Babbacombe Care Limited

Hadleigh Court

Inspection report

Stanley Road
Cary Park
Torquay
Devon
TQ1 3JZ

Tel: 01803327694
Website: www.babbacombecare.co.uk

Date of inspection visit:
21 November 2022

Date of publication:
26 January 2023

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

About the service
Hadleigh Court is a residential care home registered to provide accommodation and personal care for up to 31 older people. At the time of our inspection, 27 people were living at the service.

People's experience of using this service and what we found
People told us they were happy living at Hadleigh Court and felt supported by staff who were kind, caring and knew them well.

People's medicines were not always stored or managed safely and we have made a recommendation in relation to the medicine's administration auditing process.

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. Safeguarding systems were established and the provider had clear policies and procedures in relation to safeguarding adults.

People's needs were assessed and care plans contained key information to inform and guide staff on how best to support each person. Staff seemed to know people well and understood how to communicate effectively with people.

People and their relatives told us the service was well managed and spoke highly of the registered manager. Staff spoke positively about the leadership of the service and told us they felt listened to, appreciated and supported in their role.

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 requires improvement (published 9 August 2019).

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 the provider remained in breach of regulations.

Why we inspected
We carried out an unannounced inspection of this service on 9 July 2019, breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and

Well-led which contain those requirements.

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 not changed and remains requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment at this inspection and have made a recommendation in relation to governance systems. Please see the action we have told the provider to take at the end of this report.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Hadleigh Court

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
One inspector undertook this inspection.

Service and service type
Hadleigh Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 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 reviewed the information we held about the service, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We sought feedback from the local authority. We used this information to plan the inspection.

During the inspection
We spent time with and spoke with five people living at the service, four members of staff, the registered manager and operations manager. To help us assess and understand how people's care needs were being met we reviewed five people's care records. We also reviewed a number of records relating to the running of the service. These included staff recruitment, medicine records and records associated with the provider's quality assurance systems. We also spoke with and received feedback from partner agencies.

Requires Improvement

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 requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

At the last inspection, we found people's medicines were not always being managed safely, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements were still required. This meant the provider was still in breach of regulation 12.

• People's medicines were not always stored or managed safely.
• Medicines due to be returned to the pharmacy for safe disposal were not stored securely.
• Some people were prescribed medicines to be given when required. Protocols to help staff to decide when to give these medicines were not always in place or included enough information to ensure the medicines could be given safely.
• Medicine administration records (MAR) were not always accurate and there was no system in place to check the correct quantities of medicines were in stock. This meant the provider was unable to assure themselves that people were receiving their medicines as prescribed.
• Regular medicines audits had not identified where improvements were needed.

The failure to store and manage people's medicines safely is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Other medicines were stored securely, and temperatures were regularly monitored.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of abuse and avoidable harm.
• People who were able to share their views told us they felt safe. One person said, "I am safe, the staff are very good." Another said, "Hadleigh Court is my home now and I do feel safe living here."
• Staff completed safeguarding training, knew how to recognise signs of abuse and understood the action they should take to protect people from the risk of harm. One staff member said, "I would report any concerns to the manager." Another said, "I would contact the local authority.

Assessing risk, safety monitoring and management
• People's needs were assessed before they started using the service. Risks to people had been considered and there were plans in place to manage and mitigate those risks. For example, detailed care plans and risk

assessments were completed in areas such as mobility, moving and handling, managing people's emotional distress, skin integrity and diabetes.
• There were arrangements in place to keep people safe in an emergency, staff understood these and knew where to access the information.
• Staff were vigilant in monitoring people's safety; reporting concerns and where necessary, specialist advice was sought from healthcare professionals.
• People were protected from risks associated with their environment as routine environmental checks were regularly taking place. For example, fire safety checks were completed regularly.

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 before they received any care and treatment. For example, before assisting people with personal care.
• Staff described how they involved people in decisions about their care and acted in accordance with their wishes.
• We found the service was working within the principles of the MCA and where needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment
• People continued to be protected by safe recruitment processes.
• We looked at the recruitment information for three members of staff and found systems were in place to ensure staff were recruited safely. This meant the provider was able to demonstrate they had followed a thorough recruitment process in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
• There were sufficient numbers of staff to meet people's needs. One person said, "I think there enough staff, I never have to wait very long for help if I need it."
• People were supported by a regular staff team who knew them well. Staff we spoke with told us there was enough staff to meet people's needs.

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 provider's approach for visitors to the service was in line with the current government guidance at the time of the inspection.

Learning lessons when things go wrong

● There were processes in place to learn lessons including when incidents or accidents occurred. This included putting measures in place to reduce the risk of re-occurrence in the future. For example, following the outcome of a recent safeguarding referral the registered manager increased screening when people returned from hospital.

Requires Improvement

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 requires improvement. At this inspection the rating has remained the same. 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

At our last inspection we found the provider had failed to ensure systems were in place to demonstrate the service was being effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 17.

● Governance systems were in place to assess, monitor and drive improvement through regular audits and spot checks. However, we found improvements were still needed as governance systems had not identified poor practice. For example, the system in place to monitor people's medicines had not been undertaken robustly and therefore was ineffective in identifying poor practice as reported under the safe section of this report.

We recommend that the provider reviews their medicines administration auditing processes to ensure safe medicines administration at all times.

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

●People spoke positively about the service, the staff and the care and support they received. One person said, "I'm very happy here, you can't fault the staff they do an amazing job looking after us."
●The culture of the service was caring and focused on ensuring people received person-centred care that met their needs. It was clear the registered manager and staff knew people well.
●Relatives had confidence in the registered manager and told us Hadleigh Court was well managed.

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 were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

characteristics
• The registered manager was committed to involving people in the running of the service. They regularly sought views from people, their relatives, staff and external healthcare professionals.
• Regular staff meetings took place in order to ensure information was shared and expected standards were clear.
• Staff told us they felt listened to, were supported and valued by the registered manager, and had an input into the service. One staff member said, "I feel very supported and the service has really improved."

Continuous learning and improving care; Working in partnership with others
●The registered manager had good working relationships with partner agencies which promoted good outcomes for people. This included working with people, their relatives, commissioners and other health and social care professionals. One local authority representative said, "I have confidence in [Registered manager name]. [Registered manager name] puts people first, is always looking for ways to improve and welcomes feedback."
●The registered manager told us how they were continually working towards improvements and described their plans to develop the service in terms of governance, staff training and care planning.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people's medicines were managed and stored safely. Regulation 12 (1)