

Derby City Council

Coleridge 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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 10 & 17 May 2016 and was unannounced. At our previous inspection on 10 February 2014 the provider was not meeting all the regulations that we checked. We asked the provider to make improvements around staffing, as people were not always supervised appropriately. At this inspection we found that improvements had been made.

Coleridge House provides residential care for up to 40 older people, living with dementia and or a physical disability, or sensory impairment. There are bedrooms on the ground and first floors. It is split into three units each with its own lounge and dining area. The service has a high dependency unit (Chestnut), which provides care for people living with dementia and two low dependency units (Maple and Willow). There were 32 people living at the service at the time of our inspection.

There was no active registered manager in post. There was a manager recently appointed at the service who was covering this position. The provider confirmed that the manager would be applying to become the registered manager. The home is required to have 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 and associated Regulations about how the service is run.

People we spoke with said they felt safe at Coleridge House. The provider had taken steps to protect people from harm. Staff had an understanding of potential abuse and their responsibility in keeping people safe.

Safe systems were in place to manage people's medicines and medicines were stored safely. Risk assessments and care plans were kept up to date. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

Staffing levels were monitored to ensure people's needs were met. The provider's recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff received training to meet the needs of people living at the service and received supervision, to support and develop their skills.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. However mental capacity assessments had not been completed. Deprivation of Liberty Safeguards (DoLS) applications had been made to ensure people's rights were protected. Staff gained people's verbal consent before supporting them with any care tasks and promoted people to make decisions.

People were not always given choices with regard to food and drink preferences and appropriate support when needed. People were supported to maintain good health and to access health care services as required.

Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences.

Staff supported people to maintain their dignity. People were supported to maintain and develop their social interests. People felt confident that they could raise any concerns with the managers.

There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

Staff felt supported by the management team. The leadership and management of the service and its governance systems ensured consistency in the care being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt that the support provided by staff, kept them safe. Staff understood their responsibilities to protect people from harm and minimise risks to their health and safety. There were sufficient suitably recruited staff, to support people safely.

People received their medicines at the right time and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received appropriate induction and training to ensure that they could support people effectively. People were protected under the Deprivation of Liberty safeguards.

People were supported to maintain their hydration and nutrition. People were referred to the relevant health care professionals when required, which promoted their health and wellbeing.

Is the service caring?

Requires Improvement ●

The service was not always caring.

There were positive relationships between the staff and people who were living at the service. People were treated with dignity and respect. However people were not always given choices in all aspects of their care. People and their relatives were involved in planning for their own care.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that took account of their individual needs and preferences. People using the service felt confident that any concerns they raised would be listened to and action would be taken.

Is the service well-led?

Good 

The service was well-led.

There was no active registered manager. A manager has been appointed into the post, who demonstrated good management and leadership skills. The service had an open and friendly culture and people found staff were approachable and helpful. People were encouraged to give their views about the service.

Staff were complimentary about the support they received from the management team and were able to share their views about the service's development. The provider's quality assurance and governance system were effective ensuring that the quality and safety of the service was maintained.

Coleridge 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 17 May 2016 and was unannounced. On the first day of the inspection, the team consisted of one inspector and one 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. On day two of the inspection, there was one inspector.

Before the inspection visit, 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. As part of our planning we reviewed the information in the PIR.

We reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with four people using the service and seven relatives across the three units. We spoke with the manager, three assistant managers and four care staff.

We looked at the records of three people, which included their risk assessments and care plans. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

We observed how people were supported during their lunch and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection on 12 June 2014, we found that there were limited numbers of staff on duty in some areas of the home. This was a breach of Regulation 22 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that there were enough staff on duty to support them. A person told us "There are lots of staff around." A relative told us, staffing levels were okay. They said, "In the Chestnut unit there are three staff on duty at any time and two staff on duty at night." Another relative stated "There are a good number of staff around."

The management team at the service told us that following the last inspection visit there was an additional member of staff on duty throughout the day, to provide support on Maple and Willow. This member of staff floated between the two units. The assistant manager told us the 'floater' for example would provide support where a person required the assistance of two care staff. They also carry out additional tasks when there was no laundry assistant on shift.

There were three staff on duty in the Chestnut unit, through the day. The assistant manager told us that staffing levels were determined by using an 'analysis tool'. This electronic tool was completed by management on a daily basis, entering people's needs across the three units which then calculated the staffing levels. The management team confirmed that according to this system there should be five care staff on duty during the day. However management told us including the 'floater' there were six care staff on shift through the day. During the inspection visit we saw this was the case and this was confirmed by staff we spoke with. The management team told us that there were currently three care staff vacancies which had been advertised. These shifts were covered by the existing staff team, or the care staff from other services within the provider group or regular agency staff.

Staff we spoke with told us staffing levels were currently sufficient. One member of staff said "I think there are enough staff." Another member of staff said, "At the moment there are enough staff. If the needs of people change on Willow and Maple units, I feel the current staffing ratio will not be enough." However staff did state when there was no kitchen assistant and laundry assistant on shift they were required to carry out non-care related tasks such as washing the dishes and completing laundry tasks. On day one of the inspection visit we saw during the morning there were occasions when the communal areas of Maple and Willow were not staffed. We discussed this with the managers who confirmed that there should always be one member of staff around.

The manager was knowledgeable about their responsibilities in reporting safeguarding issues. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us what actions they would take if they had concerns for the safety of people who used the service, records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. There was information about how to report suspected abuse in the service which was accessible to staff.

During the inspection visit a person who used the service disclosed some information of concern to us. We shared this information with the new manager who had been unaware of the allegation and they followed the providers safeguarding procedures and reported the concerns to the local safeguarding team. The manager told us that they were taking action to improve security in the building to ensure peoples personal belongings were kept safely. This included a referral to property services requesting locks to people's bedroom doors and bedside cabinets to be replaced to increase security.

The managers had identified potential risks relating to each person who used the service, and care plans had been written to instruct staff how to manage and reduce the risks. The risk assessments that were in place were detailed, up to date and were reviewed regularly. However we saw that one person's risk assessment for the administration of their medicine had not been updated. Staff we spoke with were aware of the person's health condition and that the person administered their own medicine. The manager told us that they will update the risk assessment following consultation with the district nurse, regarding the medicine administration arrangements.

We saw some people were able to move around independently or used a walking aid. Where people needed assistance staff helped them to move safely. For instance, we saw a member of staff giving clear guidance and directions when supporting a person using a walking frame to sit on an arm chair. The member of staff kept asking the person if they were ok and once seated if they were comfortable and arranged their cushions for support.

The assistant manager told us personal emergency evacuation plans (PEEP's) were in place, which provided information on the level of the support a person needed in an event of a fire or any other incident which required the service to be evacuated. There were colour coding discs on each person's bedroom door. The assistant manager told us for an example a red disc indicated that the person had high needs and would need full assistance to move safely. The staff we spoke with were aware of the needs of the people and the level of support they required. On three peoples files we saw that PEEPs were in place, stating the support the person required. Building works were taking place to increase fire safety which included having new fire doors installed. This provided assurance that the provider had measures in place to maintain people's safety in an event of an emergency.

Systems were in place to record any incidents and or accidents. Staff we spoke with were aware of the actions they should take when an incident affecting people's safety occurred. During the inspection visit we saw that a person had a fall, the management assessed the person and then sought medical advice and treatment by contacting the emergency service. Staff we spoke with were aware of reporting incidents and completing the necessary documentation. We were told by the assistant manager that accidents and incidents were reviewed each month so that the risk of these being repeated was minimised.

People's safety was protected by the provider's recruitment practices. Relevant pre-employment checks were in place before staff commenced employment at Coleridge House. This included checking staff with the Disclosure and Barring Service (DBS) and proof of identification. The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

People's medicine was administered by the assistant managers on both low dependency units and on the high dependency unit; it was the senior carer's responsibility. Each person's medication administration record (MAR) included their photograph, the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors. We observed people being given their medicines by the assistant manager and the senior carer. We saw that safe procedures were followed. The administration

records were referred to prior to the preparation and administration of the medicines, and the administration records were being signed after the medicines had been given. We saw that on the Willow unit the assistant manager and the senior carer on the Chestnut unit took medicine to each person individually and stayed with them until they had taken it. The manager told us that they had introduced daily audits of MARs, to ensure they were completed appropriately. We checked recent MARs and saw that records had been correctly completed. Medicines were being stored securely, and at the correct temperatures, for the protection of people using the service. Controlled drugs were stored and recorded correctly. However we found a discrepancy in the amount of medicine which had been carried forward for one person. The amount in stock did not correspond with the amount which had been carried forward. We discussed this with the manager who confirmed that they would look in to this.

People told us the environment was well maintained. We found that Coleridge House was clean. However we did note that some dining chairs were stained and the carpet was stained near the toilets area on the Willow unit. Some areas were looking tired, for instance the wall in the lounge on the high dependency unit required redecorating. The manager told us they were going round the building and putting together an action plan which would be discussed with senior management. There were systems in place for the maintenance of the building and servicing of equipment was undertaken as planned.

Is the service effective?

Our findings

People spoke positively about the care and support provided by the staff. Relatives told us that they were happy with the care their family member received. A visiting health and social care professional stated that the staff at Coleridge House were helpful and if they requested the staff do something they followed the instructions left.

The provider supported staff to develop and keep their learning up to date. Staff had the skills and knowledge to meet people's needs and promote their wellbeing. They were able to tell us about people's needs and the level of support they needed to make decisions. Staff told us that they received induction and training they needed to care for people effectively. We saw that staff had completed training in a range of courses relevant to their role. The assistant manager told us the Care Certificate had been introduced. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff confirmed they received regular supervision; a meeting with a manager to discuss any issues and receive feedback on a member of staff's performance. Staff told us they were supported by the assistant manager's and were positive about the new manager. A member of staff told us "We are a supportive team, we all get on. The managers are very supportive and listen."

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 people lack mental capacity to take particular decisions, any decisions 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager we spoke with understood the principles of the MCA. Most staff told us that they had undertaken training in this area, a sample of training records we looked at confirmed this. However one member of staff told us that they had not received training in this area. Another member of staff was not clear on how they would obtain people's consent where people lacked capacity. We saw that capacity assessments had not been completed by the provider when the person was thought to lack capacity. We discussed this with the manager who stated they were aware of this and this was something that they had identified. The manager told us that they will be taking action to address this and assessments would include the level of support people needed to make decisions. Our observations showed that staff sought consent before supporting people. We also saw staff asking people for ongoing consent and staff informed people of what they were going to do.

Some people at the service were assessed as being deprived of their liberty. At the time of our inspection nine people had DoLS authorisations that had been approved. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedom for the purposes of their care and treatment.

People were monitored closely to make sure they received adequate nutrition. Nutritional assessments had been completed for people's dietary needs. For instance, where people required assistance to eat this was recorded or if they required a particular diet. For example one person was required to follow a diet suitable for diabetics. Staff told us that people's dietary needs and preferences were shared with the catering staff. The management team told us if they had concerns about someone losing weight they would refer the person to the GP and dietician.

Some people told us they liked the food provided. However one person stated "The food was not as good as it used to be." Another person said that during their lunch meal they preferred to have tea, but this was never offered. A relative told us "The catering is very good; there is a choice of tea, coffee or cold drinks all day."

We observed the lunch time meal on Maple and Chestnut units. On Chestnut we saw that people who needed assistance were offered this. We saw that staff were patient whilst they offered people support and assisted people at their own pace.

We saw that people were provided with drinks and snacks throughout the day to ensure they had enough to eat and drink. However soft drinks and water were not accessible to people who had mobility difficulties. We saw that people had to ask staff for a drink, as jugs and glasses were not accessible for some people which were left on the side in the dining area. The manager told us that they had observed this and were in the process of making sure drinks and snacks were accessible to people in between meal times. The manager told us that planned to improve the meal time experience for people, for instance by introducing a flexible breakfast.

People told us that they had access to medical services such as the GP and district nurses. One person told us they were having trouble with their legs and said "The district nurse changes my dressings every day." On the day of the inspection we saw some people were seen by the district nurse. A relative told us that their family member had a fall and emergency services were called straightaway. They told us how they were impressed by how the staff had responded. Another person's relative said "[name] had a urinary infection which was picked up by staff and treated promptly. There was a D&V outbreak about six weeks ago and we were alerted to it quickly. The home acted quickly and effectively." Referrals were made to the appropriate health care professionals when needed. The manager told us they had introduced staff support for people to attend outpatient appointments. We saw that a member of staff came in to support a person to a hospital appointment. This showed people's health care needs were met.

Is the service caring?

Our findings

People using the service and relatives we spoke with told us that staff were very kind and caring. One person stated "The care is good I am happy here." Another person said "I'm quite content." Relatives of some people in the Chestnut unit told us "Staff are lovely, it's a lovely place." However two people stated that they felt some care staff were better than others. A visiting health and social care professional told us that felt that people who used the service seemed well cared for.

We observed most staff interacting with people in a respectful manner. People who became distressed due to their health conditions were given reassurance and support by care staff. Care staff were able to divert people who became agitated. For example when one person became agitated, we saw staff listening and reassuring this person.

During lunch time we saw one person on the Chestnut unit who required support to eat their meal was not supported by one member of staff for the whole duration of their meal. This person was supported by two different members of staff which did not ensure continuity during their meal time experience. We saw also observed that staff only interacted with other people when they approached them to clean the table or asking people if they wanted a pudding.

We saw on the Chestnut unit where people were living with dementia, there were no aids in use such as plate guards or specialised cutlery that promoted people's independence whilst eating and drinking.

Staff we spoke with gave examples of how they respected people's privacy and dignity. These included, using towels to cover people when supporting them with personal care, giving people the opportunity to do things for themselves and asking people what they would like help with. Care staff we spoke with told us they encouraged people to maintain their independence as long as they were safe to do so.

We saw people chose what they wanted to do and where they wanted to spend time. For instance, one person chose to sit in the reception area. Whilst another person went to the garden and returned to spend time in the communal areas. However we saw that people were not always given choices in some aspects of their care. On Maple we heard a person saying they did not want the meal which staff placed in front of them. The person said "I don't want this" and the member of staff reluctantly provided the person with some sandwiches. Another person did not want their main course, instead they had a pudding. When they asked staff for another pudding they were told by a member of staff they could not have another one. We discussed this with the manager who told us that they were in the process of looking at people's meal time experiences including the introduction of visual meal choices and a pictorial menu board.

We looked at how people were supported to follow their cultural and religious needs and how people whose first language was not English were spoken with and how staff were providing care on an individual basis. The relatives of one person said they were really pleased some care staff had learned a few simple phrases to aid communication, with their family member. They told us that the words were written down on a sheet in the person's bedroom. Some staff told us that they had picked up some basic words in Punjabi. The

manager told us that staff working with people had the correct language skills to communicate effectively with them and ensured where possible, the staff rota had at least one staff member who could speak with people whose first language was not English. However, where this was not possible, he was looking at obtaining pictorial cards so that they could be used, when there were no Punjabi speaking staff on duty. Managers told us that they made sure two people were supported to dress in traditional wear, which was the preference of the two people and they were looking into having culturally appropriate meal options.

People's care plans gave detailed information about their health and social needs. We saw that they were individual to the person and included information about the person's likes and preferences

The manager told us that he was going round the service using the 50 point checklist for dementia care, to ensure people received person centred care. We found in the unit for people living with dementia visual aids such as signs and memorabilia were in place.

People were supported to maintain relationships which were important to them. People told us that staff were welcoming of their visitors. Relatives we spoke with also confirmed this.

The assistant manager told us that information regarding independent advocates was available for people and this would be given to them if they required it. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. There were currently two people who were being supported by advocates.

Is the service responsive?

Our findings

People told us they were able to follow their preferred routine and one person told us it was their decision how they spent their time. They said "I have spent the afternoon in the garden; I have come back in as it was getting a little nippy." We found there was a relaxed atmosphere at Coleridge House. We saw that some people were sitting in the lounge on both Maple and Willow with the television on, some people were sleeping and some people had visitors. One person told us there was regular entertainment usually singers. We were told by management and staff, there was no designated member of staff who was responsible for organising activities. This showed that people were able to decide how they wished to spend their time.

On the Chestnut unit for people living with dementia, we saw that there were items in place to encourage therapeutic activities that were meaningful to the people living in this unit. For example doll therapy was used as a therapeutic intervention and twiddle muffs. Twiddle muffs are knitted bands with items attached to them such as buttons or zips, so that a person living with dementia can twiddle them in their hands. We saw one person participating in activities of reminiscence; the person was looking at a newspaper and postcards from many years ago. We also saw a member of staff playing dominoes with a person. A visiting health and social care professional told us the staff on the Chestnut unit did a lot more with people living with dementia.

Staff understood people's needs and preferences. Information in care plans demonstrated that people or their representatives were involved in the reviews of their care. People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people, relatives and other professionals. Staff we spoke with had a good understanding of the needs of the people using the service. This included how they cared for and supported people. We saw that staff monitored people's health and welfare so that any changes in well-being were monitored to enable the appropriate action to be taken.

People we spoke with and relatives told us that if they had any concerns or issues about the service they would speak with the managers.

We looked at the provider's systems for managing complaints, including the complaints procedure. We saw that the procedure was accessible to people as it was on display within the home. However the procedure did not contain details of the Local Government Ombudsman where the complainant could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint by the provider. Records were kept of complaints received which showed they had been addressed.

Staff we spoke with knew how to respond to complaints if they arose. They all told us if anyone raised a concern with them, they would share this with the manager or the assistant manager on shift.

Is the service well-led?

Our findings

Some people and relatives told us they were aware a new manager had recently been appointed at Coleridge House, who was responsible for the day to day management of the service. The manager told us that he would be submitting an application to register as the registered manager. The manager was supported by the head of direct services, three assistant managers and the care staff team, catering and domestic staff.

People raised no concerns about the running of the home and a relative confirmed the home was well managed and the provider met their family member's cultural and religious needs. For instance staff supported the person to dress in traditional clothing.

All the staff we spoke with told us that the management team were approachable and spoke positively about the management team who they found supportive and provided good leadership. One member of staff told us "I am happy we have a new manager, it has been difficult without a manager. The new manager is very optimistic." Another member of staff said "I feel that this is a well-run home, things are well organised." Another member of staff said "The new manager seems very approachable, "I am very positive about the changes that are planned."

The management team told us that there was management support for staff on a daily basis and this was confirmed by staff on duty. This demonstrated clear lines of accountability and communication being maintained on an ongoing basis, with staff who worked at the service. The provider had a whistleblowing policy which told staff what to do if they had concerns about the welfare of any of the people who used the service.

The manager felt supported by the head of direct services who they said was open to discussions about resources needed to run the service and what people needed. The manager aimed to ensure people received a service which was reflective of the provider's visions and values for respecting people and promoting equality for all. The manager told us since they started working at Coleridge House, they had put together an action plan to improve the quality of care and support people received. The manager told us that people at the service and staff would be consulted in any changes to service delivery.

The provider was clear about their responsibility in notifying the CQC about incidents, events and changes that affect the health, safety and welfare of the people at the home and the running of the service. We received notifications from the management team in a timely manner.

We saw quality monitoring processes were in place, to support the provider to drive improvements. This incorporated daily medication audits and care plan audits. Accidents, incidents and falls were analysed to identify any patterns, action had been taken to minimise the risks of a re-occurrence. For instance the assistant manager told us a person using a walking stick had several falls. The person was assessed for a walking frame, which reduced the number of falls. An external pharmacy audit during September 2015, showed improvements had been to the management of medicines at Coleridge House since their last visit.

We saw recommendations left by the pharmacist had been actioned by the provider. The local authorities' health and safety officer also undertook medication audits and health and safety checks on a regular basis.

People using the service were encouraged and supported to express their views regarding the support and services provided. This was done through 'residents' meetings and satisfaction surveys. Minutes for the recent 'residents' meeting showed discussions took place around the menu's. Some people wanted more variety in sandwiches, which was shared with the catering staff. We were told by management that satisfaction surveys were sent out quarterly by a central team. Each quarter a different topic was covered for instance food and catering. We were told that any negative feedback was passed back to the manager at the service, who was required to take action to address the issue.

Staff were given the opportunity to make their views known and for management to share information about the service. We were told by the management team that staff meetings took place. Staff confirmed that meetings were held on a regular basis to inform them and provide an opportunity for staff to give their views and opinions. Staff told us that if they were unable to attend minutes were available to them. We looked at a sample of team meeting minutes which confirmed this and showed that these meeting took place regularly.

The management at Coleridge House welcomed feedback and demonstrated a willingness to co-operate with other professionals. The manager told us about their plans of maintaining professional contacts with relevant agencies such as specialist health services and local medical centres. The manager told us they would be operating an open door policy for people and welcomed people's views and opinions.

The data management systems in place ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. However on day one of the inspection visit we found the 'cream charts folder' in the reception area. This contained details of topical prescribed creams that were applied by staff. We discussed this with the assistant manager who removed the folder and locked it away in the treatment room.