

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 October 2016. A breach of legal requirements was found and we took enforcement action. We undertook this focused inspection to check to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at www.cqc.org.uk". South Collingham Hall provides accommodation and personal care for up to 33 people with and without dementia. On the day of our inspection 23 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection in October 2016 we asked the provider to take action to make improvements in respect of the systems used to monitor the quality of the service and to obtain and act on people's feedback. In addition, we asked the provider to make improvements to the records that were kept about people's care. During this inspection we found that some improvements had not been made but further work was required to achieve compliance.

The quality assurance systems in place had begun to identify areas for improvement and we saw that some improvements had been made. However, follow up audits and action plans had not been put into place to ensure continuous monitoring of the service.

Records relating to the care staff provided to people were not accurate and had not been kept up to date. There was an open and transparent culture at the home although formal staff meetings were not held routinely. The provider had begun to allocate more resources to the home and several areas of the home had been refurbished and redecorated. In addition, a new role of activities co-ordinator had been created which was having a positive impact on people's quality of life and helped to ease pressure on the care staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was not always well led.

We found that some action had been taken to improve the quality assurance systems used at the home. However, they were not fully utilised to monitor that all required improvements were made.

People had been asked for their opinion about the quality of the service through a survey and felt able to approach the registered manager.

Records relating to people's care were not accurate or kept up to date.

The provider had allocated resources to the home to ensure improvements could be made.

There was an open and transparent culture in the home.

Requires Improvement 

South Collingham Hall

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of South Collingham Hall on 14 December 2016. This inspection was done to check that improvements to meet legal requirements after our inspection of 4 October 2016 had been made. The team inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements. The inspection team consisted of two inspectors.

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.

During our inspection we spoke with four people who were using the service, two members of care staff, the activities coordinator, the administrator, the registered manager and the deputy manager. We looked at the care plans for four people as well as any associated daily records. We also looked at a range of records relating to the running of the service such as medicines administration records and training records.

Is the service well-led?

Our findings

At our inspection in October 2016 we found that systems in place to assess and monitor the quality of the service were not effective in identifying issues or bringing about improvements to the quality of the service. In addition, there were limited opportunities for people and their relatives to provide their feedback about the service they received. We also found that records relating to people's care were not accurate or kept up to date. During this inspection we found that some improvements had been made but further work was required.

People were not routinely asked for their opinion about the quality of the service they received. There had been no meetings for people or their relatives to attend since our previous inspection. The registered manager told us that they would look to arrange meetings starting in the New Year. However, this meant that there was a missed opportunity to obtain feedback from people about any improvements that could be made. A satisfaction survey had been distributed shortly before this inspection; however no responses had been received at the time of our visit.

Improvements had been made to the system used to assess the quality of the service provided to people. The registered manager had carried out an infection control audit shortly after our previous inspection and this had highlighted some areas for improvement. However, no follow up audit had been carried out or action plan put into place to ensure that the improvements had been made. However, the registered manager was able to demonstrate that some improvements had been made, such as the ordering of new mattresses and more suitable bins. A regular medication stock check was also carried out to ensure that the remaining quantities of people's medicines matched what was left in stock.

The systems in place to monitor and respond to risk were not fully effective. Since our previous inspection two falls had been recorded in the accident book and we saw that appropriate action had been taken in the immediate aftermath of each fall. This included installing a sensor mat for one person so that staff would be alerted if they attempted to mobilise whilst in their room. Staff had displayed signs in another person's room to remind them to use their walking frame. However, we saw that staff had recorded two other falls in the staff communication book which were not appropriately documented in the accident book. The registered manager was not aware of the circumstances surrounding these falls. There had been no analysis of the falls that had occurred to try and detect any patterns and make any required changes to people's care.

The records that staff kept about the care they provided to people were not always completed as required. For example, several people required regular changes of their position to relieve pressure on their skin. During our visit we saw that staff provided this support and the staff we spoke with were able to describe who required assistance. However, staff did not always document when they had helped people change position. Other running records such as the daily journal and food and fluid intake charts were also not completed as required.

The lack of robust quality assurance processes and risk management measures meant there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The people we spoke with told us that they could discuss any issues about the quality of the service with the registered manager or any member of staff. One person said, "I would speak to the manager if I needed to, she is ever so nice." Another person told us, "I suppose I would see [named member of staff] if I wanted to raise anything." A satisfaction survey distributed in February 2016 indicated that those who responded were generally satisfied with the standard of care provided. Any issues that had been raised were in the process of being rectified. For example, some people had commented on a lack of activities and a new activities co-ordinator had recently been employed.

The people we spoke with felt that the culture of the home was open and relaxed and they could speak with any staff or the registered manager when they needed to. One person said, "It is always relaxed, I am comfortable here." Another person told us, "Yes it is all very informal and I could speak with any one of the staff." During our visit we observed that people were comfortable in the presence of staff and the registered manager. Staff also worked well as a team and ensured that they communicated with one another and this helped to facilitate the smooth running of their shift. Staff recorded significant information in their communication book which ensured that tasks were allocated appropriately and that the next group of staff to come on shift were aware of important information.

The staff we spoke with felt there was an open and relaxed culture in the home and they felt comfortable raising concerns or saying if they had made a mistake. One staff member said, "It is quite a nice place to work. The manager is very approachable." However, there were limited opportunities for staff to get together to discuss the service and raise any concerns or suggestions. There had not been any staff meetings since our previous inspection and only one during 2016. This meant that staff were not always able to be involved in the running of the service and any ideas they may have about improvements may not be heard. The registered manager told us they held discussions with staff during the shift handovers, however there were no records to verify this.

Efforts were being made to increase links with the local community. For example, during our visit some local school children visited to sing Christmas carols to people living and the home. We saw that this was greatly enjoyed by those that attended the concert. The newly recruited activities co-ordinator was beginning to make links with local organisations to obtain ideas and supplies for activities that could be provided for people in the home.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

There was a registered manager in post and they were aware of their responsibilities to ensure people received safe and effective care. The people we spoke with were not always aware of who the registered manager was and provided mixed feedback about their leadership and visibility. One person said, "I know [name] is the manager, she is usually around and I think does a good job." However, another person, acknowledging they knew who the registered manager was, commented, "I don't see her much." They also commented that they rarely saw the registered manager.

The staff we spoke with felt that the registered manager and deputy manager worked well together to provide leadership. Staff commented that the deputy manager also worked care shifts and that they were usually on hand to provide support and direction to them. However, the registered manager was not always able to provide consistent leadership because they also managed another service operated by the provider. This meant that their time at South Collingham Hall was limited, although they told us they had recently

been spending more time at South Collingham Hall. Unplanned staff absences had also impacted on the amount of time available to the deputy manager and registered manager to bring about the required improvements.

The provider had begun to allocate more resources to the home to bring about improvements to the condition and decoration of the building. Since our previous inspection both lounges had been redecorated following remedial works to address damp in one lounge. In addition, several new carpets had been laid and further works were underway at the time of our visit. A new position of activities co-ordinator had been created and we saw that this was having a positive impact on people's quality of life. The registered manager told us that the provider would approve any reasonable requests for resources that they made. The provider carried out monthly visits to the home to assess the quality of the service and discuss any required improvements with the registered manager.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not operated effectively in respect of assessing, monitoring and improving the quality and safety of the services provided. Regulation 17 (1) and (2) (a).</p> <p>Systems or processes were not operated effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) and (2) (b).</p>