

Scosa Limited

Barton Grange

Inspection report

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23 March 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 March 2017 and was unannounced. It was carried out by one adult social care inspector.

Barton Grange is a residential care home that can support up to 19 older people, some of who are living with dementia, who require accommodation and personal care. Located in spacious grounds, the accommodation is arranged over two floors. During the inspection, there were 14 people living in the home.

There was not a registered manager in post. 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. There was a manager in post and at the time of the inspection they had been responsible for the service for two weeks. The manager was also responsible for overseeing one of the provider's other homes in Weston Super Mare.

We carried out an unannounced comprehensive inspection of this service on 8 September 2016. Breaches of legal requirements were found because the service was failing to ensure effective systems were in place to monitor the quality and safety of the service. Care files were not always accurate, complete and up to date record of people's needs.

After the comprehensive inspection, we issued a request to the provider requiring them to provide us with details of the action they would take to improve the service.

We undertook this focused inspection to check the progress they had made. This report only covers our findings in relation to these requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

The environment was still not fully safe and clean. Cleaning schedules were not being followed and records were not kept of when cleaning had taken place. Some health and safety checks were not being completed by staff.

We found some action had been taken to improve people's care records.

The systems for assessing, monitoring and improving the quality and safety of the service provided was still not fully effective. Some of the action we identified as at our previous inspection in September 2016 had not been taken to improve the safety and cleanliness of the home.

We found repeated breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found the service was still not fully safe.

The building was not always clean and appropriately maintained to ensure people remained safe.

Some of the health and safety checks required were not being carried out to ensure there was a safe environment for people.

Requires Improvement ●

Is the service well-led?

We found some aspects of the service were still not well led.

Some improvements had been made to people's care records.

The systems in place to ensure the safety and welfare of people was being monitored, assessed and improved were not fully effective.

Requires Improvement ●

Barton Grange

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.

This inspection took place on 23 March 2017 and was unannounced. It was carried out by one adult social care inspector.

We undertook this inspection to check that improvements to meet legal requirements after our comprehensive inspection on 8 September 2016 had been made. We inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including their action plans following the last inspection which detailed the improvements they intended to make.

During our inspection we spoke with the manager, the deputy manager and four staff including the housekeeper.

We looked at the care records of four people using the service. We also looked at the provider's action plans, audits of the service and the health and safety check records.

Is the service safe?

Our findings

The service was not fully safe.

At the last inspection of this service on 8 September 2016 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The premises and equipment were not clean and properly maintained. During this inspection we found that improvements were still required to ensure the provider was compliant with this regulation.

At the last inspection we identified not all of the upstairs windows had window restrictors on them to prevent people from falling from height. During this inspection we found there were five windows on the first floor of the home without restrictors on them. This put people at risk of falling from height. We discussed this with the deputy manager who showed us the window restrictors had been purchased and told us the maintenance person would be fitting them when they visited the service the following week. The manager confirmed there had been no incidents where people had fallen from height in the home.

At our last inspection we identified people were at risk of eating contaminated food because the kitchen was not clean and there were not effective cleaning schedules in place. During this inspection we found improvements had not been made. We observed areas of the kitchen and noted there were cobwebs above the Aga and cooker. A mechanism on the side of the Aga was covered in dirt and grease. This meant effective cleaning of these areas had not been completed. Areas of the kitchen floor were worn and not sealed around the edges, the tiles behind the sink were not sealed to the wall. The food chopping boards and work surfaces were worn. This meant effective cleaning of these areas could not be completed and people were at increased risk of being exposed to infection.

Although there was a kitchen cleaning schedule in place detailing the cleaning tasks that should be completed and their frequency, this was not effective and not being followed. We looked at cleaning records for the kitchen and noted the last record of cleaning was dated 26 November 2016. This record was for the weekly tasks. There were no records of daily cleaning tasks being completed for the kitchen.

The housekeeper told us the cooks were responsible for cleaning the kitchen, the cook was on annual leave at the time of our inspection and staff were covering in their absence. We discussed this with staff who told us a deep clean of the kitchen was being arranged and we saw this had been identified as an action point from an audit in December 2016. However at the time of the inspection this had not been completed. This meant people were at risk of eating contaminated food. The manager told us they would arrange for the kitchen to be cleaned straight away and following our inspection they confirmed this had been completed and daily cleaning schedules had been implemented for staff. They also confirmed they were arranging for the kitchen to undergo a deep clean.

We completed a tour of the building and noted there were other areas that required maintenance and repair. For example, two radiator covers were loose and coming away from the wall in an upstairs hallway, several of the bathrooms and toilets had exposed pipes, the concrete paths outside of the home were

cracked in several areas and posed a tripping risk and a handrail going from one of the front doors to the drive was very loose and unsafe. This meant people were at risk because the environment was not safely maintained. We discussed this with staff who told us people did not use the front door entrance where there was a loose handrail, however there was nothing preventing them from using this. Following our inspection the manager emailed us details of the immediate action they had taken in response to the concerns we identified to ensure the environment was made safe for people.

We noted there was a lack of storage space in the home with a range of equipment being stored in the dining room. This impeded the access around one of the dining tables and posed a potential trip hazard particularly for people with mobility needs. The deputy manager told us five people in the home used walking aids. We also saw a wheelchair on the upstairs landing had been stored in front of a fire extinguisher. This meant staff would not be able to quickly access the fire fighting equipment in the event of a fire. We discussed this with the manager who told us they would be discussing it with the provider to look at storage solutions.

Risks to legionella bacteria in the water were not being managed effectively. Legionella can cause serious lung infections. The Health and Safety Executive (HSE) states "Health and social care providers should carry out a full risk assessment of their hot and cold water systems and ensure adequate measures are in place to control the risks". Although we saw a test was carried out by an external water testing company in November 2016 and legionella was not detected, there was no risk assessment in place detailing the frequency of on-going checks required to ensure the water remained safe. Records demonstrated some checks were carried out, for instance the flushing of unused water outlets, however these weren't being completed regularly or consistently with the last recorded check being in December 2016. There were no records of the water temperatures being kept. The HSE states "The primary method used to control the risk from Legionella is water temperature control. Water services should be operated at temperatures that prevent Legionella growth". This meant people were not being fully protected from the risk of being exposed to legionella.

Weekly fire safety checks were identified to be carried out by staff to protect people, staff and visitors safety in the event of a fire. However, we noted since our last inspection these had not been consistently completed with no record of weekly fire checks being completed between 10th October 2016 and 1st February 2017. Records demonstrated checks had been completed in February 2016, however there was one week in March 2016 where they also had not been completed. This meant during these times the service was not ensuring the appropriate checks were carried out to maintain a safe environment for people.

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

Some aspects of the service were not well led.

At the last inspection of this service on 8 September 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because accurate, complete and up to date care records were not kept in respect of people's needs. The processes in place to assess, monitor and improve the quality and safety of the service provided were not fully effective. During this inspection we found that improvements were still required to ensure the provider was compliant with this regulation.

The provider employed a compliance manager who visited to assess the service and provided reports of their findings on a monthly basis. The compliance manager completed an audit of the service in February 2017. This audit had identified the window restrictors needed to be fitted and the unused water taps had not been flushed weekly since November 2016 to prevent legionella bacteria developing. However, timely action had not been taken to rectify this which put the safety of people at risk. An audit completed by the manager in November 2016 identified the kitchen required a deep clean, during this inspection we found this had not been completed and the kitchen was still dirty. This meant although the shortfalls had been identified, actions had not been taken to reduce the risk to people.

The audit in February 2016 did not identify all the shortfalls we found during this inspection such as there was no legionella risk assessment in place, cleaning schedules had not been completed and the environment outside of the home presented a risk due to unsafe handrails and trip hazards. This meant the systems in place to assess, monitor and improve the service were not effective.

Following our last inspection the manager sent us an environmental action plan detailing the work required to improve the environment. During this inspection we looked at the environment against the actions identified on the action plan and found not all of the work had been completed in the agreed timescales. For example, the kitchen deep clean and flooring replacement had been scheduled for completion by November 2016. This had not been completed at the time of our inspection.

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

During the inspection we saw however some of the work identified had been carried out. For example, a redecoration schedule was in the process of being completed, new carpets had been purchased for some of the bedrooms, one of the bathrooms flooring had been replaced, the spindles in the main staircase had been fixed, quotes had been received for the roof repair and the providers action plan stated this had been completed.

At our last inspection we found care files were not always accurate, complete and an up to date record of people's needs. During this inspection we found some improvements had been made. For example, most of

the care plans had been reviewed and updated with action points where there was missing or out of date information. The deputy manager told us there were three care plans left to be reviewed. One care plan had been reviewed in November 2016 and this identified further care plans were required for social interaction, and risk of urinary tract infection. These were not present in the care plan at the time of our inspection. Another person's care plan had been reviewed in November 2016 and it was identified they required a falls care plan, the person had experienced three falls since November 2016. A falls assessment had been completed and the care plan made reference to the action to take if the person fell, however there was a lack of information for staff detailing how to support the person to prevent falls. Whilst staff could explain how they provided care to prevent the person falling there was no written plan for staff to follow. This meant new staff or agency staff would not have the guidance they needed to provide care and support to people. The manager and deputy manager acknowledged there was still work to be completed on the care plans and told us they would be addressing this to ensure the care plans were up to date and contained relevant information for staff.

The management arrangements had changed since our last inspection with the manager and deputy manager having left the service. At the time of our inspection there was a new manager and new deputy manager who had both been in post for only two weeks. The manager was also responsible for overseeing another of the provider's homes in Weston Super Mare. We discussed the management arrangements with the provider who told us following the inspection the manager would solely be responsible for managing Barton Grange. The manager told us they were meeting with the compliance manager the week following our inspection to complete a full audit of the service and identify any shortfalls and action required. They told us they would update us following the meeting to inform us of the work they would carry out to ensure the required improvements were made to the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess, monitor and improve the service were not effective. Regulation 17 (2) (a)

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 15 HSCA RA Regulations 2014 Premises and equipment People were at risk because the premises and equipment used by the service provider was not always clean, secure and properly maintained. Regulation 15 (1) (2) (a) (b) (e)

The enforcement action we took:

We have issued a warning notice. They must become compliant by 22 May 2017.