

Handsale Limited

Colne Place Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced inspection on the 23 April 2015. Colne Place Residential Care Home provides care for up to 33 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 32 people living in the service when we inspected.

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.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to protecting people by ensuring the premises were well maintained and safe. Improvements were also needed to

Summary of findings

ensure people were consistently supported by sufficient numbers of staff with the knowledge and skills to meet their needs. You can see what action we told the provider to take at the back of the full version of this report.

Procedures and processes were in place which safeguarded people from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to. Appropriate recruitment checks on staff were carried out.

People received care that was personalised to them and met their needs and wishes. The atmosphere in the service was friendly and welcoming. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Staff listened to people and acted on what they said. Staff understood how to minimise risks and provide people with safe care. Care and support was individual and based on the assessed needs of each person. Appropriate arrangements were in place to provide people with their medicines safely.

Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People were supported by the manager and staff to make decisions about how they led their lives and wanted to be supported. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People voiced their opinions and had their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. People knew how to make a complaint and any concerns were acted on promptly and appropriately.

People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities.

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was acted on. Systems in place to monitor the quality and safety of the service provided were not robust. Improvements were needed to drive the service forward.

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 not consistently safe.

Improvements were needed to ensure the premises were safe and well maintained.

Staffing arrangements were not consistent to ensure there were sufficient staff to meet people's care and welfare needs.

Appropriate recruitment checks on staff were carried out. Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

People were provided with their medicines when they needed them and in an appropriate manner.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills they needed to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected and maintained. Staff were compassionate, attentive and respectful in their interactions with people.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People were encouraged and supported with their hobbies and interests and participated in a range of personalised, meaningful activities to meet their social needs.

Good



Summary of findings

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

The service was not consistently well-led.

There was an open and transparent culture at the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. However improvements were needed to monitor the quality and safety of the service provided and to drive ongoing improvements.

Requires Improvement



Colne Place Residential Care Home

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 unannounced inspection took place 23 April 2015. The inspection team consisted of one inspector 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 service.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 11 people who used the service, four relatives and visitors and one visiting healthcare professional. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We spoke with the registered manager, six members of staff including care, catering, domestic and activities staff. We reviewed feedback received about the service from three health and social care professionals. We also looked at four people's care records, three staff recruitment and training files and the systems in place for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

We found significant issues with the maintenance of the service which was a risk to people using the service and others. There were multiple pot holes in the car park and driveway leading to the main reception of the service which could cause people to trip and injure themselves. The external paved patio area that surrounded the service and enabled access to the garden had become hazardous with multiple trip points; the grouting between the York stone paving had deteriorated resulting in loose and uneven paving slabs. At the back of the service was a pea shingle path leading to other gardens within the grounds of the service. We saw that there were large gaps in the patio area near the gravel path which could cause people to trip and fall.

During our inspection we saw several people take advantage of the warm weather and go outside to walk around the gardens. We saw that they took their time to navigate the trip points along the path and edging.

Staff told us they had taken great care in moving people in their wheelchairs outside into the garden marquee the previous weekend, this was so that everyone could enjoy the warm weather and the planned activities. However they acknowledged that it took much longer to get people in and out of the building than if the grounds been in good repair and they had put themselves and people at risk of injury by doing so. We were also concerned that in the event of an emergency staff would struggle to safely move people.

We noticed sections of the roof required attention. This included several large areas where the roof masonry on the eaves overhang had fallen off and was exposed. We noted that some of the fallen debris was lying in the gutters and there was a significant gap in the join of the gutters above the patio area. There was also a gap in the roof adjacent to the main reception that needed repair. People were at risk of being injured if further unstable debris fell from the roof.

Internally we found that some carpet joins had loose edges and could cause people to trip. There was also a slope/drop in the concrete floor into the hall from the rear of the dining room that could cause people to stumble and trip. Although people living in the service were aware of the slope and told us to, "Watch your step," we were concerned with the potential hazard it posed.

The manager advised us that the shortfalls we had identified along with other maintenance issues such as a noisy extractor fan and chipped tiles in some of the bathrooms and toilets had been reported to the provider and they were waiting for quotes and the authorisation to proceed with the improvements required.

This is a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed with the staffing arrangements in the service. There were not enough staff to meet people's needs at a pace that suited them. During the morning of our inspection two members of staff had called in sick and although cover was arranged the additional staff member did not arrive until lunch time. The morning medicines round was delayed which impacted on people not receiving their medicines in a timely manner. This was because the member of staff administering people's medicines had to keep stopping to provide assistance to people and support to staff as they were the most senior person in charge until the manager arrived later that day. Although the member of staff ensured people received the right medicines and were thorough in their practice, they were put under significant pressure as a result of not enough staff and frequent interruptions which could have resulted in potential medicines errors and risks to people.

Staff told us that there were usually sufficient staff to meet people's care needs but acknowledged they did not always have the time they would like to spend with people and to engage with them. One staff member said, "Today is not normally like this. We have been stretched but we have pulled together and got things done. Yes I would love to have more time to interact with people and get to know them more. Sometimes you can see all they want is a chat and some company but we have a lot to do. It is left to [activities co-ordinator] to try and bridge the gap." Due to the lack of staff the planned activities for the morning were cancelled as the activities co-ordinator had to work in the office to answer telephone calls and the front door.

We saw that people in the two lounges were left alone for long periods of time with no interaction whilst care staff were answering requests for assistance or writing up care records. The deployment and organisation of staff did not always mean people received the support they needed

Is the service safe?

consistently and in a timely way. In one of the lounges people living with dementia were left alone for long periods of time with no interaction, staring ahead showing signs of being withdrawn and disengaged.

The manager advised us they would review and monitor the systems in place to provide sufficient numbers of staff with the right skills and competencies to meet people's care and welfare needs. These improvements will need to be sustained to ensure people are consistently supported by sufficient numbers of staff with the knowledge and skills to meet all their needs.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in safeguarding adults from abuse. Staff understood the provider's policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They were able to explain various types of abuse and knew how to report concerns. Staff also had an understanding of whistleblowing and told us that they would have no hesitation in reporting bad practice.

Staff told us that people's care records were regularly reviewed and updated to inform and guide them about changes to people's care. Individual assessments covered identified risks such as nutrition, moving and handling and pressure sores, with clear instructions for staff on how to

meet people's needs safely and effectively. For example, people nursed in bed were on suitable mattresses with repositioning charts used to ensure people were comfortable and to reduce the risk of pressure sores.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People told us they received their medicines as prescribed and intended. One person said, "The [staff] are brilliant at making sure I take my potions and pills properly." Another person described how the staff told them what each tablet was for and answered any questions they had. They said, "I can't remember what each thing [tablet] is for, why I need it and when I have to take it. [Staff member] goes through it with me and explains. This is for my cholesterol and this is for pain."

Medicines were stored safely for the protection of people who used the service. We observed a member of staff appropriately administering medicines to people. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food.

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs. One person said, “They [staff] are well trained and know what they are doing. I have never had any problems. Staff are more than competent and helpful and friendly.” One person’s relative commented that staff were, “Approachable, accommodating, very well trained and extremely caring.”

People benefited from a staff team that were skilled to meet their needs effectively. Staff told us that they were provided with core training, refresher updates and had also received specific training to meet people’s care needs. This included supporting people living with dementia. People had different levels of dependency for staff to help and support them and the training they had reflected this. We saw a member of staff support a person who was distressed in a consistent and calm manner. They demonstrated their understanding of the person’s needs and the best way to interact with them in a reassuring manner that settled them.

Staff told us they felt supported and were given the opportunity to discuss the way that they were working, talk through any issues and to receive feedback about their work practice. Through discussion and shared experiences staff were supported with their on-going learning and development. A member of staff told us, “We have regular supervisions, team meetings as well as spot checks to test people’s [staff] competency and promote best practice,”

We saw that staff acted in accordance with people’s wishes. For example, one person told a member of staff when they came to assist them to lunch in the dining room they had changed their mind and wanted to eat in their bedroom. The member of staff agreed to bring their lunch to their room.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to this. The Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were

lawful. Staff recognised potential restrictions in practice and that these were appropriately managed, for example, staff understood that they needed to respect people’s decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People’s relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People told us they had plenty to eat and drink, their personal preferences were taken into account and there was a choice of food at meal times. One person said, “The food here is really nice, very tasty and fresh and cooked just right.” Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

Staff were aware of how to meet people’s individual dietary needs. This included where people were identified at risk of choking, staff used prescribed thickeners for liquids to support them to drink safely.

People said that their health needs were met and had access to healthcare services and ongoing support where required. One person said that there were regular visits from nurse practitioners and that staff, “Were quick to call out the doctor when needed.” One person’s relative told us that their relative had regular visits from the GP and other professionals and were reassured by the approach of staff who were quick to act. They said, “The staff are very alert to changes in people’s health and act fast. I have no issues and am kept very well informed of what is going on.”

Records showed routine observations such as weight monitoring were effectively used to identify the need for specialist input. Documentation showed that staff worked closely with nurse practitioners when required and dieticians in relation to swallowing needs and people identified underweight on admission to the service.

A visiting healthcare professional stated that the staff made appropriate referrals to the surgery and were able to accurately report signs and symptoms to enable effective telephone triage. They confirmed that prescribed treatment plans were followed by the staff.

Is the service caring?

Our findings

People told us that the staff were caring, kind and treated them with respect. One person said, "The staff are always delightful; cheerful and kind and very sweet with me." Another person said, "I think they are absolutely lovely [staff], we all went outside last week. It was a lovely day." Relatives described the staff as welcoming, knowledgeable, approachable and helpful.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living and supported them to make decisions such as what they wanted to eat and drink, where they wanted to spend their time and whether or not to join in group activities. Staff listened and acted on what they said. Two relatives told us they were kept, "Very well informed," about the daily routines and wellbeing of people.

We observed the staff and people together. The atmosphere within the service was welcoming, relaxed and calm. People were at ease with each other and the staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes.

We saw that staff adapted their communication for the needs of people living with dementia. Staff were skilled at using a variety of techniques to engage with people through appropriate use of language and also through non-verbal communication such as using reassuring touch to encourage or show understanding and compassion. All the staff referred to people by their preferred names including nick names where appropriate. Three people

were seen to particularly enjoy the company and conversation with one member of staff teasing them about their holiday plans. They were seen laughing and joking with each other.

People told us they felt they were involved in their care planning and that staff engaged with them and supported them to make decisions about what they wanted. One person said, "The staff here listen and take on board what you say. They check if everything is ok and you're happy with what is in place. I changed my bath time from the morning to the afternoon. Not a problem to swap. The new time is more agreeable for me."

Relatives told us they felt welcome in the service and how the staff met people's individual needs. Two relatives described how difficult they found it when their relative had been admitted to the service for care they could no longer manage. They said that the staff had been supportive and helped the person to settle in which had helped to reassure them. One of the relatives said, "The staff and manager have been fantastic answering all our questions and getting everything in place to make sure [person] has everything they want and need. Nothing has been too much trouble and the family really appreciates the effort that's been made."

People's privacy, dignity and choices were respected. This included staff knocking on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. Requests for assistance were answered promptly in the afternoon when staffing numbers were sufficient but in the morning people experienced some delays in their call bells being answered or staff being available to support them in a timely manner.

People benefited from staff who had a detailed understanding of their individual care and support needs. Staff were alert to people's feelings and concerns, responding if anyone seemed unsure or worried. One person's relative said, "I would recommend this home as the staff are quick to respond and really understand how to look after people and to get the best out of them."

Staff talked with us about people's specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people's diverse needs, such as those living with dementia. This included how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for. This was reflected in their care records.

Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. They contained information about people's likes, needs and preferences. This included details about what they liked to wear, how they liked to be approached and addressed. Information about people's life history and previous skills and abilities were used to inform the care planning process. This included planning activities which interested and stimulated them. We observed staff delivering care and support to people in line with their care plans which was responsive to their needs. There were some inconsistencies in people's daily records. Several seen were task focused and generic. The manager explained how they were introducing a new format to enable staff to record their observations and comments about people's personalised care and wellbeing. Additional support for staff including training and internal communications had been planned and would address the discrepancies we found.

Relatives told us they were kept up to date about changes in their relative's wellbeing. This was reflected in the communication logs in people's care plans. This included

being advised of upcoming appointments with professionals such as the doctor and optician and in the adverse event of a fall what actions had been taken. One relative said, "The staff are very good at updating me and telling me what has happened. I know [person] is in good hands and being well taken care of so I don't worry." Another person's relative described how the staff knew the person well and were able to manage and respond to their behavioural difficulties in a supportive manner.

People were supported to maintain relationships with the people who were important to them and to minimise isolation. People told us that they could have visitors when they wanted them; this was confirmed by people's relatives and our observations.

We saw that the afternoon quiz was well attended with people participating and engaging with the activities coordinator. People spoke highly of the activities coordinator and the difference they had made since they started working at the service. One person said, "Before [activities coordinator] came it was boring. Not a lot to do. Now there are lots of different things going on and I love it. We have a coffee morning where people come to talk to us. The other week it was all about the local area. Fascinating, as I grew up here and learnt so much about the place and this building."

Another person told us how they enjoyed the clothes sale and the exercises classes. They said, "I never thought at my age I would be doing yoga but there you go. It keeps me fit and healthy. We have regular exercise classes but I like yoga the best. We also have clothes sales which are good as not everyone can get out to the shops so they come to us."

People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person's relative told us that they were aware of the complaints procedure and told us about a laundry issue they had reported to the manager and how it had been dealt with straight away. They said, "I was really pleased with how seriously the manager took the problem. I would have been happy to speak to a member of staff but saw the manager first. [Manager] told me they would look into it straight away and they did. Not had any further problems. I wouldn't hesitate to speak to the manager or the staff if I needed to."

Is the service responsive?

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. People were asked if they had any concerns and were reminded about the complaints procedure in meetings which were attended by the people who used the service. Staff were able to explain the importance of listening to people's concerns and

complaints and described how they would support people in raising issues. Compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service. For example positive feedback from a relative about the care provided was fed back to staff to support embedding this as best practice.

Is the service well-led?

Our findings

During our inspection we noted there were some areas where changes could have been made to improve the quality of the service provided and experience for people using the service. The management team had not picked these up through their internal monitoring systems. Whilst the manager assured us these would be addressed immediately, improvements are needed to ensure that shortfalls are identified independently; swift action is taken with outcomes supporting ongoing learning and sustained improvements. This includes ensuring the premises are safe and well maintained and there are sufficient numbers of staff to ensure people's care and welfare needs are consistently met.

People told us they felt valued, respected and included because the manager and staff were approachable and listened to and valued their opinions. One person said, "The manager is always around and I have a nice chat with them. We have got to know each other well. I like it not being like a military training place; there is a lot of freedom and it's a nice home. I feel very safe."

Relatives said the manager and deputy were a visible presence, accessible to them and they had confidence in their running of the service. They said that they were provided with the opportunity to attend meetings and considered it relevant because their feedback was acted on which improved things, such as the quality of food, laundry management and choice of activities and seasonal events. Meeting minutes showed that people were encouraged to share their views at group meetings or could meet separately outside of the meeting if they preferred. One relative said, "I have spoken with the manager several times as I can't make the meetings but have picked things up from the [meeting] minutes which I felt I should comment on. The manager was very accommodating."

People, their relatives and staff were comfortable and at ease with the manager. It was clear from our observations and discussions that there was an open and supportive culture in the service.

Staff were clear on their roles and responsibilities. They told us they felt supported by the management team and could go and talk to them if they had concerns. One member of staff described the changes the manager had made regarding communication and keeping staff

informed about important changes to people's health and wellbeing and what was going on in the service. They said, "The manager has improved staff handovers. It is much clearer now what is happening and what needs to be followed up when you come on shift." Another member of staff said, "I find the manager very good and approachable." Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team to provide quality care for people.

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. Meeting minutes showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for improvements. For example, people contributed towards decisions that affected their daily life such as menu choices and variety of activities offered. This showed us that people's views and experiences were taken into account and acted on.

Staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents. When accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or environmental obstacles when falls had occurred) which might be a factor.

Records and discussions with the manager showed that incidents, such as falls, complaints and concerns were analysed and monitored. The manager advised us they were developing a quality monitoring tool to take account all the projects and actions undertaken to improve the service and people's experiences. This included outcomes from internal audits, the satisfaction survey and visits from the local authority and other professionals where relevant.

Is the service well-led?

They explained how this tool would pull together all the different systems used to monitor and quality assure the service, reporting on the progress made and outstanding issues on a regularly basis. This would be used to make

sure that people were safe and protected as far as possible from the risk of harm, with attention given to how things could be done differently and improved; including what the impact would be to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

People were put at risk by premises which were not well maintained and fit for purpose.

Regulation 15 (c) (e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staffing arrangements were not consistent to ensure there was sufficient numbers staff to meet people's care and welfare needs.

Regulation 18 (1)