Althea Healthcare Properties Limited

Colne House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 November 2016 and was unannounced.

Colne House provides accommodation and personal care for up to 38 older people, some of whom have dementia care needs.

At the time of our inspection the provider confirmed they were providing support to 32 people.

There was 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed. They knew how to report abuse use whistleblowing procedures. People had detailed risk assessments in place to support their safety whilst also enabling them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. There were enough staff regularly on shift within the service and contingency plans were in place for any staff absence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out so that only suitable staff worked at the service.

Staff received an induction training package when they joined the service, and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Staff felt confident in their roles because the training had equipped them well.

People told us that their medicines were administered safely and on time. We saw that the medication administration systems in place were accurate and up to date, and that all medication was stored securely.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. Staff were confident that they would receive the support they needed from management at all times. The management team were very knowledgeable about the people within the service and the staff team skills.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 (MCA) were met. We saw that where appropriate, best interests meetings had been held and capacity assessments had been completed in line with MCA.

People were able to choose the food and drink they wanted and staff supported people with this. Fresh food

was prepared and cooked on site and any dietary needs were catered for. People were supported to access health appointments when necessary, and health professionals came in to the service to visit people when required.

Staff treated people with warmth, kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. All the staff had an excellent knowledge of people's likes and dislikes, and were able to engage with everyone in a person centred manner.

People or their family were involved in their own care planning and were able to contribute to the way in which they were supported. Staff had keyworker responsibilities which included checking and reviewing care with people and their family.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required.
The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed. Audits were in place for many areas of the service and questionnaires were in use to collect opinions from people, family, and staff on the care received in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Colne House

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2016 and was announced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

We spoke with four people who used the service, three relatives of people that used the service, four support workers, the registered manager, the deputy manager and the regional quality officer. We reviewed six people's care records to ensure they were reflective of their needs, six staff files, and other documents relating to the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People felt safe and secure with the care they received. One person told us, "Yes it's very safe, I don't have anything to worry about." A relative of a person told us, "[Person's name] is completely safe. We looked around a lot of places and decided that here was where [Person's name] would be safest." Everyone we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "We have had training in safeguarding and how to report concerns properly. I would make sure that everything is recorded, speak with my manager or go higher if needed." Another staff member said, "I have never had any concerns about people's safety here, but I feel confident that they would be addressed immediately if I did." We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified CQC of any incidents as required.

People had risk management plans in place, which were part of an electronic care planning system. Within each care plan, risks were identified and then assessed. A relative of a person said, "I think the staff manage risk here superbly. It can be very difficult, but they always do a great job." The staff we spoke with all felt the risk plans were useful and easy to access and follow. One staff member told us, "I think everything is up to date and relevant, and we can input information ourselves." We saw risk assessments in place for areas such as personal care, moving and handling, behaviour, use of bedrails and other equipment, eating and drinking and more. All the information we saw was regularly reviewed and updated on the electronic care planning system.

Accident and incident records were also completed on the electronic system. We saw that each person's profile had a section where any accidents or incidents could be recorded by staff. One staff member said, "We always have access to the computer so everything gets recorded, we don't miss anything." All this information was also printed off and collated within a file. The management were able to review all the information and take actions where required.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. We found that environmental risk assessments had taken place within the service.

People told us there was enough staff on duty to support them safely. One person told us, "Oh yes there are lots of staff, it's never short." A relative we spoke with said, "I am here nearly every day, and the staffing levels are very good. There is always someone around for us to call on if we need anything." All the staff we spoke with confirmed that staffing levels were consistent and adequate to support people safely. The registered manager told us, "We don't currently use agency staff. We have enough staff to cover shifts." During our inspection, we saw that there were sufficient numbers of staff around to answer people's needs quickly and efficiently. Staff also had the time to sit and chat with people and were not rushed. We looked at staffing rotas which showed us that a consistent staffing level was regularly maintained.

Staff told us they had been recruited into their roles safely. The registered manager confirmed that no new staff member could start until all relevant checks had been completed. The provider had carried out background checks, including obtaining two employment references and a disclosure and barring check (DBS) before any new employee could start work. New staff underwent a probation period so that any concerns about practice could be discussed and acted upon. We saw that all the relevant checks had taken place and records were kept within staff files.

People were supported to take their medicines safely. One person told us, "The staff help me with my medicine. I have no problems at all with it." All the staff we spoke with told us that they were confident in supporting people with medication and the training they received in this area was good. Medication was stored securely and temperature control checks were in place. We looked at Medication Administration Record (MAR) charts and noted that there were no omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. We saw that all the stock levels were accurate and an effective ordering system was in place.

Good

Is the service effective?

Our findings

People told us that the staff were well trained and knew how to support everyone. A relative of a person said, "Myself and my whole family are very comfortable with [Person's name] living here. We can see that the staff are of an excellent quality and really know what they are doing. The same can be said for the management." Another relative told us, "I was able to go on holiday recently and I felt really comfortable doing so knowing that [Person's name] is being looked after so well." All the staff told us that the training they took part in enabled them to do their job. One staff member said, "I am encouraged with training, I can suggest something to management and they will look in to it for me." Another staff member said, "I have been able to complete a National Vocational Qualification. I intend to continue and do the next level as well."

All staff had an induction into the service when they began employment. A staff member told us, "I started by completing my mandatory training in things like manual handling and safeguarding. I then shadowed experienced staff to get to know how things should be done." Another staff member said, "I have worked elsewhere in care before working here. It's only after working here that I felt properly trained and saw how things really should be done." All the staff we spoke with confirmed that they went through the induction process before starting work, and also regularly
attended new and refresher training. We saw records within staff files that showed us induction had taken place, as well as certificates obtained. The management maintained a training matrix which enable all staff training to be monitored and kept up to date.

Staff received regular supervision from management and told us that they felt well supported within their roles. One staff member said, "I have supervisions regularly with my manager. It's a good catch-up and a good opportunity to get feedback." We saw records that supervisions were happening on a regular basis within staff files, and that yearly appraisals were taking place.

Staff members gained consent from people that they supported. One person told us, "Yes the staff gain my consent. Everyone is very respectful and makes sure that I am happy with what is going on." During our inspection, we observed staff interacting with people and asking them permission before providing support

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 Act 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.

Some people had capacity to make decisions about their support and care. However, staff had an understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. The registered manager told us, and records confirmed that they and staff had received training on the requirements of the MCA. The registered manager and team leader were able to explain how decisions would be made in people's best interests if they lacked

the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLs for some people, as staff in conjunction with other healthcare professionals, considered that their liberty may have been restricted. These actions showed that staff understood their responsibilities under DoLS arrangements.

People were encouraged to maintain a balanced diet. We saw that fresh food was being used to prepare meals, and that people had a choice of what they wanted to eat. One person said, "I love the food. If there is ever something that I don't like, they will make me something else instead." We saw that people had a constant supply of drinks throughout the day, and that snacks and cake were available in between meals. People were given the support they needed to eat during meal times and there were enough staff around to make sure that everyone was being supported as required. We saw that weight, food and fluid monitoring was taking place when appropriate to monitor people's health.

People received the support they needed to access health services. One person told us, "Yes the staff take me out in the van to appointments when I need to." A relative of a person said, "The service is excellent with keeping us up to date as we request. Myself or family can support [Person's name] to appointments, but we know the staff can do it for us if we are not available. It's great to know that they will sort it out and keep us in the loop." A staff member said, "Nurses come in every day to administer an injection for a person." During our inspection, we saw that a G.P had visited a person as arranged by the service. We saw that all people's health needs and requirements were documented within the electronic care planning system and were regularly updated and reviewed.

Good

Is the service caring?

Our findings

People told us that they felt the staff had a caring approach towards them. One person said, "I love it here, the staff are very nice." A relative of told us, "[Person's name] moving here has been an incredible experience. The staff are like family, even to me. The staff and the management are so committed to the people living here. They are so caring, myself and my family could not hope for a better place for [Person's name] to live." During our inspection we observed staff interacting with people in a caring manner. Staff took the time to talk with people and responded to questions and conversation in a warm and friendly way. We saw that there were plenty of staff around to sit and talk with people and make sure that everyone had what they needed.

People's preferences, likes and dislikes were all known and respected by staff. One person told us, "The staff know that I like to keep myself to myself and they respect that." A relative told us, "The staff really do know what [Person's name] likes and dislikes are. They will always encourage them to try something new and take part, but respect the choices that are made." All the staff we spoke with were able to tell us detailed information about people and what their preferences and choices were. We saw that people had a section within their electronic files that contained information on their personal background and history, as well as information about their relationships with family members. We saw that this information was regularly reviewed and updated as people's choices or preferences changed.

People told us they felt involved in their own care and support. One person told us, "Yes the staff involve me as much as I want." Another person said "The staff talk to me all the time and ask me what I like." A relative said, "[Person's name] is no longer able to make their own decisions. They can signal if they don't like something like food though and the staff respect that. We the family are involved in any major decision making and the staff are very good at making sure we are up to date and involved." Staff told us that they were all keyworkers to certain individuals, and that role meant that they were the main person that contacted family members as well as, where possible, sitting down regularly with the person and making sure they were happy with their care. We saw evidence that people had keyworkers who regularly facilitated people's involvement with their care.

People's privacy and dignity was respected by staff members. One person told us, "My privacy is respected. I have no problems whatsoever." A relative said, "They absolutely respect privacy and dignity. Sometimes people get confused and upset for various reasons, and the staff are always very discreet when speaking to people and helping them out." A staff member told us, "I feel proud to work here because I believe that everyone is treated with the upmost dignity. I have worked in other places that were not very nice, but here we take privacy and dignity very seriously." We saw that people's care plans gave guidance to staff on how people liked to be supported and also prompted and reminded staff to consider people's privacy and dignity at all times.

People were encouraged to stay as independent as they could be. The registered manager told us that some people were able to use the community independently. We saw that one person had been able to go out by themselves and use public transport to access the community. The registered manager explained how

recently their needs had changed, so they were currently working with the person and other professionals to assess risks and determine the correct level of support the person would need. This was to maximise their independence whilst keeping them safe at the same time.

People were able to have visitors as and when they wanted. One person said, "I have people visit me from time to time, there is never any problems with them coming in." During our inspection we saw several family members come in and out of the service visiting people. They were all on first name terms with the staff and registered manager who welcomed them in and created a friendly and warm atmosphere.

Good

Is the service responsive?

Our findings

People received an assessment of their needs before moving in to the service. The management within the service would carry out an assessment to make sure that the person's needs could be catered for appropriately. We saw that people's care plans documented their needs in detail and was regularly updated to reflect any changes.

People received personalised care that met their own specific needs. One person said, "The staff know me very well and I think they understand the way I like to do things." A relative said, "The staff are amazing here, they clearly understand [Person's name] needs, likes and dislikes so well. The care is very person centred." We saw that people's care plans had information that was personalised to them. Their likes and dislikes were documented as were their personal routines. We saw a 'This is me' section within each person's personal file which listed all the information personal to them. For example, one person had information around their food preference within their file saying that they particularly like jam sandwiches and scrambled eggs, but did not like cakes and biscuits.

We saw that staff were recording daily notes within the electronic system on a regular basis. Contained within the notes was personalised information about the individual, and information that the person themselves had expressed. This meant there was constant and up to date record of a person's wants and needs for staff to access and learn from.

People's needs were regularly updated and reviewed as required. We saw that people's files had a review section that documented when a review of information had taken place. We saw that the service had a flexible approach to reviewing information and communicating with people and family members, for example, one family preferred to have regular and short updates on their family member due to their constantly changing needs. They felt that this was a better way of working, rather than a six monthly or yearly meeting. We saw that people also has social work led reviews involving other professionals to review their care within the service. People had keyworker staff that had the responsibility of taking a lead role in updating information about a person and being the main staff link to a person's care within the service.

People were able to express their thoughts in residents meetings within the service. We saw minutes from meetings that had taken place that covered various topics and recorded people's opinions including information around the heating, new carpets, meals and activities. Actions were collated as a result of things that people had said within the meetings.

People were encouraged to maintain relationships with family and friends. We saw that information with people's files clearly documented the family relationships that were important to them so that staff were aware. All the staff we spoke with spoke of the open and friendly environment that they tried to maintain with family members visiting people and being involved in their care. We saw that people had many communal spaces to enjoy time and chat with other people within the service and socialise. The service regularly promoted activities and themed events which again encouraged family involvement and socialising between people at the service.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure in the home. We saw that within each person's file, a record had been made of the complaints procedure being explained to them, or a family member if they were not able to understand it. A person told us, "I make myself known if I have a problem. I don't have any problems at the moment." All the people and relatives that we spoke with told us they had faith that any problems or complaints that they raised would be dealt with promptly. We saw that any complaints made had been recorded and responded to by the management.

Good

Is the service well-led?

Our findings

People felt that the management team were friendly, open and honest. One person said, "Yes I know the manager, she is very nice, they are all very nice." A relative told us, "We have a great relationship with the managers. They really put in a lot of effort and make us feel welcome. The most recent registered manager took over from someone very good, and the standard has remained really high." All the staff we spoke with told us that they felt well supported by the
registered manager and that they enjoyed working at the service. A staff member told us, "I think we are a great team and we are supported really well." Throughout our inspection, we saw the registered manager and the deputy manager interacting and helping people and staff in a warm and friendly manner. We saw that a message had been displayed within the entrance hall of the service from the registered manager, that reminded people, staff and visitors that they were welcome in to the office at any time should they wish to speak with her.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive and proud to work at the service. We observed staff working well as a team, providing care in an organised and calm manner. We saw that the service had a staff structure that included a registered manager, deputy manager, senior carers and carers, and that people were well aware of their responsibilities None of the staff we spoke with had any issues with the running of the service or the support they received.

The registered manager and deputy manager had an excellent knowledge of the people that lived within the service and the staff team. Our observations were that the relationships between the management and the staff were open and transparent. The management knew the skill sets of the staff team and were able to create a balanced and effective team that worked well together and supported people in a positive manner.

We saw that accidents and incidents were recorded and appropriate actions had been taken. Records were made electronically on each person's file so that incidents involving them could be viewed easily. All information on accidents and incidents had been collated within a separate file which management had analysed and created actions as and when required. We confirmed the registered provider had sent appropriate notifications to CQC as required by registration regulations.

Staff meetings were held for the staff team to share information. Information such as medication, rotas, staffing, and training had all been discussed and recorded within the staff meetings file for people to refer to if they were not able to attend.

Quality questionnaires had been sent out to people, their relatives, staff members and other professionals working within the service. We saw that the results had been collated by the manager, with actions created from the information as necessary. The electronic care planning system in use allowed for detailed audits to be undertaken across all areas of care planning and risk assessment. We saw that full medication audits were in place as well as audits for other areas of the service such as night shift worker audit checks and infection control.