about medicines which were prescribed to be taken as required (known as PRN) did not include information such as maximum dosage and time intervals which would reduce the risk of inappropriate or unsafe administration. We looked at people's medicines administration records (MARS) and saw that they contained other information to aid the safe administration of medicines, such as a photo of the person and information about how people took their medicines. We found that medicines were stored safely and processes were in place for the timely ordering and supply of medicines to ensure that people's medicines were available to them when required. The staff we spoke with were knowledgeable about medicines administration and told us they had received training and had their competency checked during observations by the manager. Records confirmed that staff had received training in medicines but there was no record of competency checks which the manager told us they did informally.

Good

Is the service effective?

Our findings

People were supported by staff who received the support they needed to carry out their duties effectively. People told us that they felt that staff were suitably skilled to provide support for them. One person told us, "I think they are good enough," whilst another said "I think so, I've no complaints." The relatives we spoke with also felt that staff were able to carry out their duties effectively.

Staff told us that they had completed training which was appropriate to their role and felt the content of training was sufficient to enable them to care for people. Records showed that most staff had completed training in areas which the registered manager identified to be mandatory in 2014, however, training in 2015 was limited. Action had been taken by the registered manager and a new training package had recently been introduced to the service which all staff were required to complete. Staff confirmed that they were in the process of completing the required training modules.

New staff received an induction at the service and were closely supervised by the registered manager during their probationary period to ensure that they were suitable for the role. The staff told us that they felt supported by the registered manager as a result of formal supervisions and annual appraisals. We saw records which confirmed that regular supervision was undertaken with staff to discuss their performance, the support they required and training requirements.

People told us that they were asked for their consent before care workers provided support. One person told us, "Oh yes, definitely I can decide things. And I think they ask me before they start something." A person's relative told us, "I've heard [care workers] say, 'would you like to…' to people."

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's care records contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. Some of the people who had been assessed as lacking the capacity to make certain decisions had corresponding best interest decisions. The best interest decisions ensured that the principles of the MCA were followed and contained guidance for staff. In other cases the best interest decision had not been documented and when we spoke to the registered manager they accepted this needed be addressed.

We found that people's care records contained information about whether they had appointed a lasting power of attorney (LPA) to make decisions on their behalf. Confirmation of the LPA was contained within people's records and there was evidence to suggest that people's appointed attorney had been involved in decisions as appropriate. For example, we saw that one person had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place which had been completed appropriately by the person's doctor and indicated that the person's appointed attorney had been involved in the decision.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was aware of the process for applying for an authorisation from the local authority and had done so for a person who was deemed to be at risk of being deprived of their liberty.

People told us the food was good and confirmed they were offered choices. One person said, "It's very nice. You can ask for something different too if you don't like the usual things." Another person told us, "It's very good. You can choose anything you like. I've just had a big breakfast of cooked things." One person's relative told us, "It's superb. [Person] eats really well. You couldn't wish for any better. I've eaten meals with [person] and have always been made welcome."

We observed the lunchtime meal. People were offered choices by a member of staff who plated up two options to show people to help them decide. We witnessed that one person was not eating their meal and was offered an alternative by staff which was enjoyed by the person. The

Good

Is the service effective?

meal looked appetising and nutritious and people we spoke with during lunch told us they were enjoying their meal. Where people needed support to eat we saw that this was provided by staff.

We found that people were weighed in line with the guidance in their care plans and that records of people's food and fluid intake were maintained and indicated that people were receiving a good fluid intake. We saw people in communal areas of the home were offered drinks at regular intervals.

People told us that they had access to external healthcare professionals, although some people were unaware of how to request support. One person told us, "The district nurse comes in most days to do my legs. And I have the chiropodist every 10-12 weeks; she's very, very good." Another person told us, "I'd like to see a dentist as I think I might need a couple of teeth out now, but I don't know what happens. No-one has ever said." The registered manager was aware of the person's request to see a dentist when we fed back this information and had made an appropriate referral.

We saw from care records that staff sought advice from a range of external professionals such as the optician, the person's doctor and chiropodist when required. For example we saw that one person had been seen by the diabetic nurse as a result of staff monitoring their condition effectively and requesting appropriate support. We spoke to a professional who visited the service regularly who told us that staff always made sure their recommendations were followed and if a person needed a visit from their doctor, staff followed this up promptly.

Requires improvement

Is the service caring?

Our findings

People and their relatives told us that staff were caring and had developed positive relationships with people. One person told us, "Oh yes, they're kind. If anything's wrong, they put their arms around you." Another person said. "They're lovely. Even the boss is nice." One relative told us, "They're very kind, the kindest people imaginable. They make conversation with [person]," whilst another relative told us, "Absolutely fantastic. They have a rapport with [person] that often we can't get."

Staff were generally responsive to requests from people who were able to communicate with them. However, at times there was limited interaction or explanation towards people who required staff to anticipate their needs. We did not observe much staff interaction to determine whether some people with a high level of support needs were comfortable or required support. For example, we observed a member of staff providing support to one person during a mealtime. The person they were supporting was not offered a choice of meal or asked if they required support to reposition or move to a different area of the service prior to lunch. The staff member left the person temporarily to provide support to a colleague without offering an explanation or reassurance to the person.

People we spoke with were not aware of how they could contribute to their care plans. One person told us, "They may have asked my family, but not me." There was no indication within documentation of how people were involved in care planning or whether they were involved in reviews. However, the care plans we reviewed provided information to staff about people's preferences about how they wished care to be delivered. The relatives we spoke with confirmed that they had some input in their relatives care planning, one relative told us, "I'm involved as much as possible, but I see them all the time anyway when I'm visiting."

The majority of interactions that we observed between people and staff were positive and indicative of a caring attitude. For example, we witnessed that one person was showed patience and kindness by a staff member which resulted in them eating their meal. We also witnessed a person request that a member of staff came to sit with them, which was responded to by the care worker and had a positive impact on the person. We saw that people appeared relaxed around staff and staff were friendly towards people and their relatives.

People we talked with said that they were given choices about everyday activities such as what they wanted to eat or what time they wished to get up. One person told us, "I'm an early bird so I can choose when to get up", whilst another person said "I like the attention" and told us they made their own choices about what to wear. Relatives and a visiting healthcare professional told us that staff communicated well with them about people's care and changing needs. We observed that decisions made by people were respected by staff that provided the required support.

People told us that staff treated them with dignity and respect. One person told us, "They knock on my door before they come in. They always talk to me nicely." Another person told us, "There's all the privacy you want." Staff were aware of the importance of providing dignified care and respecting people's privacy. The registered manager told us that all staff had registered as 'dignity champions.' A dignity champion is someone who takes action to ensure that care services are compassionate and person centered. We saw that people had information within their care plans which reminded staff of the principles of privacy and dignity.

Requires improvement

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and they received the care they needed in the manner they preferred. One person told us that they could manage many aspects of their own care and their independence was encouraged, stating "I just do my own thing." Other people required the support of staff in relation to their daily routines and told us that staff provided the care they needed and when they required. Relatives felt that staff knew their relations well.

Staff were knowledgeable about the people they were supporting including people's history, likes and dislikes and preferences about how they wished care to be delivered. Staff were also aware of people's needs and how these had changed over time.

We found that effective communication systems were in place to ensure that staff were aware of people's individual preferences when they were admitted to the service. Information was contained within people's care records of their life history, past and current interests and things which might worry or upset them and what made them feel better. Each person had a range of care plans providing information which provided staff with information about people's care and support needs. The level of detail in most of these was good and contained information about people's personal preferences in relation to how care was delivered. We observed that people's preferences were respected by staff. For example, one person was a vegetarian and the person confirmed that they were provided with vegetarian meals.

Staff responded to people's changing needs, however, people's care plans had not always been updated to reflect changes. Whilst there was a care plan review record which had been completed on a monthly basis we found some examples within a person's care plan of outdated information or inconsistencies between the care plan and the care being provided. For example, a care plan stated a person used two sticks to mobilise and they were not using them. The care plan for a person with diabetes stated blood checks should be undertaken weekly but the person's diabetes had become unstable and needed to be undertaken four times a day. However staff were very aware of the changes and the checks had been carried out as required.

People told us that limited activities took place at the service and that they would like to be supported with their interests. People's comments to us included, "I've not seen anything. I love music and used to knit. I'd like to do that still," and, "There's nothing goes on. I watch TV and like to sing. I said I'd like to get a choir going." Another person who spent their time in their room told us, "No, nothing goes on up here. It'd be nice to be asked." People's relatives also thought that there were not enough activities provided at the service. One relative told us, "I'll be perfectly honest; I don't think they do enough." Another relative said, "[Person] doesn't like it as there's nothing to do. The day goes slowly."

Our observations on the day of our inspection confirmed what people had told us. During the morning of our inspection, no activity or stimulation was provided for people in communal areas of the home. We saw that the television was on in the main lounge with the volume on low and could not be heard. People were not asked whether they wished to watch the television. We saw that limited activities took place during the afternoon of our visit.

The registered manager confirmed that a member of staff had been identified to provide activities one day a week and that care workers were responsible for providing activities for the remainder of the week. Activity resources were available and we saw staff using these to engage people on the afternoon of our inspection. However there was little planning of activities and no information was available to people to let them know what activities were on offer. Records did indicate that the service celebrated annual events, such as a May Day fete and a relative told us that there were occasions when people were supported on outings.

People felt they could speak with staff and tell them if they were unhappy with the service. They told us they did not currently have any concerns but would feel comfortable telling the staff or manager if they did. One person told us, "I can talk to any of them if I'm not happy." Relatives also told us that they would raise concerns with staff and felt that these would be dealt with.

No complaints had been received since our last inspection so we could not assess how these had been responded to. Staff were aware of the complaints procedure of the service, which was displayed in the service, and told us

Requires improvement

Is the service responsive?

about how they would respond to any complaints raised. The registered manager told us that people and their relatives felt comfortable raising any concerns or issues verbally which negated the reason for a formal complaint.

Requires improvement

Is the service well-led?

Our findings

People and their relatives were provided with limited opportunities to give their opinion on the quality of the service. Although people and relatives felt comfortable approaching the registered manager with any concerns they had, none of the people we spoke with could recall being asked for their opinion of the service. We were told that there were no meetings which people and their relatives could attend to discuss issues or make suggestions.

Records showed that a quality monitoring survey had been carried out in 2013. We were told by the registered manger that annual surveys had been carried out but could not be found on the day of our inspection. This meant that the service was not capturing the views of people about service provision on an on-going basis to make improvements if required. The registered manager told us that the quality monitoring survey for the current year would be sent following our inspection.

People expressed mixed views about whether the registered manager maintained a visible presence within the service. One person told us, "I've no idea who it is," whilst another said "They're there but I don't see them much." Another person told us, "I see [registered manager] now and then. We have a laugh." Relatives expressed a similar mixture of not knowing who the registered manager was and finding them approachable.

We found that identified improvements required in the service were not always acted upon in a timely manner. For example, a local authority infection control audit had been carried out in March 2015 and not all of the required improvements had been acted upon in order to reduce the risk of the spread of infection. In addition, we saw that quality monitoring surveys returned in 2013 had contained some suggestions for improvement, including the provision of more activities and the building being in need of updating and decoration. The registered manager told us that a member of staff had been identified to support with activities in response to people's feedback. However, people's comments on the day of our inspection suggested this continued to be area of dissatisfaction.

People could not be assured that the provider was taking action in relation to issues which had been identified. We were told by the registered manager they had regular contact with the provider to discuss the service, but no records of meetings were kept. An action plan produced in response to an external audit had identified the provider as being responsible for a number of actions which had not been completed by the time of our inspection.

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

The staff we spoke with told us they were happy working at the service and found the registered manager approachable and responsive. One staff member told us, "When [registered manager] says they will do something it gets done." Staff told us that they thought the staff team worked well together and enjoyed the 'family atmosphere' of the service. One staff member told us, "Everyone enjoys their job and works well together." Staff told us that the registered manager held regular formal meetings and they had recently attending a staff meeting where they were able to express their views about the service.

The service had a registered manager in post who understood their responsibilities. Records showed that we had received notifications when required. Providers are required by law to notify us of certain events in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity (including the quality of the experience of service users in receiving those services). Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. Evaluate and improve their practice in respect of the processing of the information.