Derbyshire County Council

Thomas Colledge House 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?	**Good**

Summary of findings

Overall summary

This inspection took place on 1 November 2016 and was unannounced. At our last inspection in October 2014, the service had one breach of the Health and Social Care act 2008 in relation to records. At this inspection, we found improvements had been made.

There is a requirement for Thomas Colledge House Care Home to have a registered manager and a registered manager was in place. 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.

The service is registered to provide residential care for up to 24 older people some who were living with dementia. At the time of our inspection 21 people were using the service.

Sufficient numbers of staff were not deployed to meet people's needs. Some people waited for long periods of time for help and assistance from staff. Some people experienced increased risks as they required prompt attention from staff to keep them safe.

Medicines were stored securely and were mostly, but not always well managed. Staff had not always followed the system in place to ensure creams were ordered as required. Medicines were administered and records kept in line with the provider's policy. Other risks to people's health, for example from risks of malnutrition and pressure sores were identified and actions taken to reduce those risks.

Most, but not all people were supported to engage in the social atmosphere of the home. Events and activities were supported by family members as well as staff. The registered manager had started to consider what other activities would be of interest to stimulate other people throughout the day.

People were cared for and supported in line with the Mental Capacity Act 2005 (MCA). Applications for Deprivation of Liberty Safeguards (DoLS) had been made when required by the registered manager. However, not all staff knew which people had a DoLS either in place, or where an application had been made.

Staff were recruited in line with the provider's policy and procedures and checks were completed to ensure staff employed were suitable to work at the service. People told us they felt safe and able to raise any worries or concerns.

People were happy with the meals they received and we saw the menu choices offered were nutritionally balanced. People were prompted by staff to drink regularly.

Other healthcare professionals were involved in supporting people's health care needs when needed.

People had access to a GP and district nurse when needed.

Care plans were developed to include people and their relatives' views. Care plans were regularly reviewed and people and families felt involved in the process.

Staff provided care to respect people's privacy and dignity. Staff were respectful and caring when supporting people.

Staff were supported by their line manager and found meetings with their managers useful. Staff were trained in areas relevant to people's needs and told us they received the support and training they needed to enable them to feel confident in their role.

People were able to have their views listened to, either through meetings with staff or more formally by making a complaint. Where complaints had been made we saw the provider had a policy in place to ensure these were investigated.

The service was managed by a registered manager who was open and approachable. The provider had sent in notifications when required. Notifications are changes, events or incidents that providers must tell us about. The service was developed with the involvement of people and in response to feedback. Systems and processes, such as equipment audits helped to ensure the quality and safety of services. Other systems and processes to ensure good practice were in place, for example infection prevention and control audits were in place.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staffing. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Sufficient staff were not available to meet people's needs. Medicines had not always been ordered when required. Other risks to people were identified and care plans included how to reduce risks to people. Staff recruitment included checks on the suitability of staff to work at the service. Staff understood how safeguarding procedures helped to protect people.

Is the service effective?

Good

The service was effective.

The principles of the MCA were followed and staff checked people consented to their care before they provided it. People had sufficient to eat and drink. People received support from external health professionals when required. Staff were trained in areas relevant to people's needs and the registered manager agreed to refresh staffs knowledge regarding which people a DoLS was relevant for.

Is the service caring?

Good

The service was caring.

People and their families were involved in planning their own care. Staff were kind and gentle and understood people benefited from the time they spent with them. People's privacy was respected and care promoted people's dignity.

Is the service responsive?

Good

The service was responsive.

People were supported with a range of events and activities, although the registered manager had identified some people needed more social stimulation. People and their families were involved in reviewing their care and felt able to contribute their views. Systems were in place to manage complaints.

Is the service well-led?

Good

The service was not consistently well led.

Systems and processes designed to ensure quality and safety of services were mostly, but not always effective. The registered manager understood their responsibilities and had used feedback and audits to identify improvements. The service was managed with an open and approachable leadership style. The registered manager contributed to research initiatives and identified and shared good practice.

Thomas Colledge House 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 inspection was unannounced and took place on 1 November 2016. The inspection was completed by 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.

We reviewed relevant information, including notifications sent to us by the provider. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with six people who used the service. Not everyone who used the service could fully communicate with us and so we also completed a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with five visiting friends and relatives. We spoke with three members of care staff, the deputy manager and the registered manager. We also spoke with another of the provider's senior managers with responsibility for overseeing the service. We looked at four people's care plans and we reviewed other records relating to the care people received and how the home was managed. This included some of the provider's checks of the quality and safety of people's care, recruitment records and staff training records.

Requires Improvement

Is the service safe?

Our findings

People told us they experienced some occasions when they had to wait for staff to help them. One person told us, "I had to wait an hour one time. [Staff] come when you buzz but then say, 'Can you wait.' I need someone with me when I walk; the worst time to buzz is at meal times when two [staff] are doing [meals]." Another person told us, "The staffs quite good; sometimes there should be more on; there are two on when there should be three. It's a bit heavy for them. If you ring for [staff] it takes a bit more time than it usually does. Sometimes it's a struggle for them such as weekends and that."

Families we spoke with shared the view that on some occasions there were not enough staff to meet people's needs. One relative told us, "[Name of person] has declined quite a lot and they need taking to the toilet and that can take half an hour; and with just two staff on, how many other people are waiting? There's a few with dementia and they have demanding needs; [management] need to look at that."

Other families commented that particular times of day created pressure for staff. One relative told us, "Some [people] walk around all day and there isn't enough staff on is there. [Staff] do try but they are rushed, busy; especially when it comes to meal times." Other comments included, "I think staffing is low at times in a morning," and, "It depends on the time of day. They're very busy if it's lunchtime, so need more [staff] to cover people that want to go to the ladies."

On the morning of our inspection, the deputy manager told us they had planned for a senior care worker to work in the morning, however they were unavailable. They told us senior carers had specific roles and responsibilities, such as medicines. Therefore the deputy manager had covered part of their role and had administered medicines. They explained the senior care role was new and as such the provider did not have any additional senior care staff available to cover absences.

One person's care plan stated they were a high falls risk and they needed to call staff for assistance when they required help to mobilise. Their care plan also stated this was problematic at times because of the length of time it took for staff to respond. It stated this delay had caused the person to experience episodes of incontinence and to mobilise without staff assistance, resulting in falls. Records showed this person had experienced 18 falls in the three months prior to our inspection. A review of their falls record in August 2016 stated the person required an alternative placement with a higher staffing level in place. At the time of our inspection the person was still at Thomas Colledge House and had had fallen as recently as the previous day. Despite the provider identifying this person required higher levels of staff assistance in August 2016 they had taken no action to increase staff levels until an alternative placement could be found.

We discussed with the registered manager how staffing levels were planned to meet people's needs. They told us they planned additional staff to cover such events as the fireworks party planned for the end of the week and for when people were on end of life care. The registered manager and service manager confirmed there was not a current assessment of people's dependency levels that informed what staff were needed and at what times to meet people's needs. In addition, the registered manager told us they planned to accommodate an additional person as they had a vacant room available. However they confirmed no

additional staff would be provided when this additional person moved to live at Thomas Colledge House. As such, the provider could not demonstrate sufficient staff were deployed to meet people's needs in a timely manner.

This was a breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activity) Regulations 2014.

People told us they received support with their medicines. One person told us they were prescribed different tablets. They said, "I can't count them; one for this, one for that. [Staff] look after all that so I don't have to worry. They come round with them on time; they're certainly on the dot with the tablets." Families we spoke with shared the view their relatives' medicines were safely managed by staff.

However we found one person had not received a cream as prescribed. The cream had been applied twice a day, however records showed the cream had not been available for three days. We discussed this with the deputy manager who confirmed the system used to request new creams had not been followed on this occasion. This had led to the person not receiving a cream as prescribed for three days. Records showed other creams had been ordered when required.

We observed staff administering medicines. Staff checked to see if the person was available to take their medicines before preparing them and they signed the medicines administration record (MAR) chart after medicines had been taken. Staff stayed with people while they took their medicines and were asked people whether they required any medicine to hep relive any pain.

Records showed medicines subject to additional controls were managed in line with good practice recommendations, including two staff signatures whenever this medicine was administered. Checks on a sample of medicines held in stock were found to match the records held for them. Other records showed the temperature for the safe storage of medicines was also met. Medicines were stored safely.

People told us they felt safe in the home. People and families all told us if anyone expressed behaviour that challenged, staff dealt with this well. One family member told us, "[Staff] calm [name of person] down and go along with them; they are really nice in diffusing the situation." Information was displayed on how to keep adults safe and on the local safeguarding procedures. Staff we spoke with told us their training on safeguarding helped them to be aware of some of the signs and behaviours people may show if they are at risk from abuse and how to report any concerns. Records showed staff recruitment included checks to help the provider employ people suitable to work at the service. For example, the provider obtained written references and checked any information held by the Disclosure and Barring Service (DBS). The provider had taken steps to protect people from the risks associated with abuse.

Actions were taken to reduce any risks from such areas as malnutrition or pressure sores. Where people required staff to assist them to mobilise any risks and any equipment needed were identified. Staff assisted people to move at their own pace and any equipment used to help them mobilise was used safely.

Good

Is the service effective?

Our findings

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 they are appropriately supported to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be made in their best interests and be as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had assessed people and when required, made the application for DoLS. However staff we spoke with were not aware of who had a DoLS authorisation. It is important staff know what restrictions have been authorised or where applications for DoLS have been made. This is so they can provide care in a least restrictive way and support any conditions granted as part of the DoLS authorisation. We made the registered manager aware of this and they agreed to refresh staffs' knowledge.

Staff checked people consented to their care and treatment before they provided it. For example, we saw staff ask a person whether they wanted their medicines a little later as they were having their hair done. Another time, staff were heard to ask people where they wanted to sit and offer them a choice of aprons to protect their clothes over lunchtime.

We observed lunch served in both dining rooms. The registered manager told us one member of staff had the responsibility to assist people with their meals. We saw this assistance was provided to one person and was given at the person's own pace. However, other people also required assistance with their meals and this was not provided in a timely manner. For example, we saw one person waited almost 20 minutes before staff noticed they had not managed to eat their meal. When staff offered to assist the person to cut their food up this offer was accepted and the person continued to eat their meal. However, after this length of time their meal would have been cold.

People we spoke with were happy with the meals provided. One person told us the home had, "The best cook in Derbyshire." Another person told us the food was, "Excellent; there's a choice of what you can have; I usually like most things but if you don't like it they'd get you something else." Over lunchtime we heard people make positive comments on the food, for example, "Lovely mashed potato." Relatives spoke highly of the food choices. One relative told us, "The cook comes round in a morning. They go round each person individually and if it's say, fish and chips, they'll ask if they want chips or mash etcetera; not presume they all want the same."

Families raised some concerns over staff not having the time to prompt people to drink regularly and drinks left by the side of people when they were asleep. We observed staff prompted people to drink and offered people a choice of drinks with their meals. Drinks were also provided throughout the day. For people whose fluid intake was monitored, records showed they were prompted to have fluids at regular intervals. Although

families concerns were noted, we observed people were prompted to take sufficient fluids.

People told us they saw a doctor and other health professionals when needed. One person told us, "The doctor comes if you want a doctor but if it's not so bad you see the nurse. [Staff] phone up and arrange it quickly. During our inspection, one person had told staff they were in pain and staff arranged for the district nurse to see the person. People received support to access healthcare services as required.

Staff told us they received helpful support and supervision from their managers. One staff member told us during their induction they needed more support to feel confident with an aspect of assisting a person to move safely. They told us they discussed this with their manager who arranged for them to shadow another worker assisting the person. They told us they were able to observe the assistance given and this made them feel more confident. Staff also told us training was useful. One staff member told us, "We have plenty of training courses." Records showed staff received training in areas relevant to people's needs. For example, first aid, dementia care and infection control. Staff were supported to have the skills, knowledge and experience required to provide effective care to people.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "[Staff] have a laugh and a joke with me." Another person told us staff were, "Excellent; they look after me very well." Relatives we spoke with shared the view that staff were caring. One relative told us, "I truly can't fault them; I feel the staff are very caring." Staff spoke with affection and passion for their work. One staff member told us, "It's not just a job, I'm passionate about it; I want to see people get better and improve their lives." We observed staff spoke gently and kindly to people during any interactions.

People were involved in their care plans. People had signed their care plans to record they were satisfied with them. Families also told us they were involved in their relatives' care plans. One family member told us, "I'm involved [in my relative's care planning process]; staff keep me updated and ask me my opinions." Staff we spoke with told us they sat down with people regularly and updated their care plans. Records showed us care plans supported people to maintain their independence. For example, care plans recorded what people could do as well as what support was required.

People and their families told us people had positive relationships with staff. One person told us, "It's been nice to have someone to talk to." One family member told us about the benefits of staff building relationships with people. They said, "People all have an assigned carer. It works really well; they get to know them and build up a relationship."

However, another family member told us, "[Staff] should be able to spend more time talking to people. Not sitting doing nothing but spending five minutes with people. They never seem to have time, always rushing." During our inspection we observed some staff were available to spend time with people. We saw people benefited from this level of social interaction, for example they smiled more, engaged in conversation more and became more alert. Although staff were busy, whenever they spent time with people their interactions and any support provided, such as assisting people to mobilise, were not rushed. Staff views on whether they had enough time to spend with people varied, however all staff understood the value of spending time with people and endeavoured to do so when possible.

People told us they felt staff listened to them. One person said, "If you want to talk to [staff] you've just got to call them to you; they do listen." People also told us staff respected their privacy. One person told us staff were, "Very polite; They always knock before they come in." Staff we spoke with were mindful of respecting people's privacy; they confirmed they would always knock on a person's bedroom door before entering. People had their privacy and dignity respected.

Good

Is the service responsive?

Our findings

Most people spoke positively about the activities available. One person spoke excitedly about a craft activity they were looking forward to. They said, "We're going to make some more [cards] tomorrow." The registered manager told us a visiting family member organised this craft activity with people. Another family member told us, "They have activities in the afternoon. They did Halloween stuff. [Name of a visiting family member] comes in and does gardening; brings baskets and bowls inside to fill. People love it. Staff will do nails; the hairdresser comes; there's a fireworks evening organised; staff do chair based exercises; one of them was trained in it. People enjoy it; there's bingo, sing-a-longs; They have singers, entertainers. Another [visiting family member] comes in and makes cards. We who visit do a lot of things with all of them."

However, one person felt the day to day activities could be improved. They told us, "I'm bored." In addition, some family members, whilst they spoke highly of the planned events, felt people would benefit from more engagement with day to day activities. One family member told us, "It would possibly be better if they had more to do. They have keep fit, I think once a week but a lot of people would enjoy bingo and things. I've never seen any. I know [my relative] would like that. I feel people could do with much more stimulation. A lot of them just spend the day sleeping." Another family member told us, "If I wasn't here to talk to them there's nothing to keep them awake and they will sleep; then staff stay they don't sleep at night."

During our inspection some people spent time sitting together and enjoyed conversations between themselves. They also could see and speak with staff who regularly passed by. One staff member also sat with this group of people and painted people's nails. Some other people also visited the hairdressing room and had their hair styled. Other people help set the dinner tables.

However a few people who spent time in the other two lounges had less opportunity for social interaction. Our observations of these areas showed people had a reduced amount of contact with staff and less social stimulation as they were not sat close enough to one another to talk. Although the television was on, people mainly slept, and went without contact from staff for periods of up to 35 minutes. Whilst most people enjoyed social interactions and activities to keep them alert throughout the day, not all people received this level of activity.

Records showed people had been asked for their preferred activities and interests. For one person we could see they liked bingo and would like to play dominoes, however records showed people had not always been regularly supported to do these activities. However, records also showed staff were working towards improving people's day to day activities. Discussions had been held with people around introducing reminiscence activities, music sessions, flower arranging and a knitting club.

People and their families were supported to contribute to their care plans. One family member told us, "We are involved in the care plan and have seen it not long ago. It was recently reviewed and [our relative] needs an air mattress and pressure pads." Another family member told us, "There is a care plan and after [my relative experienced a change in their condition] they had a review."

People told us they had not needed to make any formal complaints while using the service, and told us they felt they able to do so if needed. One person told us, "I can talk to anybody [staff] really; Do you know, to be honest I don't think I've ever needed to make any complaints." One family member told us, No formal complaints, no concerns. If I feel there is anything I will just go and see the manager or deputy." Where people had raised issues they told us these had been resolved. Information was displayed on how to make a compliment, complaint or concern. Records had been made of any complaints received and we could see these were reviewed in line with the provider's complaints policy. People were able to complain and make their views known.

People and their relatives told us meetings were held with people and their families regarding the service. One family member told us, "Yes they do [have meetings with relatives]. My relative goes to them. They have residents' meetings too." Another family member told us, "They have residents' meetings I think; and family and residents' meetings which I've attended." Minutes of meetings held with people and their families showed they discussed forthcoming events as well as any changes to meals and staff. People were invited to share their experiences and views on the service.

Good

Is the service well-led?

Our findings

At our last inspection in October 2014 the service had one breach of the Health and Social Care Act 2008 in relation to records. At this inspection we found sufficient improvements had been made.

Systems and processes to check on the quality and safety of services were in place and were mostly, but not always effective. Records showed equipment was tested regularly to ensure its safety as well as checks on such areas as infection prevention and control to ensure good practice was followed. In addition, action plans were in place to ensure improvements were made, where these had been identified as required. This included an action plan in response to recent feedback from Healthwatch Derbyshire. Healthwatch Derbyshire are an independent organisation that represents people using health and social care services. Records showed actions had either been completed or were in progress.

However, not all systems and processes ensured people received care that met their needs. For example, the registered manager had identified not all people's needs had been met by the current levels of staff deployment. Despite this, the provider's staffing model did not ensure staff deployment was evaluated and changes made to ensure it met people's needs. In addition, on one occasion, staff had not followed the system in place to order some medicines for a person. The registered manager told us they would refresh staff knowledge in this area.

Thomas Colledge House is required to have a registered manager and a registered manager was in post. The manager was aware of the provider's responsibilities to send statutory notifications to CQC when required. Notifications are changes, events or incidents that providers must tell us about. The manager was supported by a deputy manager and a motivated staff team. Staff we spoke with were enthusiastic about caring for people. One staff member told us, "We are a good team; we all pull together and help each other; It's a lovely home."

People and their families spoke positively of the registered manager and staff. One family member told us, "[Registered manager] is brill, lovely. If you ask them a question they are quite direct in answering; never fobs you off. If they don't know something they'll find out." Another relative told us, "The staff and manager are approachable. You can always talk to them and they do act on what you say to them."

Staff also shared the view that the registered manager was approachable. One staff member told us, "You can go to [registered manager] at any time; the door is always open. I have confidence in them, they have fresh ideas and are always willing to listen." Another staff member told us, "[Registered manager] has always got back to me if I say I need to talk." The service was led by a registered manager who had an open and approachable management style.

The service contributed to research initiatives, such as ones to promote good skin care in residential homes. As such, the registered manager demonstrated they were aware of good practice initiaves and worked to support research in these areas. The registered manager told us where systems and processes had proved to be effective at Thomas Colledge House, these were now being introduced at some of the Provider's other

services. This meant he provider had systems in place to learn and share good practice.

People's views and experiences had been gathered and used to inform the service. We read some of the questionnaires sent to people to gather their views. People had been asked their views on such things as whether their preferences were met, the meal choices, the activities of offer, their bedroom and lounge areas and whether staff were welcoming and approachable. We saw there had been positive responses recorded to the questions asked.

We saw regular staff meetings provided staff with opportunities to share views as well as receive information on good practice in such areas as medicines and controlling and preventing infections. Other meetings were held with kitchen staff and domestic staff. These meetings helped to provide support and reinforce good practice and quality care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient staff were not deployed to meet people's needs.