

Stonehaven (Healthcare) Ltd

Chollacott House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chollacott House Nursing Home (hereafter referred to as Chollacott House) is a residential home that provides personal and nursing care for older people. Chollacott House accommodates 42 people in one adapted building. At the time of the inspection 29 people lived at the service.

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

People's care records were not always reflective of their care or health needs. We found aspects of people's care experience could be improved further. For example, some people were not treated in a manner that always promoted their dignity. Furthermore, people's social care needs were not being attended to and there were prolonged periods of time where people did not receive meaningful engagement with staff. People were supported by staff who understood how to recognise and escalate safeguarding concerns. There were adequate numbers of staff to support people with their care and health needs. Staff had been recruited safely and received an induction and supervision. Staff followed good hygiene practices.

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 understood their roles and responsibilities. Quality assurance systems were not always effectively used to monitor and drive improvement. The service had partnerships with other agencies such as health and social care professionals to meet people's needs.

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

Rating at last inspection

The last rating for this service was good (Published 26 September 2017).

Why we inspected

The inspection was prompted in part due to concerns received about the quality of the service provided to people. As a result, we undertook a focused inspection to review the key questions of safe, caring, responsive and well-led only.

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.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, caring, responsive 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chollacott House Nursing Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 of regulation in respect of person-centred care and good governance at this inspection.

We have also made three recommendations in relation to managing risk, medicines and respecting people's dignity and privacy at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Chollacott House Nursing Home

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 was carried out by one inspector, an assistant inspector, a specialist advisor who was a nurse and an Expert by Experience, who had consent to phone and gain feedback on the care provided by the service from people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chollacott House 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. Chollacott House 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 10 members of staff and one health care professional. We also spoke with five people and 10 relatives. We reviewed a variety of documents. This included six care records and a selection of healthcare records including medication records, three staff recruitment and training files and a selection of audit and governance 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 good. 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

- All staff had access to and used an electronic care records system which meant people's information could be updated and retrieved at any time. However, some records were not complete around people's specific health requirements and did not always record the actions which had been taken to maintain a person's safety.
- Although clinical staff understood and were aware of risks associated with people's specific health needs and kept them under review, some records lacked detailed for example, around catheter care and Percutaneous Endoscopic Gastrostomy (PEG). This is a tube inserted through the skin and the stomach wall. However, records were updated before the end of the inspection.
- We saw one person have a meal placed in front of them while asleep in bed, staff did not awaken to eat. We noted the person remained asleep; the meal remained in front of them for a further ten minutes and was cold. There was a risk this person would not eat this meal. We raised this with the clinical lead who said they would investigate the issue.
- We discussed this with the clinical lead during the inspection who took immediate action to rectify the concerns raised.
- Where additional monitoring of a person's health had been identified as an action, it was unclear from records what action had, or was being taken to mitigate further risks to keep people safe. For example, one person had fallen, their assessment required staff to check their well-being at regular intervals to ensure they remained well. However, daily records did not evidence that staff were recording these checks, or what the outcome of these checks were. This meant the registered manager and staff could not evaluate approaches used to reduce the risk of further harm.

Recommendation: We recommend the provider review their systems in place, making sure records are reflective of checks undertaken.

- Environmental risk assessments were in place and health and safety checks were completed which included maintenance of equipment and building checks.
- Personal Emergency Evacuation Plans (PEEPS) were in place which described people's individual risks such as their mobility. This provided assurance that people's individual risks were known, assessed and managed effectively in the event of an emergency such as a fire.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People were asked for their consent and staff involved them in decisions about their care and treatment and how it should be delivered. Staff acted in accordance with their wishes.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Medicine Administration Records (MAR) showed people mostly received their medicines as prescribed. However, one person's antibiotic was not always evenly spaced out. We found no evidence of harm and this was discussed with clinical staff during the inspection to ensure these types of medicine are given in line with the prescribing instructions.
- Staff were knowledgeable about people's medicines and use. However, 'as and when' (PRN) required medicine protocols were not always in place. A PRN protocol is needed to ensure safe administration of these medicines. The provider took action to address this following our feedback.
- The provider had systems in place for receipt, storage, administration and disposal of medicines and there were audits in place to identify any concerns.

Recommendation: We recommended the provider consider current guidance on administering medicines and act to update their practice.

Staffing and recruitment

- People and their relatives told us there were adequate numbers of staff to meet people's nursing and care needs. One person said, "I am happy here but do spend a lot of time in my room on my own." A relative commented, "Staff check on [person] every couple of hours."
- We observed staff were busy and often not available in communal areas as they were completing care tasks in people's rooms. We saw people were attended to quickly when they needed support and the service was calm although staff were busy throughout their shift.
- Most of the staff told us staffing levels were adequate to meet peoples' needs. There were occasions where the registered manager had to source agency staff to support staffing levels where needed.
- Staff received training which included training in all key areas such as moving and handling, infection control and safeguarding. Staff told us the training was good and they felt well supported in their role.
- Staff had been recruited safely. Checks were completed for new staff before they started to work at the service. This included employment history, references from previous employers and Disclosure and Barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here."
- People were protected from the risk of potential abuse and avoidable harm by staff who had received training and recognised the different types of abuse.
- The provider had systems in place to protect people from harm or abuse. One member of staff explained, "I would quickly go to the manager if I witnessed anything." Another staff member said, "I would report

[concern] to the deputy or the manager and they would sort it out."

- Safeguarding concerns were appropriately reported to the local authority safeguarding team and the registered manager worked with them to ensure any issues were properly addressed.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The service facilitated visiting in line with national guidance.

Learning lessons when things go wrong

- Accident and incidents were recorded and monitored to reduce the risk of re-occurrence.
- The registered manager was keen to act on feedback from the inspection in order to make further improvements to the service.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Although people's care and health needs were well supported, we could not always be assured that interactions with people were always meaningful. This was because at times care appeared to be task orientated. This meant staff were continuously focused on their next duty and did not have time to spend quality time with people and deliver individualised care and support.
- Whilst people were happy with the care and support they received from staff, we found people's experiences of care could be improved. For example, we found the mealtime experience could be improved further. People were not always asked what meal they would like or what meal they were having. People told us they were not given a choice if they did not want what was on offer. We also noticed staff did not have the opportunity to sit for the length of time that people needed to encourage them to eat.
- Although people preferred to have their bedroom doors left open for companionship, visitors could see people lying in bed, resting or sleeping in chairs and some people had equipment exposed such as catheter bags.
- This did not provide assurances that staff were always supportive or respectful of people's privacy and dignity. We fed back our observations to the registered manager. They told us this would be addressed and acted upon to improve people's care.

Recommendation: We recommend the provider seek advice and guidance to ensure people's right to privacy, dignity and respect is upheld and actively promoted at all times.

- People were supported to promote their independence. Where appropriate, people were encouraged to undertake some aspects of their care themselves. One member of staff told us, "I ask [people] if they want to wash themselves." Another staff member said, "I always offer a person a selection of clothes so they can choose one of the options."
- Information about people was stored securely and meetings where people's care needs were discussed, were held in offices to ensure their privacy was maintained.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were happy with the staff who supported them and said they were kind and caring. People explained staff did not rush them and described what they were doing when providing care. Comments included, "Staff are caring and compassionate", "The staff are nice" and "The staff seem kind and treat [person] with respect".

- People were familiar with staff and staff knew people well. We observed interactions between people and staff which were warm and genuine.
- We observed people being involved in daily decisions about how they would like to receive their care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The majority of people spent their time in their bedrooms. There was an activities coordinator in post, however, this one person was unable to meet the social needs of all the people living here. People spent prolonged periods of time without access to activity or interaction. Care staff were busy supporting people with their daily care needs so did not have the time or opportunity to spend with people for meaningful engagement. One relative commented, "They don't seem to encourage [people] to make the most of the life they have left, they just keep them comfortable."
 - We discussed this with the registered manager who said a number of people living at the service were quite frail and it was people's preferred choice to stay mainly in their room.
 - Whilst we noted this and observed the enthusiasm of the activities co-ordinator to involve people with meaningful activities of their choice, we were not assured the current arrangements in place supported people to engage in meaningful activities and/or avoid social isolation.
 - Throughout our inspection most people's bedroom doors were left wide open. Although some people told us they preferred this 'as an opportunity to see what's going on,' and as a form of social interaction. We observed there was limited opportunity for people to engage with staff and meaningful social activity
 - The lounge areas were infrequently used during our inspection visit. People not encouraged or supported to enjoy the communal space which would have afforded them to opportunity to interact with others and potential create friendships. We saw occasions where people were sat in the lounge areas of the home for long periods of time without any social interaction with or from staff.
- We observed people were able to receive visits from people who were important to them now there was easing of restrictions on visitors due to the Covid-19 pandemic.
- Care records had been moved to an electronic care planning system. The system allowed staff and the management team to monitor care delivery.
 - We saw although people's needs were assessed care records did not always contain enough detail or personalised information about people in order for person-centred care plans to be developed.
 - People's care records were not always holistic and did not contain information which reflected their current needs and preferences. This meant there was a lack of information for staff to refer to and increased the risk that people might not always be supported in a way that met their choice.

People were not provided with individualised care that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the absence of detailed documentation, people told us staff respected their choices

about how they wanted to receive their care and how their health needs were met. For example, some people's relatives supported them with their meals or care.

- People were involved in their care planning as much as they could be. Relative's confirmed they felt involved in the care planning process. One relative commented, "I was involved in [person's] care plan and life story information, they also do annual reviews to and we take part in this."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the assessment and care planning process.
- Where communication needs had been identified information was available for staff to follow to ensure people received information in a way they would understand.
- Staff were able to explain to us how they supported people to communicate their choices and decisions and knew people's individual communication methods. For example, one member of staff explained how one person blinked their eyes to consent to care. Another person used picture cards to communicate with staff.

Improving care quality in response to complaints or concerns

- Processes were in place to enable people and family members to raise any concerns.
- Relatives told us they were comfortable speaking to the registered manager or the nurse in charge. Relatives comments included, "I would approach the manager if I had any concerns," "We have no complaints at all, no matter what we have asked they always respond," and "I know how to raise any concerns, I can email or call at any time, staff seem to respond in a timely manner."
- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

End of life care and support

- At the time of our inspection, no one at the service was receiving end of life care.
- People's wishes and preferences for end of life care were considered as part of the care planning process.
- The registered manager and staff understood which health and care professionals to contact and who needed to be involved to support people who were nearing the end of their lives or when their health declined.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although there were quality assurance processes in place, we found instances where people's care records had not been accurately maintained. Staff were not provided with up to date guidance on how to manage some risks to people's health and some care records did not accurately reflect people's current need.
- Whilst we found no evidence people had been impacted by this, governance processes were not sufficiently robust to demonstrate risks to people were effectively managed. This also meant the provider could not be assured people's care records reflected their ongoing needs and risks, or to confirm staff were meeting them appropriately.
- Although accidents and incidents were documented, follow up actions were not always recorded. Governance processes had failed to provide effective oversight to identify shortfalls relating to monitoring a person's well-being following a fall.
- The provider's systems for monitoring people's experience of daily care had not been utilised effectively. There were instances we observed where people were left for pro-longed periods of time, lack of social contact and poor meal-time experiences which had not been identified by the services own quality assurance systems.

Robust systems and processes were not in place to demonstrate the provider had effective oversight of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas such as the environment, infection control, recruitment and training; systems were in place to support the quality of care that people received.
- The provider had a range of updated policies and procedures in place for staff to refer to such as infection control and safeguarding.
- The provider was aware of their responsibility to report specific events such as safeguarding or serious injury that occurred at the service through CQC statutory notifications.
- There was a clear management structure in place and staff told us they felt supported by the management team and understood their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and provider understood the duty of candour, which is their legal duty to be open and honest with people when something goes wrong.
- The Management team and staff were open and honest throughout the inspection and responded immediately to any issues raised.

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

- People, relatives and staff were complementary about the management team and said they were approachable and friendly.
- The registered manager and their staff team engaged with people, relatives and staff in a variety of ways to provide information about the service and gather views. For example, surveys.
- People and their relatives told us they were consulted with and involved in discussions about their care. One relative said, "The manager is pro-active in any questions asked." Another relative commented, "The manager always makes herself available, if she is not there, she will call us back."
- Staff told us communication within the service was good. Comments included, "The communication is perfect between staff and management. The management are fantastic." And, "I think it is well -managed, the management are very friendly, and I feel if I had any issues, I could go to them."
- Staff confirmed they had regular handovers, supervisions and team meetings where information was shared, and staff were kept up to date with changes in the service and people's care. One member of staff said, "I have supervisions with [registered manager] but I can go to her at any-time."

Working in partnership with others

- Staff worked in partnership with other agencies or healthcare professionals in response to people's changing needs. This enabled people's health care needs to be continually assessed to ensure they received appropriate treatment and support.

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 9 HSCA RA Regulations 2014 Person-centred care People were not provided with person centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems were effective and robust to provide oversight and demonstrate the quality and safety of the service.