Bupa Care Homes (BNH) Limited

Cottingley Hall Care Home

Inspection report

Bradford Road
Bingley
West Yorkshire
BD16 1TX

Tel: 01274592885

Date of inspection visit:
24 October 2023
26 October 2023

Date of publication:
01 January 2024

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
Cottingley Hall Care Home is a residential care home, providing personal and nursing care to a maximum of 40 people, accommodated in 1 adapted building. At the time of the inspection there were 35 people using the service.

People's experience of using this service and what we found
Shortfalls were identified which impacted on the safety and quality of care people received. There had been some changes to the management team which led to a lack of effective leadership at provider level. As a result governance arrangements had failed to identify all of the shortfalls we found on inspection. Feedback from people and relatives was overwhelmingly positive about the care people received. Staff were also positive and complimentary of the new manager who had recently transferred and was overseeing the service.

Systems were not always robust enough to demonstrate safety was effectively managed. Staff were inconsistent with the recording of required repositioning and food and fluid monitoring. Medicines were not always managed safely. Some of these shortfalls had not been identified through the providers own governance arrangements. Prompt action was taken once we brought this to the attention of the management team. The provider had safe recruitment process and adequate staffing levels in the service. The environment was well maintained, personalised, welcoming and adapted to suit people's needs.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

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 12 December 2018).

Why we inspected
The inspection was prompted in part by 2 notifications of an accident and incident following which a person using the service died, and another person sustained a serious pressure area wound. These incidents are subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incidents indicated potential concerns about the management of risk of pressure area care, falls management and record keeping. This inspection examined those risks.

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 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. The provider was responsive to inspection findings and action has already been taken to mitigate the risks identified.

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

Enforcement and Recommendations
We have identified a breach in relation to good governance at this inspection. We also made recommendations in relation to medicine management. 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.

Cottingley Hall Care 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 first day of inspection was conducted by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second inspection day was completed by 1 inspector.

Service and service type
Cottingley Hall Care Home 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. Cottingley Hall Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post responsible for overseeing the regulated activities in the service. However, appropriate management arrangements were in place.

Notice of inspection
Both days of inspection were unannounced. Inspection activity started on 24 October 2023 and ended on 3 November 2023. We visited the location's service on 24 and 26 October 2023.

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 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 spent time in the communal areas observing care and support provided by staff. We spoke with 14 people who used the service and 2 relatives about their experience of the care provided. We spoke with 10 members of staff including the manager, regional director, maintenance, nurse, and team leader.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We reviewed 3 staff recruitment files and a variety of records relating to the management of the service.

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 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.

Using medicines safely
- Medicines were not always managed safely.
- Staff were not detailing on medication administration records (MARs) when 'as and when required' (PRN) topical creams were being applied. This meant we could not be assured people were receiving these as prescribed.
- We found several PRN topical creams stated to be 'used as directed,' as did the label. However, we were unable to ascertain what this meant. Therefore, staff were not provided with sufficient details to administer prescribed creams safely.
- Paraffin creams (which are flammable) were being stored in people's bedrooms without risk assessments in place for the management of the fire risk.
- We found some people did not have PRN protocols in place for the use of their creams or transdermal patches, meaning staff did not have clear instructions as to when these should be used or applied.
- Medication audits had been completed by the manager which showed the shortfalls in administration of medication. However, despite actions being noted the medication audits highlighted improvements were not being made and actions had not been completed. This meant the audit had failed to drive improvements.

We found no evidence anyone had been harmed as a result of the shortfalls in the medicines management. We therefore recommend the provider reviews their PRN protocols and topical cream application records. The provider was responsive to the inspection findings and has already begun making improvements.

- Medication was stored safely in a clean clinic room; temperature checks were completed, and medication stock counts were accurate.
- We identified safe practices in relation to the rotation of people's transdermal patches with clear recording on MAR's.

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 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)
● We found the service was not always working within the principles of the MCA. Some people were subject to restrictions for their own safety, such as the use of bed sensors, but they did not always have best interest decisions or consent in place.

The provider was responsive to the inspection findings and immediately began work to complete the missing documentation and assessments.

● The provider had a tracker for DoLS applications and was managing and reviewing this effectively.

Assessing risk, safety monitoring and management
● The provider did not always assess risks to ensure people were safe, and staff did not always take action to mitigate risks identified. For example, repositioning records for 2 people were not consistently completed in line with the requirements detailed in their care records.
● Where people had skin integrity risks, airflow mattresses were in use. However, the settings were not always detailed in people's care records, and we saw no monitoring or management of the settings in the records.
● We found examples where incidents of risk had occurred, such as episodes of choking, but care records were not clearly reflective of these risks. People's risk assessments had failed to provide guidance to staff on how to mitigate future risks.

The manager was responsive to the inspection findings and immediately took action to rectify the shortfalls identified. They confirmed people's care plans and risk assessments had been updated to reflect relevant needs and current risks, and additional monitoring of daily records was in place.

● The environment was well maintained, clean, inviting, and homely. People's bedrooms were personalised and contained equipment specific to their needs and requirements.
● The provider had completed all appropriate safety checks and servicing and had up to date certification for the premises and equipment.
● People and relatives told us they felt safe. One person said, "I feel very safe here, especially. with the pendent alarms." A relative told us, "[Person] is a resident here and I am happy with everything about the home. There seems to be enough staff to keep [relative] safe."

Learning lessons when things go wrong
● The provider did not always learn lessons when things had gone wrong. Accidents and incidents were usually recorded appropriately; however, analysis did not always identify trends, patterns or commonalities.

Staffing and recruitment
● The manager ensured there were sufficient numbers of suitable staff.
● People and staff told us there was always enough staff available to provide support, and the provider's dependency assessment confirmed this.
● Staffing levels were observed to be suitable and we saw a high staff presence in communal areas on both days of inspection.
● The provider operated safe recruitment process. Recruitment records showed staff had been recruited safely, with appropriate check and formal induction processes completed.

Systems and processes to safeguard people from the risk of abuse

● People were safeguarded from abuse but not always from avoidable harm due to the lack of analysis and oversight of incidents as they occurred.

● The service had systems in place to ensure allegations of abuse were reported, investigated and acted upon.

● Staff had received appropriate safeguarding training and knew how to, and told us they felt confident to, report any issues or concerns. Staff told us this was because the manager was approachable and supportive.

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

● People were able to receive visitors without restrictions in line with best practice guidance.

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 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

- The provider did not always have a fully supported management structure due to a period of change within the management team. This had caused a period of unsettledness and a lack of consistent management practice in the service.
- The providers systems did not always effectively monitor the quality of the care provided to drive improvements.
- Monthly audits were completed by management, but they were not always accurate or reflective of events in the service. For example, falls analysis failed to accurately explore and identify trends, patterns, and commonalities in falls occurrences.
- Monitoring and oversight of repositioning records was not robust and the lack of oversight increased risk to people who were already vulnerable to skin integrity issues in the service.
- There was a lack of management oversight in relation to food and fluid intake of people. We found these charts were not being effectively monitored.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The manager was new to the role at the service but had significant experience and background working for the provider in another region. They acknowledged the shortfalls we identified and expressed their commitment to making the necessary improvements.

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

- The provider did not always have effective oversight of the service. This meant the provider had not consistently created a learning culture which meant people's care did not always improve.
- The provider did not always have effective systems to provide person-centred care that achieved good outcomes for people. For example, some of the care records we reviewed were not up to date or reflective of people's current needs or risks.

The provider was responsive to inspection findings and the management team have improved oversight in the service with lessons learnt being evidenced.

● There was a positive and open culture at the service. One staff member told us, "We are like 1 big family, that's what I love about working here, we are a good team." Another staff member told us, "The manager is great, they are approachable and supportive, and I can go to them with any issues I have. They really do listen and are making so many improvements in the service."

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 manager had followed and implemented their duty of candour policy in response to concerns raised and safeguarding. They had maintained clear communication with relatives and external partners.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and staff were involved in running of the service, and fully understood and considered people's protected characteristics.
● Staff, people, and relative meetings were held to gain insight and feedback on the service and areas to improve. We found the provider was responsive to suggestions and people's opinions on areas that could be improved.

Working in partnership with others
● The provider worked in partnership with others effectively, and care plans show good involvement of other health professionals.

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 provider failed to ensure the service had safe and robust systems to assess and monitor the quality and safety of care provided. 17(1) (2) (a) (b) (c) (f)