Mr & Mrs K Taylor

Collyhurst

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Collyhurst is a residential care home, providing personal care and accommodation to 34 older people. There are 30 bedrooms in the main house spread over 3 floors. The basement and ground floor both have a dining area and a kitchenette. The communal lounge is located on the ground floor. There are a further four bedrooms in a bungalow annex. At the time of our inspection, the provider was making changes to the building to link the main building and bungalow annex. Twenty six people lived at the home when we inspected.

People's experience of using this service and what we found
Risk's to people's health had been identified, but records did not always show how these risks had been assessed and mitigated.

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 did not support this practice.

The registered manager and provider did not fully understood their responsibilities under the Mental Capacity Act. Where a person's capacity to make a decision had been questioned, capacity assessments were incomplete and not decision specific.

Staff had not always received training to support people with specific health conditions such as epilepsy and diabetes. Some mandatory training was out of date.

Systems and processes had not been effective in identifying the shortfalls found during our inspection.

The home was generally clean but there was a strong odour in the communal lounge. Staff followed good infection control practices and used personal protective equipment (PPE) appropriately.

People and relatives told us they felt safe at Collyhurst. Staff understood their responsibilities to protect people from avoidable harm.

People's health and emotional needs were assessed before they moved to Collyhurst to identify what support they needed.

There were enough staff to keep people safe. Assessed staffing levels had been maintained and staff were recruited safely.

People had access to the healthcare they required and were supported to access healthcare services, such as their GP, district nurse and optician. People received their medicines as per their individual prescriptions.

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 25 June 2019) and there was a breach of regulation 17 Good Governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made, and the provider was still in breach of regulations.
The service remains rated requires improvement. This service has been now been rated requires improvement for the last three consecutive inspections.

Why we inspected
The inspection was prompted in part due to concerns received about poor personal hygiene, staff not responding quickly enough to assist people and infection control practices. In addition, as a breach of legal requirements was found at the last inspection we undertook this focused inspection to review the key questions of safe, effective and well-led only. We also checked they had followed their action plan and to confirm they now met legal requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. As a result, the overall rating for the service has remained the same. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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.

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

Enforcement
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 to keep people safe and to hold providers to account where it is necessary for us to do so.
We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

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 effective? The service was not always effective. Details are in our effective 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**

Collyhurst

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 Care Act 2014.

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 two 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.

Service and service type
Collyhurst 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.

The service had a manager registered with the Care Quality Commission. 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.

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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the newly appointed manager, a senior care worker and care worker. We also spoke with a healthcare professional who regularly visits the service.

We reviewed a range of records. This included four people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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
● Risks to people's health had been identified. However, records did not always show how these risks had been assessed and mitigated. Gaps in risk assessment tools in some care plans meant it was not clear how the level of risk had been assessed.
● One person had epilepsy. Care records had not assessed or mitigated the risks associated with this condition. Staff had not received training to help them identify or respond when this person had a seizure as a result of their health condition. Despite this, records showed and staff told us they would seek emergency medical help when required.
● Another person had a urinary catheter in place. Care records had no information about the management of the catheter, and there was no guidance for identifying early signs of infection, to help prevent ill-health. This posed a risk as an infection may go unnoticed.
● There was no diabetes risk management plan for a person whose diabetes was controlled by medication. Some staff had received training and guidance from the diabetes nurse who regularly reviewed people's care. However, without clear records to direct staff on how to identify concerns relating to safe diabetes practices, there was increased risk of ill-health.
● Some people had been identified as high risk of malnutrition and dehydration and required their food and fluid intake to be recorded to monitor this risk. It was not clear how much food and fluid staff should be encouraging as this had not been recorded in their care records. Where staff had recorded a person's food and fluid intake, this was not always being reviewed to ensure people remained nourished and hydrated when intake fell below expectations. For example, records showed one person was not offered a drink on various occasions at night.
● Some environmental risks had not been identified. The fire risk assessment had not been completed by a trained professional and a small plastic pot was being used by staff to extinguish cigarettes. This increased the risks related to fire safety.

We found no evidence people had been harmed however, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Following our inspection, the newly appointed manager took immediate action and completed care plans for people living with diabetes and those with a catheter. Urgent medical assistance was sought from a trained professional to assist with the risks related to epilepsy. The newly appointed manager told us checks would now take place to monitor food and fluid intake where necessary and care plans related to this would

include enough information for staff to monitor the risk of dehydration and malnutrition.
● The registered manager confirmed an external fire risk assessment had been completed following our visit and a safe cigarette disposal bin had been installed.

Systems and processes to safeguard people from the risk of abuse
● People and relatives told us they felt safe at Collyhurst. Comments included, "I feel ever so safe. They come whenever I ring this bell. They treat me ever so nicely," and "[Person] is well looked after, I noticed they wash and cut her hair, she is well groomed, and her clothes are fine and clean."
● Staff had received safeguarding training and understood their responsibility to report any concerns about a person's welfare. One staff member told us, "There are different types of abuse like physical and emotional abuse. There is also verbal abuse. I would report it straightaway to a manager or take it further to yourselves."
● The registered manager understood their safeguarding responsibilities and when to make referrals to the local authority.

Staffing and recruitment
● Prior to our visit, we had received concerns staff were not responding quickly enough to assist people where needed. The newly appointed manager already identified some shortfalls during a recent meeting with people. This had been addressed with staff and people now felt this concern had been resolved. One relative told us, "I visit most days and there seems to be enough staff." One person told us, "As soon as you get up they are here. I never have to wait."
● Staff told us staffing levels enabled them to look after people safely and records confirmed that assessed staffing levels were maintained.
● The recruitment process ensured staff were suitable for their roles by conducting relevant preemployment checks which included an enhanced Disclosure and Barring Service [DBS] check. The DBS helps employers make safer recruitment decisions so only suitable people work with those who are vulnerable.

Using medicines safely
● Overall, people received their medicines as prescribed by staff who were trained and assessed as competent.
● We identified discrepancies in two prescribed medicine records and the amount of medicine present in stock. Immediate action was taken to identify the error and the newly appointed manager told us the daily medication check would have identified this shortfall.
● The management of medicines applied through a patch on the skin required some improvements. One person was prescribed a patch medicine where the application sites needed to be rotated every 3-4 weeks to reduce the risks of skin irritation or overdose. Records showed this wasn't always rotated as per the manufacturer's instructions.

Preventing and controlling infection
● Prior to our visit, we received concerns about people's personal hygiene and infection control. We found no evidence to substantiate this concern. People looked clean and records showed people were regularly offered personal care.
● Staff followed good infection control practices and used personal protective equipment (PPE) appropriately. The home was generally clean but there was a strong odour in the communal lounge. The registered manager had identified the cause and had plans to replace the flooring in that area following our inspection.
● We were assured that the provider was accessing testing for people using the service and staff. However, Lateral Flow Tests (LFT) were being carried out within the main building. This could increase the risk of

spreading infection. Following our visit, the registered manager designed a new protocol to ensure LFT were completed and recorded before staff entered the home.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● 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 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Staff recorded accidents and incidents in people's individual care plans. However, there was very limited information about investigations carried out to identify the cause, or actions taken to mitigate future risks.
● The provider was unable to show us any recorded audits of incidents or accidents, and we did not see any evidence these had been used to identify patterns or trends across the service.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

● The registered manager and provider did not fully understood their responsibilities under the Act. This was because mental capacity assessments did not evidence how decisions about a person's capacity to make decisions had been made.
● Capacity assessments were incomplete and not decision specific. They did not show how information was presented to people or evidence all reasonably practicable steps had been taken to support people to make important decisions.
● The registered manager acknowledged this was an area to improve and was going to source additional training following our inspection.

Staff support: induction, training, skills and experience
● Staff completed an induction when they started to work at the home. This included working alongside experienced members of staff to understand the specific needs and routines of the people living there. During induction, staff completed a range of competency assessments to ensure they worked in line with the providers expectations.
● Overall, records showed staff had received the provider's mandatory training. This included important topics such as safeguarding and moving and handling. However, staff had not always received training to support people with specific health conditions such as epilepsy and diabetes. In addition, some staff had not received up to date training in the principles of Mental Capacity Act. This is important so staff remain up to date with best practice guidance and legislation.
● Despite this, staff felt the training they received enabled them to effectively meet people's health and emotional needs.

● Staff felt able to speak with the managers at any time and had opportunities to discuss their work and support needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People and relatives provided positive feedback about the quality of food. Comments included, "The food is lovely", and, "[person] is pleased with the food. [Person] eats well."
● The lunch time meal was well-presented and looked hot and nutritious. Staff prompted people to eat more and offered appropriate assistance where needed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's health and emotional needs were assessed before they moved to Collyhurst to identify what support they needed. This ensured staff could provide the appropriate level of care required.
● Assessments reflected of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had access to the healthcare they required and were supported to access healthcare services, such as their GP, district nurse and optician.
● The registered manager worked closely with the diabetes nurse. Comprehensive logs of all contact with the diabetes nurse detailed any changes to people's doses and regimens.
● During the COVID-19 pandemic, the provider took part in a local initiative which involved regularly monitoring people's oxygen levels, pulse rate and blood pressure to identify signs of ill-health early to reduce demands on GP and hospital services. The newly appointed manager told us this had worked well and described how one person was prescribed anti-biotics following a change in their observations.
● People's care plans contained information about the support they needed to maintain their oral health.
● One healthcare professional told us, "Staff are very good at giving me the information I need." They went on to say, "Some staff have been taught by diabetic nurses. We are here if they need us. The ones that do it (give insulin) are very good and knowledgeable."

Adapting service, design, decoration to meet people's needs
● Although some areas of the home looked tired and in need of refurbishment, the provider had already identified this and plans were in place to make improvements.
● People had their own rooms, which they could personalise to their individual tastes. People had space to socialise with others.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question 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 the provider had failed to consistently assess, monitor and improve the quality and safety of services provided. Risks relating to the health, safety and welfare of people were not always identified or mitigated. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with an action plan.
- Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.
- Quality checks to monitor care plans failed to identify risks associated with people's health had not always been assessed or mitigated. For example, care records did not assess or mitigate risks related to epilepsy, diabetes or catheter care.
- Where risk assessments were in place, these were not always complete. Gaps in risk assessment tools meant it was not clear how the level for each identified risk had been assessed.
- There were no checks to ensure people at risk of malnutrition and dehydration had been offered and accepted food and fluids.
- There was insufficient oversight of accidents and incidents. This meant there was no system to identify the cause, pattern or trends to accidents and incidents to reduce the risk of reoccurrence. This had also been found at the previous two inspections.
- Quality checks failed to identify gaps in capacity assessments. Where capacity assessments were in place these lacked detail.
- There was insufficient oversight to monitor staff training. Training for specific health conditions had not always been complete and staff had not always received up to date training in important topics such as the Mental Capacity Act.
- Some people had pressure relieving mattresses to reduce the risk of developing sore skin. These must be set in accordance with a person's weight so they can effectively distribute a person's weight over a larger area to reduce the risk of developing sore skin. Although a process was in place to monitor people's mattresses, it had not identified some mattresses were incorrectly set. For example, one person weighed 40.65kg but their mattress was set for 125kg placing the person at greater risk of developing a pressure ulcer.

We found no evidence people had been harmed however, systems continued to either not be in place or robust enough to demonstrate safety was effectively managed. This was a continued breach of regulation 17

(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager recognised they needed support to ensure effective oversight of the service. They had appointed a new manager who was in the process of registering with us, CQC, to become a second registered manager for the service. The newly appointed manager told us they were responsible for the day to day management of the service with the long-standing registered manager maintaining regular oversight.
● The newly appointed manager started to implement a system of checks and audits which had started to demonstrate some improvement in the quality and safety of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Prior to our inspection we received some concerns staff were not always responding quickly to people's requests for assistance. Through speaking with people, the new manager had already identified this as an area for improvement and addressed this with staff during staff meetings. They had recently met with the people who had raised this as a concern who reported things had improved.
● We received positive feedback about the management team. One relative told us, "The manager and staff are friendly and approachable." This was also confirmed by staff. One staff member told us, "The new manager is very good, very helpful. They will sit and listen to you. If you have any problems, they will help you."
● Due to the COVID-19 pandemic, formal relative meetings had not taken place, but the newly appointed manager was keen to get these arranged.

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
● We were assured the registered manager and the newly appointed manager understood their responsibilities under the duty of candour.

Continuous learning and improving care
● Managers were responsive to our feedback and took immediate action to address some of the issues we identified during our inspection.

Working in partnership with others
● The provider worked with other health and social care professionals. The managers sought feedback from other healthcare professionals when implementing improvements in response to our inspection visit.

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 must ensure they assess the risks and do all that is reasonably practicable to mitigate the risks to the health and safety of people using the service

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes must be operated effectively to assess, monitor and improve the quality and safety of services provided. Systems and processes be operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Systems and processes must maintain securely an accurate, complete and contemporaneous record in respect of each service user.

The enforcement action we took:

We served a S29 Warning Notice against the provider and registered manager for failure to comply with regulation 17