

Blue Mar Limited

Colebrook Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Colebrook Manor provides nursing care and support for older people. The service is registered to accommodate 49 people in one adapted building. The service supports people who are living with dementia, nursing or residential care needs. At the time of our inspection there were 22 people living at the service.

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

The provider had made some improvements in the service. For example, staffing arrangements. However, the provider had failed to act upon known areas of concern to improve the quality of care and safety for people at Colebrook Manor. This had exposed people to on-going poor care and risk of avoidable harm.

There were ineffective systems in place to assess, monitor and improve the quality and safety of the service. People were not protected from the spread of infection. The provider was adhering to government guidelines for working safely in care homes during the COVID- 19 pandemic. However people were not always protected from the risk of infection, because the premises were not always clean and well maintained.

Medicines were managed safely, and 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 knew how to identify and report any concerns. There were sufficient staff deployed to meet people's needs and staff recruitment was on-going.

People told us staff were caring. Staff did all they could to promote independence and we saw examples of this taking place.

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 02 November 2021)

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 some improvements had been made however we found the provider remained in breach of regulations.

The last rating for this service was inadequate. The service is now rated requires improvement. This service has not achieved a rating of good for the last two consecutive inspections. This service has been in Special Measures since 02 November 2021.

During this inspection the provider demonstrated some improvements have been made. However, the service is still rated as inadequate in the well-led key question. Therefore, this service is still in Special

Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, leadership and governance and person centred care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to work with the local authority to ensure people's safety. The provider has taken the decision to deregister this service.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Colebrook Manor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone.

Service and service type

Colebrook Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Colebrook Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spent time with and spoke with nine people living at the service and one relative. We spoke with five members of staff including the registered manager. To help us assess and understand how people's care needs were being met we reviewed 13 people's care records.

We also reviewed a number of records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. We looked at training data, policies and quality assurance records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management, preventing and controlling infection;

- Records relating to the effective care and support for people who were at risk of developing pressure sores, were inconsistent and not accurately completed.
- One person's care plan recorded the person needed to be supported to change position at certain times during the day and night. The person's care records did not demonstrate that they had been supported to change position appropriately for 10 consecutive days.
- We identified a further 12 people whose records did not demonstrate they were being supported to reposition appropriately.
- Because none of these 13 people had newly developed pressure sores we were satisfied that these concerns related to record keeping and governance.

The failure to consistently record when people's care needs had been completed was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2021, the provider had failed to ensure care and treatment was provided in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements, however we found additional concerns which meant the provider was still in breach of regulation 12.

- One person was at risk of developing a pressure sore. This person did not have a care plan in place to guide staff to support the person safely. We could not be satisfied that all necessary steps to reduce the harm associated with this person's care had been taken.
- People were not always protected from the risk of infection.
- The premises and the equipment were not always clean, and the provider did not always follow their own infection control policy to prevent and manage potential risks of infection. For example, we noted areas in the kitchen where the floor was damaged and/ or missing. This could harbour bacteria and create an infection control risk.
- Areas throughout the home were worn and damaged. This made it difficult for staff to thoroughly clean these areas and ensure they did not become reservoirs for bacteria to harbour. One of the visitor toilets had thick layers of dust on the skirting board.
- Staff we spoke with described how they had raised concerns to the provider relating to the fabric of the building and the risks this presented, however staff told us concerns were not listened to.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This failure to ensure care and treatment was provided in a safe way was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date
- The service facilitated visiting in line with national guidance.

At our last inspection in August 2021, the provider had failed to ensure sufficient numbers of staff were deployed to provide safe and consistent care to people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of regulation 18.

Staffing and recruitment

- We spoke with staff and people who gave a varied response about staffing levels. Comments included: "Staff could be more visible", "Quite often short staffed. Lots of agency staff", "Enough staff" and "We have enough staff". We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs. The registered manager assessed people's individual needs regularly to ensure staffing levels were adequate.
- During the day we observed staff having time to chat with people. Throughout the inspection the staff responded promptly to people who needed support.
- Where shortfalls in staffing did occur, the registered manager took appropriate action to ensure staffing levels were maintained.

At our last inspection we recommended the service embedded best practice into the providers recruitment procedures to ensure staff were suitably and safely recruited. At this inspection we found the registered manager had acted on this recommendation and had made improvements

- Systems were in place to promote safe recruitment practices. Recruitment checks such as police checks and reference checks on staff members previous employment, had been completed.
- The registered manager had taken action to ensure full employment histories, any gaps in employment were accounted for.

At our last inspection we recommended the provider reviewed their safeguarding systems and processes to

ensure they are operated effectively. At this inspection we found the registered manager had acted on this recommendation and had made improvements

Systems and processes to safeguard people from the risk of abuse

- The registered manager had reviewed the provider's safeguarding systems and processes. We saw evidence these were operating effectively.
- People told us they felt safe and staff were kind and caring. It was clear that staff cared for the people they supported and wanted to do the very best for them. One person told us "I'm happy here, the staff look after me". Another person said, "Me and my family are happy with my care".

At our last inspection in August 2021, the provider had failed to ensure medicines were managed in a safe way. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements and this part of regulation 12 had been met.

Using medicines safely

- Medicines management had been improved since our previous inspection. A new electronic system had been introduced, and records showed that people received their medicines in the way prescribed for them.
- When people were prescribed medicines 'when required' there was guidance for staff as to when to administer these medicines.
- There had been improvements to the ordering, storage, recording and disposal of medicines, including those needing cold storage or extra security. Suitable arrangements were in place.
- Staff received training and had competency checks to make sure they gave medicines in a safe way.

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents.
- The registered manager ensured they reflected on occurrences where lessons could be learnt.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning resulting from incidents at team meetings and on an individual basis.

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 our last inspection we rated this key question Requires improvement. The rating for this key question has remained Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection in August 2021, we found care plans were not consistent in detail and were not always regularly reviewed. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had not made enough improvement and was still in breach of regulation 9.

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

- Since the last inspection the provider had introduced an electronic care planning system which was still being implemented. Staff told us whilst this was being implemented, they were using paper records alongside their electronic records.
- We found that the level of information in electronic care plans was not consistent and paper records not always available. For example, one person's electronic care plan had not been completed and their paper care plan was not in their care file. We spoke with the registered manager about this who told us the paper care plan might have been mistakenly archived.
- People's needs continued to not be regularly reviewed. For example, one person's skin integrity risk assessment had not been completed since February 2022 and two people's assessments relating to pressure care had not been reviewed since January 2022.

The failure to ensure people's care was delivered in a person-centred way, was a continued breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At our last inspection in August 2021, the provider failed to ensure the premises was properly maintained. This a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had not made enough improvement and was still in breach of regulation 15

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

- Colebrook Manor was a large building set over two floors. The service still did not have a homely feel and we noted areas throughout the service where electrical cables were hanging loose from ceilings.
- We saw one part of the service where the ceiling was heavily stained and there was a strong odour in and around the room.
- Staff described how they had been made aware that a drain had collapsed, and this was related to a recent rat infestation within Colebrook Manor. We checked records relating to these allegations and found

there had been rat activity within the home. Although the provider had addressed this they failed to carry out the right maintenance on the drain to prevent reoccurrence.

This failure to ensure the premises were properly maintained was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in August 2021, the provider had failed to assess people's capacity and record best interest decisions. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements and was no longer in breach of regulation 11

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.

- People were supported to have maximum choice and control of their lives.
- Where the service supported some people to make decisions about different aspects of their care there were mental capacity assessments to show these decisions had been made in a person's best interests or with appropriate consent.
- People's records consistently showed that best interests processes had been followed. This indicated the service was working in line with the principles of the MCA.

At our last inspection in August 2021, staff did not always receive the appropriate training and support in order to meet people's individual needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to help ensure they could meet people's needs safely and effectively.
- The services training records showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling, health and safety and medicines.
- Staff felt supported and valued by the registered manager. Staff were given opportunities to discuss their work performance.

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

- Staff knew people's needs well and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals. For example, during the inspection we observed the registered nurse contacting a person's GP to review a person they were concerned about.
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was provided.
- We saw from records that staff worked with other health and social care professionals such as GPs, social workers, opticians and chiropodists to ensure people received the care they needed.

At our last inspection in August 2021, the provider had failed to ensure people's care was delivered in a person-centred way. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvement and was no longer in breach of this part of regulation 9.

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

- Staff supported and met people's nutritional and hydration needs. Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People told us they enjoyed the food. One person said, "No complaints about the food."
- Some people chose to have meals in their rooms and staff respected that. Alternative menus were available.

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 our last inspection we rated this key question Inadequate. At this inspection the rating has remained Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection in August 2021, the provider had failed to ensure systems and processes had been established and operated effectively to assess risks, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- 'Since October 2014, CQC have inspected this service six times to address different concerns taking enforcement action and imposing a condition on the providers registration to help drive improvement in the service. However, this had not been effective in driving improvement or preventing repeated themes of concern re-occurring in relation to people's safety and the quality of care provided at Colebrook Manor'.
- Since October 2014 the provider had failed to use the findings from our previous inspections to drive enough improvements.
- Due to a history of repeated failures to provide safe and well-led care for people and despite the receipt of assurances, we remained concerned about the quality of care provided at Colebrook Manor.
- The provider's systems and processes to assess, monitor and improve the quality and safety of the service were not operating effectively.
- The system in place to monitor the safe treatment of people who were at risk of pressure sores was not effective. The quality audits had not identified concerns identified in the safe section of this report.
- The provider failed to act on concerns relating to the condition of the premises used to deliver care and support to vulnerable adults.
- The providers systems and processes failed to ensure care and treatment was provided in a safe way.
- The providers systems and processes failed to ensure people received person centred care.

The lack of effective governance and oversight of the service placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had notified CQC accordingly of events, which had occurred.

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The registered manager told us they understood their responsibility under the duty of candour to be open and honest when things went wrong.
- Throughout our inspection visits, the registered manager was open and honest.

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

- Due to our findings in the safe, effective and well-led sections of this report we could not be assured that the culture of the service consistently promoted good outcomes for people.
- The registered manager had been in post a short time. During this time, they had worked hard to improve aspects of the service. For example, safeguarding processes and staffing levels. However, they had not had enough time to implement the changes needed to bring the service to the required level of compliance.
- Staff spoke positively about the registered manager and the culture they had started creating. They told us "(Registered manager) is supportive and does a great job", "Has tried hard to improve things" and "You can approach (Registered manager) about anything".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- Following the provider's decision to close Colebrook Manor staff morale was extremely low. Staff described in detail how the provider had failed to keep them updated appropriately and sensitively.
- People and their relatives had opportunities to provide feedback and raise any comments via an open-door policy at any time.
- From our observations and speaking with staff, the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people's care was delivered in a person-centred way |

The enforcement action we took:

Continue with conditions

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure care and treatment was provided in a safe way. |

The enforcement action we took:

Continue with conditions

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment the provider failed to ensure the premises was properly maintained. |

The enforcement action we took:

Continue with conditions

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure peoples care needs were consistently recorded. |

The enforcement action we took:

Continue with conditions