

# Dignus Healthcare Limited

# Colliers 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 

### Overall summary

This inspection took place on 4 November 2015. The inspection was announced 48 hours before we visited to establish if people living at the service would be available to talk with us. This was the first inspection of the service since they registered with us.

Colliers House is registered to provide accommodation and personal care within a residential setting to a maximum of twelve people. There were eleven people using the service at the time of our inspection. This included people with a learning disability, autism and mental health needs.

The service consists of three units. Four people lived in the main unit where the registered manager's office was situated. The other two units each consisted of four one bedroom flats where people were supported by staff to live as independently as possible.

A requirement of the provider's registration is that they have a registered manager. 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

# Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a registered manager at the service.

People and their relatives told us they felt safe at Colliers House, and staff treated them well. The registered manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. Staff had a good understanding of risks associated with people's care needs and knew how to support them.

There were enough staff at Colliers House to support people safely and provide people with support in the home and whilst outside of the home. Recruitment procedures made sure staff were of a suitable character to care for people.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to attend health care appointments when they needed to and received healthcare that supported them to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence. When they were not able to make these decisions relatives and healthcare professionals were consulted for their advice and input.

People were supported to pursue their hobbies and interests both within and outside of the home. Activities were arranged according to people's individual preferences, needs and abilities. People who lived at Colliers House were encouraged to maintain links with friends and family who visited them at the home when people invited them. They were also supported to visit their relatives.

There was a good transition process to support people moving into Colliers House. Relatives were involved to help reduce any anxieties. Detailed action plans were devised to assist transition into the home in order to ensure people's care and support needs were met.

Staff, people and their relatives felt the registered manager was kind, supportive and promoted an open culture within the home. Positive communication was encouraged and any identified concerns were acted upon by the registered manager, operations manager and the provider.

Staff were supported by the registered manager through regular team meetings, direct observation and supervision sessions. Staff felt their training and induction supported them to meet the needs of people they cared for. The registered manager felt well supported by the provider who visited regularly.

People and their relatives told us they knew how to make a complaint if they needed to. The provider monitored complaints to identify any trends and patterns, and made changes to the service in response to complaints.

The provider carried regular audits to check the quality of care people received.

# Summary of findings

## 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 safe.

People and their relatives told us people were safe because they received support from staff who understood the risks relating to people's care and supported people safely. Staff knew how to safeguard people from harm and there were sufficient staff to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training to help them undertake their work effectively including a comprehensive induction for new staff. People were supported to access a variety of healthcare services to maintain their health and wellbeing. Staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

Good



### Is the service caring?

The service was caring.

People were supported by staff that were kind and caring and there was a happy and positive atmosphere within the home. Staff ensured people were treated with respect, had privacy when they needed it and maintained their dignity at all times. People were encouraged to maintain their independence and supported to make choices about how to spend their time.

Good



### Is the service responsive?

The service was responsive

People and their relatives were involved in decisions about their lives and how they wanted to be supported. People were given support to access interests and hobbies that met their preferences. People and their relatives told us they knew how to make a complaint if they needed to. Actions were taken in response to complaints received to drive improvement.

Good



### Is the service well-led?

The service was well led

The provider and registered manager supported staff to provide a person centred service which focused on the needs of the individual. Staff were supported to do their work. People and their relatives felt able to speak to the manager at any time. There were procedures to monitor and improve the quality of the service.

Good



# Colliers 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.

The inspection visit took place on 4 November 2015 and was carried out by two inspectors

We observed the care and support provided to people who lived at Colliers House. Most people had limited verbal communication and were unable to tell us in any detail about the service they received. We spoke with one person who used the service and spent time talking with staff and observing how they interacted with people so we could get a view of the care and support people received.

We spoke with the registered manager, the provider and the operations manager. We also spoke with five members of support staff and three relatives. We looked at the records of two people who used the service and four staff records. We also reviewed quality monitoring records.

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 reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service.

We looked at information received from the local authority commissioners of adult social care services. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at Colliers House. We saw people laugh and engage with staff members and one person who did not want to speak with us felt safe enough to tell staff this. One relative we spoke to told us; “I feel [person] is safe but most importantly they tell us they feel safe.” The atmosphere was relaxed and interactions between staff and the people who lived there were warm and friendly.

Staff knew the risks associated with people’s care and how to manage and minimise risks. For example, one person we spoke with required assistance to move around. They told us there was always two staff to support them when using equipment and that staff regularly checked their skin and applied cream to prevent it becoming sore. Several people had behaviours that could place themselves or others at risk if they became agitated or upset. Staff knew how to manage the risk, they had been trained to de-escalate situations and help people remain calm. There was clear information in people’s support plans for staff to follow to manage behaviours to minimise the impact. One relative told us, “They have put a lot of thought into who they employ.”

All the staff we spoke with had a good understanding of abuse and how to keep people safe. Staff said people felt safe at the home as, “They have staff they know well, this reduces people’s anxiety, and behaviours, as we know what to say, and what to do, to distract people if they become agitated or anxious.” Relatives we spoke to confirmed that staff had a good understanding of their family member, and their behavioural triggers, and how to respond to them. We asked the relative of one person who could not communicate with us if they felt their relative was safe and how. They told us “‘[Person] is not wary of anybody here, I can tell by their body language they are not uncomfortable, that is huge for me, I feel [person] is safe.”

Staff had completed training in safeguarding people and knew what action they would take if they had any concerns about people. A staff member told us, “I would report it to the manager. I would have to record it and the manager would refer it to social services.” A team leader knew what to do if staff referred concerns to them while in charge of

the home. “We have procedures and phone numbers for safeguarding. I would also probably phone the manager to let her know about the concern and that I had referred it to safeguarding.”

The provider told us that a handbook with information in on how to report concerns was given to people and their relatives on admission and this was in an easy read format. There was no information displayed around the home and we asked about this. The registered manager advised us due to people’s behaviour having posters displayed was a problem as they could get damaged. They went on to say a staff member had put together a teaching session on safeguarding awareness which was presented at a team meeting. People who lived at the home were invited to attend these meetings and would have received information about who to tell if they felt unsafe. The registered manager told us she would use this information pack to create a display on the notice board in the reception area so visitors, people and relatives could see it and have the relevant information available if they wanted to report concerns.

We saw there were sufficient numbers of staff to support people living in the home. On the day of our visit there was eight staff on duty. Four staff supported people in their flats and there were four staff supporting the three people who were at home in the main unit. All the staff we spoke with told us they felt there were enough staff to meet people’s needs.

Relatives we spoke with also felt there were enough staff. The provider told us staffing was based on individual people and their needs. They told us during the pre-assessment process a team of staff would be identified to work with the person centred on their particular dependency needs. We asked how staff vacancies for leave or sickness were covered. The registered manager told us they never used agency staff as they had their own ‘bank’ of staff available to ensure that people received care from staff who knew them well.

We asked about staffing at night and the registered manager told us there were three staff on duty and an additional member of staff who would sleep in and be available to assist if needed.

Staff said they had time to sit and talk with people and to carry out other tasks including meal preparation and domestic tasks. One staff member told us, “There is always

## Is the service safe?

enough staff to support people and to go out.” Observations during our visit confirmed there were sufficient numbers of experienced staff to maintain people’s safety.

There was a safe procedure for assisting people with medicines. We checked the administration of medicines and found medicines were stored securely. Administration records showed people received their medicines as prescribed. The provider had informed us there had been some medication errors in the last year. We asked the registered manager what had they done about this and they told us this had been discussed at staff meetings to improve practice and weekly medication audits were

carried out. We saw this had happened. Staff had undertaken training to administer medicines and had their competency checked to ensure they continued to do this safely. Some people required medicines ‘as required’. There were detailed protocols for the administration of these medicines to make sure they were given safely and consistently. This included emergency medicines for epilepsy and managing specific behaviours.

We saw there were personal evacuation plans for each person in the event of a fire known as a “snatch and grab” which contained relevant information the emergency services would require.

# Is the service effective?

## Our findings

A relative told us; “The staff are very relaxed, the training seems to be very good.”

The registered manager told us new staff completed an induction programme and ‘shadowed’ an experienced member of staff on shifts before they supported people. The provider told us new staff were enrolled on the Care Certificate course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Staff we spoke with said they had completed an induction and had regular refresher training to keep their skills up to date. On the day of our inspection some staff attended refresher training for medication and first aid.

Staff told us they felt confident and suitably trained to effectively support people. This included NAPI (Non Abusive Physical Intervention) training so staff could support people who had behaviours that could place themselves or others at risk of harm. Staff told us the training helped them remain calm when dealing with these situations as they knew what to do to de-escalate the situation. During our visit staff responded calmly to people who became agitated and knew how to distract them to reduce the situation escalating. Staff followed the guidelines in their care plan to provide reassurance and distraction. One staff member said, “The training we get is really good. We have had all the routine training as well as training in Autism and NAPI. So I know how to work with people who live here.” Staff told us the registered manager supported further training, some staff we spoke with had attained accredited care qualifications. Our observations found the staff team had a good understanding of the needs of the people they were supporting.

Staff told us they had regular supervision meetings with the registered manager or team leader. This provided them with the opportunity to discuss their work performance and learning and development needs. The registered manager acknowledged that the supervision meetings needed to be formalised, and although supervision was taking place it was not consistently documented. This was due to the expansion of the service and a busy first year for the home. This had been discussed with the provider and a second team leader was to be recruited to assist the registered manager with some of these duties.

The registered manager and staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood issues around people’s capacity to make certain decisions and why DoLS authorisations had been put in place for some people where restrictions were in place in how they lived their lives. Where decisions had been made on people’s behalf we saw meetings had been held to make sure decisions were made in the person’s best interest.

For example one person was reluctant to take medicines seen as essential to maintain their health and wellbeing. Agreement had been gained from the person’s GP and relative for the medicine to be given covertly, (hidden in food) so the person remained well.

People who lived in flats were involved in shopping and cooking their own meals with support from staff. Staff told us people living in the main unit were able to choose their meals, which were prepared by staff. A staff member told us, “We have a weekly meeting where people choose what they want to eat each day.” We saw written information reflected these meetings took place and choice of menu was routinely discussed. Staff said they checked menus to make sure people received a nutritious diet with fresh vegetables. People’s choices were displayed each day in picture format on the daily menu in the dining room to remind them of their meal choice. People were assisted to make choices by using pictures of meals they would like to eat. Staff said people were able to change their choice if they wished. No one required a special diet for reasons of health, although staff said they supported one person to choose food in accordance with their religious beliefs.

## Is the service effective?

Each person had a health support plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped staff ensure that people had access to the relevant health and social care professionals. Records showed people were supported to attend health appointments and received care and treatment from health care professionals such as their GP, and Psychiatrist when required.

We asked relatives about the health care support offered. We were told; “Actually the optician is going to see [person] tomorrow and they get to see the GP when needed.” Another told us how impressed they were with staff when their relative needed medical assistance, they told us “They didn’t wait for me they took [person] to the walk in centre

which was good.”. They went on to say that meetings had been arranged between them and the occupational therapist when support was required for their relative who was moving to another part of the service.

One person living at the home required adaptations to their flat to keep them safe. The provider had gone to extensive lengths to make sure the layout of the bathroom, kitchen and overall layout of the flat met their needs. This person’s relative told us they had been involved throughout the process. Another relative told us; “The building is very nice, its purpose built for the people who live there.”



# Is the service caring?

## Our findings

We observed that all the staff were very caring to people who lived at Colliers House. There was a happy, positive atmosphere and laughter. When we first arrived we spoke with the provider in the main office, one person walked in and went to the provider and stroked their forehead. They responded kindly to this person. We heard staff encouraging people gently and the home was lively and busy.

We spent time observing the interaction between staff and people and the interactions were sociable and friendly, we saw staff sitting and talking to people throughout our visit. The provider told us the most important thing to them was that people felt Colliers House was their home, they told us, "We want people to achieve what they want to achieve." During the afternoon one person living at the home came into the main office whilst we were talking with the provider. They walked around for a while and then left. The provider told us they would never discourage this and said, "This is their home, they should be able to go wherever they want." We were informed by the registered manager and provider that we may have to move from the office at 17:00 as one person always used the computer at this time. This structure was very important to their wellbeing and the manager told us staff always made sure the computer was available to them at the exact time.

We asked relatives if they felt staff were caring, they told us, "Staff are brilliant, they listen to [person] and understand him." Another said, "They put the people who live there first and have a good understanding of them, they make us feel welcome and part of the family." Another relative we spoke to told us about their relative's keyworker, they said "I love [person] they show me I matter as well." We saw staff touching people's hand and people responded by touching them back and holding hands.

People received care from staff who knew and understood their likes, dislikes and personal support needs and people were able to spend their time as they chose. Staff

understood people's communication skills and communicated effectively with people who had limited verbal communication with the aid of signs, pictures and gestures. Staff had a good understanding of the importance of respecting people's privacy and dignity and supported people to maintain their independence by doing things for themselves. A staff member told us, "We encourage people to do things for themselves. It increases people's confidence and their sense of self-worth." Another said, "Little steps lead to huge strides for people." Staff told us, "There is never any time restriction when supporting people it takes as long as it takes." Another member of staff told us they supported people's privacy and independence by, "Allowing people to make their own choices and respecting people's decisions. Ensuring you maintain people's privacy by not discussing them with others not involved in their care."

People were proud to show us their bedrooms which provided them with their own private space. People had been supported to choose how their rooms were decorated and furnished. Bedrooms we viewed were decorated differently and reflected the person's individual needs and preferences. People in the main unit were able to use their bedrooms during the day if they wanted some privacy. We observed on the door of one flat there was a note for visitors to 'please knock and wait' we saw staff do this during our visit.

One person chose to stay in bed until the afternoon. Staff regularly went to the person to encourage them to get up during the day but respected their decision not to get up until mid- afternoon. People were able to live their lives as they chose.

People were supported to maintain relationships with those who were important to them. A relative told us when they visited, "They give us space and time alone." Another told us their relative went home at weekends but said "[Person] does come home and actually wants to go back after visiting which is positive."

# Is the service responsive?

## Our findings

Staff mainly worked with identified people so they got to know their likes and dislikes and could build up relationships and trust. However, staff knew the care and support needs of everyone that lived at Colliers House so they could work with people if their regular staff member was off work.

A relative told us, “[Person] has a good keyworker and the consistency of staff supporting has improved. It’s good because they all sing from the same hymn sheet.”

Staff told us they had a handover meeting at the start of their shift which updated them with people’s support needs and any concerns since they were last on shift. Staff said this was also where they planned what they would be doing during their shift. One staff member told us, “We have handover at the start of the shift, and we read the communication book so we all know what’s going on.”

Staff said they had time to read people’s support plans so they knew people’s individual preferences, for example how they like to spend their time and what to do to respond to people if they became agitated or distressed. A relative told us, “They do reports on [persons] behaviours and triggers, it’s all very person centred, [person] has structure now which is good.”

We looked at two people’s care records. Support plans contained up to date and detailed information for staff to provide appropriate levels of care and support to people. Plans were individualised and informed staff what people liked and how people wanted their support delivered. Where possible people had been involved in planning and reviewing their care and support.

One relative told us; “[Person] is very happy and gets to do what he wants to do, he comes home at weekends but sometimes chooses not to, it’s all about his choosing”. Relatives told us they were also involved in the planning of people’s care and had reviews regularly. One relative told us “I can also speak to staff if I have questions because I am here a lot.”

We were told about one person’s planned transition to the home. Prior to moving to Colliers House this person’s mother had helped choose how their room was decorated to make the environment familiar and help reduce any anxieties associated with the move. A detailed action plan

was devised to assist transition into the home and to keep the person and staff safe. This person had responded extremely well since moving to the home and a planned move into a flat was in progress to support the person’s independence. The provider told us at the start of the pre assessment process they identified support workers who they felt would best be able to meet the needs of the person. The identified staff would also be involved in helping people make a seamless move into the home. The registered manager told us, “I build relationships with all the service users. Everyone is on a journey and each person moving into the home has had a positive life change.”

People were supported to pursue their individual hobbies and interests and continued to see people who were important to them. One person told us they had attended a football match recently and others went bowling during our visit. In the dining room there were pictures displayed on the wall of people involved in activities, these including activities in the home such as art and craft, gardening and baking as well as day trips.

Relatives told us; “They encourage [person] to go out and go further afield such as college and the disco,” another said “ [Person] is supported to go bowling, dancing and to walk to the pub for a meal”. Another relative told us, “It’s very sociable and [person] is encouraged to be involved with the others, he has been to Blackpool and attends football and rugby matches, he enjoys the activities centre.” One relative told us they enjoyed baking and painting with their relative and that other people in the home would sometimes be involved.

The provider told us they had plans to develop a plot of land at the back of Colliers House and create a horticultural centre so people could grow their own produce for the local community to buy.

We saw in staff meeting minutes’ discussions had been held about preparing for the Christmas decorations and a Halloween party and staff were reminded to make sure people were involved. People were able to attend a nearby club to take part in activities that provided sensory stimulation and self-awareness of body movement. The club also held a regular disco that was open to other people who lived outside of the home as well as people from the provider’s other homes.

We looked at how complaints were managed. We were told relatives were provided with a welcome pack when people

## Is the service responsive?

moved to the home which contained information about making complaints. We saw people had a weekly meeting to discuss menus, activities and any concerns people may have. There was information in easy read pictorial format to support people who had difficulty reading to make a complaint. Staff knew people very well and said they would be able to identify changes in moods or behaviours that could indicate people were unhappy about something. The provider had procedures in place to support people to make complaints.

In the entrance to the home there was a complaints folder containing forms for visitors and relatives if they wished to make a complaint. We looked at the complaints file; there were two recorded complaints which had been dealt with quickly. The provider told us they felt the complaints procedure was important. They told us, "It shows we have an open culture."

# Is the service well-led?

## Our findings

We asked relatives if they thought Colliers House was well led, their responses were, “I am really happy with the manager, she is lovely. She keeps me updated, I don’t really need to talk to her but I can if I want to.” They went on to say, “[Provider] is really lovely and always accommodates you, she is really, really good.” Others said; “I really like [manager], she is very approachable and very good with the staff and the people who live here.” “She is extremely good; she always gets back to you.”

We asked staff about the support and leadership within the home and if they felt able to raise any concerns they had. Staff told us they had regular work supervisions to discuss their performance and training needs. Staff comments included, “We have staff meetings and can speak to the manager at any time. I definitely feel my views and opinions are listened to.” Staff were encouraged to choose a topic and present it at the staff meetings, for example the benefits of people engaging within the local community. The provider told us they were keen to forge links with a nearby school and that the planned horticultural centre would be an opportunity for locals to come and buy produce. They went on to say as the home was being built they held an open day for local people so they could find out more information about the home and the services they would be providing to people.

When asked what worked well at the home, staff comments included, “Good team work and communication works well.” “It’s very well led; it’s an interesting project that works well.”

“We support people to live ‘normal’ lives; many haven’t had good experiences and have had limited life choices. It’s really rewarding to see people flourish and grow in independence.”

Staff told us there had been a Halloween party and several staff attended even though they were off duty.

We asked the registered manager if they felt supported in their role by the provider. They told us;

“I get good support and can always call and they will attend. I couldn’t ask for any better support.” The provider carried out a range of checks to ensure the quality of service provision. This included checks of care records, medicine administration, infection control and training. Where areas of concern were highlighted actions plans were put in place to address them and improve the service. The team leader said part of their role was to check that staff carried out tasks as recorded in people’s care plans and activities have taken place.

The provider monitored accidents and incidents in the home. Where investigations had been carried out support from relevant healthcare professionals was requested. We found the documentation did not consistently show analysis of the incidents carried out however the necessary actions had been taken to protect people. The registered manager made improvements to minimise the chance of them happening again. For example where medication errors had occurred policies and procedures were updated and cascaded to the staff team to inform them of their responsibilities and improve practice.

As the service was approaching its first year anniversary the provider had written to all stakeholders asking for their feedback. They told us they would use this information, and the results of the first survey due to be sent to out to people and their relatives, to plan direction for the home in 2016.

We saw that the provider and regional manager, along with the staff, were highly motivated and committed to support people living at Colliers House. We saw they were passionate about the home and the service they provided. The provider told us, “It’s all about empowering people to be independent.”