HC-One Oval Limited

Colton Lodges Care Home

Inspection report

2 Northwood Gardens
Colton
Leeds
West Yorkshire
LS15 9HH

Tel: 01132645288

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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**

Summary of findings

Overall summary

A comprehensive inspection took place on 17 and 19 July 2018 and was unannounced. This was the first inspection of this location following a change in its registration in December 2017. Colton Lodges Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Colton Lodges Care Home, known to people, their relatives and staff as Colton Lodges. Colton Lodges is a purpose built home comprising of four units Newsam, Whitkirk, Elmet and Garforth. It provides care for up to 138 people across the four units. There are well appointed communal areas and communal bath and shower rooms located in each unit. On both days of our inspection there were 119 people living at Colton Lodges. Newsam provided care and support for people living with Dementia, Whitkirk and Elmet provided care and support for people requiring nursing needs and Garforth was the residential unit.

At the time of the inspection, the home had a manager registered with the Care Quality Commission (CQC). 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.

There were not always sufficient numbers of staff on duty to ensure people's needs were met. Staff had received training and supervision to ensure people received effective care, although, the providers supervision process was not consistently implemented across all the units. Recruitment processes were robust and staff completed an induction when they started work.

People and visitors told us they and their family member felt safe at the home. We found there were appropriate systems in place to protect people from risk of harm and individual risks had been assessed. Maintenance checks were carried out in the home to ensure it was safe. Safe systems were in place to manage medicines so people received their medicines as prescribed.

We found the home was well maintained, clean and tidy, although, some comments from people and visitors we spoke with said the home was looking a little 'tired'. People's bedrooms had been personalised and communal areas were comfortable and homely. The decor was dementia friendly with pictures and signage which helped support people living with dementia to navigate their way around the home.

Records showed people had regular access to healthcare professionals to help meet their wider healthcare needs. People's nutritional needs were met and menus we saw offered variety and choice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and visitors, we spoke with were happy with the care provided and we saw people looked well care for and there was friendly 'banter' between people and staff. We saw staff respected people's privacy and dignity. The registered manager explained they provided a person-centred approach to end of life care.

Care plans contained sufficient person-centred information to guide staff in how to support the person. People and visitors told us they were involved with the development of the care plan. Staff had a good knowledge and understanding of people's needs and worked together as a team.

People enjoyed the activities available although, some people told us they would benefit from more variety and trips outs.

The registered manager told us they made improvements when things went wrong. Complaints were investigated and responded to appropriately.

People and their relatives had opportunities to comment on the quality of service and influence service delivery. The home had good management and leadership. The management team was visible working with the team, monitoring and supporting the staff to ensure people received the care and support they needed. Quality assurance systems were working well and were effective to ensure people received safe quality care. Although, some new provider processes were still being understood and embedded.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this 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 always safe.

Numbers of staff were not always sufficient and deployed effectively to meet people's needs. Staff were recruited safely.

The management team and staff knew what to do to keep people safe. Risks to people had been assessed and managed. The management of people's medicines was safe.

There were effective systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to attend supervision and complete training. New staff received appropriate training and induction.

People's nutritional needs were met and they attended regular healthcare appointments. Adaptations had been made to the home to make it dementia friendly.

The service was compliant with the Mental Capacity Act 2005. Deprivation of Liberty Safeguards applications were made in a timely way.

Is the service caring?

Good

The service was caring.

We observed positive interactions between people and staff members. People told us they were happy and felt they were well cared for. Staff were confident people received good care.

People and visitors told us they were involved in planning their care planning process.

We saw people were treated with dignity and respect. People were supported to be independent as much as possible.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and reviewed monthly. The registered manager promoted a person-centred approach to end of life care.

Activities were available but these were limited in nature. People told us they would like more variety and trips out.

A complaints procedure was in place and these were well managed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems in place to monitor the quality of the service were effective, although, they had not identified the concerns found during this inspection.

The management team within the home were available to give guidance to staff and had an 'open door' policy.

Regular meetings took place and surveys had been completed to gather views from people, relatives and staff.

Colton Lodges 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.

A comprehensive inspection took place on 17 and 19 July 2018 and was unannounced. On day one, the inspection team consisted of one adult social care inspector, a bank inspector, a specialist advisor in medicines, a specialist advisor in governance and three experts 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, the inspection team consisted of two adult social care inspectors.

At the time of this inspection there were 119 people living at Colton Lodges. We spoke with the area director, the area quality director, the registered manager, deputy manager, clinical services manager, three nursing staff, one senior staff member, seven care staff members, 16 people who used the service, across all the units and seven visitors.

We looked at 10 people's care plans in detail and a further four care plans for specific information. We inspected eight staff members recruitment records, and/or supervision, appraisal and training documents. We also sampled 15 people's medication administration records. We reviewed documents and records that related to the management of the service, which included audits, risk assessments and policies and procedures.

The provider had not completed a Provider Information Return (PIR) prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the home and requested feedback from other stakeholders. These included Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

Most people we spoke with told us there were enough staff but not everyone. Comments included, "I can ask for a bath as a treat if there is enough staff on duty, sometimes I have to wait but that's ok", "I do, it is just how they use them, when the day staff come on duty it gets better. The night staff are very good. When you ring your buzzer, they are there straight away", "I have never had to wait. There is more than me here. If I wanted the toilet they come straight away. They usually ask if I would like a shower, at least once a week", "Well I don't know. During the day okay but at night and weekends, no. Five minutes it takes them to answer the buzzer" and "They do it as well as they can. I get told, you are one of a number here. I would start off by ringing the bell, but there isn't enough of them to answer."

Relatives told us, "Baths and showers are always available but sometimes there is a wait", "I visit at various times and the staff are always a little thin on the ground", "There are always staff there, she doesn't have to wait for anything. If she calls them they tell her they will be there soon and they are", "At times no, they definitely need more staff at times", "It is inconsistent. Some days a lot, some days hardly any" and "They take her for regular showers."

Most staff we spoke with told us there were not always enough staff to make sure people had their needs met. They gave examples of baths and showers not always being available as some people who needed two staff to support them often missed out. They said staffing levels were based on people's care needs in practical terms but not their emotional and social needs. Comments included, "It is the most rewarding job I have ever had. I just wish we could spend more time with people. If we get finished early we can sit with people to have a cuppa and chat. It's not great when we are busy and we have to tell people we just haven't got time to sit for five minutes" and "I hope the new provider looks at staffing levels as we shouldn't all be in on days like this, in warm weather, people want to get out, to go to the coast." We fed this back to the registered manager and the provider team.

Following comments from people, relatives and staff members regarding staffing levels, we discussed this with the registered manager. They told us the staffing levels agreed within the home were being complied with and this included the skill mix of staff. We saw people's care plans contained a dependency review, which was conducted to ensure staffing levels matched the level of dependency on each unit, although there was no service overview of dependency. When we looked at staff rotas over a four-week period, we found staffing levels did not always comply with the numbers the registered manager had indicated. Following our inspection, the provider submitted further comments and evidence. We reviewed this information and found between 29 June and 19 July 2018, there were 16 occasions where there was only one nurse on the unit in the afternoon, although, the registered manager told us there should have been two nurses. On another unit, there were four occasions where there was only one nurse on the unit in the afternoon. Also on this unit, there was one occasion when there was only one care staff member on nights, but the registered manager told us there should have been two care staff.

We concluded the provider had not taken appropriate steps to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs. This was a breach of Regulation 18(1) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found recruitment practices were safe and the service had clear policies and procedures to follow. All qualified nurses had active registrations with no limitations or sanctions. Right to work and passport numbers of potential new staff were checked. Gaps in work history were also checked. Staff files included starter information, an enhanced disclosure and barring service check (DBS) and completed references. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We asked people who used the service and relatives if they got their medication on time. No one reported any concerns. One person told us, "Do I take any medication, a bucket load of the stuff. They always remember to give them to me they are brilliant like that." Another person told us, "I have been on medication for years, I forget to take it myself." A third person said, "Medicines are handed to me so I do not have to worry about forgetting." A visitor told us, "Medication process is fine, from what I have seen."

We were told by a unit manager the medication could sometimes take the whole morning. They said at a recent management meeting, a request had been put forward for a senior staff member from each unit be trained in the administration of medication. This would mean a nurse would be available to support people on the unit at all times.

The management of medicine was safe. There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Although, the registered manager told us they were working with the local pharmacy to make sure all electronic prescriptions were issued timely. Medicines were stored securely and safely in well-ordered rooms on each unit. The temperatures were checked daily. We found appropriate arrangements were in place for the disposal of all medicines.

Medicines Administration Records (MAR)'s contained a picture for identification purposes and information about each person, including any known allergies or medical conditions. The MARs were completed and medicines were signed for, which indicated people were receiving their medicines as prescribed.

Arrangements for the administration of 'as required' (PRN) medicines protected people from the unnecessary use of medicines. We saw protocols which demonstrated under what circumstances PRN medicines should be given. Staff demonstrated a good understanding of the protocols. A body map was used and information was recorded about how often a creams and ointments were to be applied and to which parts of the body.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff.

Three of the people we looked were receiving their medicines covertly (hidden in food or drink). We saw evidence a mental capacity assessment had been completed prior to initiating covert administration and in addition a best interest meeting involving different healthcare professionals and family members had been held.

People had a medication assessment in their care plan and these were updated and reviewed monthly or as

required. Audits of medication management were completed monthly, with a pharmacy review of medicines every six months or sooner if needed. Staff who administered medicines received appropriate training and competency checks had been carried out in 2018. This meant staff benefitted from training in best practice around medicines handling.

People and visitors, we spoke with told us they felt the care they received was safe and they were safe living at the home. One person told us, "Always, the staff are good they make you feel safe." Another person said, "Oh yes. We are here among ladies that look after us. I feel comfortable here. I find everything good here." A third person said, "I fell whilst I was on my own and ended up in here for rehab. If I fall again I will be looked after and I can stop worrying."

A visitor told us, "Yes, every time I come up it is always secure, if [name of person] wants to get up they use the hoist. [Name of person] is safe in her bedroom and safe here there are always staff to help her." Another visitor said, "My relative needs 24/7, 365 days care because of their condition, I have no concerns whatsoever regarding their safety."

People told us if they did not feel safe they would speak with staff. One person said, "There are some nice staff, nice nurses and I would talk to them" Another person said, "If I didn't feel safe, well I would say to anyone around me."

Staff were knowledgeable about how to protect people from abuse. They were aware of how to report bad practise and said they would not hesitate to do so. One staff said, "I would be the first to report anything, if I felt it was not in the resident's best interests. I know the team would not stand for anything less than the best for the residents." Another staff member said, "I would go to the unit manager or the manager if I had any concerns and I feel confident all staff would too. We just wouldn't let anything bad happen to people. We know them all really well and would pick up on anything straight away." All staff confirmed they had completed safeguarding training.

The service had policies and procedures for safeguarding vulnerable adults and the safeguarding policies were available to staff. We saw the whistleblowing procedures were displayed in the home. 'Whistleblowing' is when a worker reports suspected wrongdoing at work. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We asked people, if equipment was available, when needed. Comments included, "Yes, it is available, I think they have two hoists" and "No they have to go hunting for the hoist. We call it the taxi." A visitor told us, "All doors are kept clear, the hoist is maintained, the maintenance man fixes things and if he can't, he will get the experts in. If anything is wrong it gets reported and dealt with straight away. [Name of person] had some falls and ended up in hospital so they lowered the bed as low as possible and put an alarm mat by the side of it."

Care plans contained guidance for staff to follow in relation to any risks identified. These provided guidance for staff when carrying out personal care with people. The risk assessments were based on areas of risk dependant on the individual, such as mobility, skin integrity and bed rails. For example, one person was at risk of falls. They wanted to maintain their independence so the service ensured the person had a wheeled frame to use when walking. We saw a choking risk assessment had recently been completed for each person.

People had a personal emergency evacuation plan (PEEP) which provided guidance for staff on how to support them to evacuate the building safely in the event of an emergency. We saw each unit had an emergency evacuation plan in place which included the PEEP information. A fire risk assessment had been

completed for each unit in June 2018, along with other risk assessments such as moving and handling, violence and aggression, first aid at work, blood borne viruses and falls prevention. These were all up to date and had been completed this year.

All maintenance certificates we saw were in date. Monthly water service records had been completed, this included hot water temperatures and cold storage temperatures. Carbon monoxide checks, ventilation extractors and boilers had all been serviced and cleaned as required.

We saw hoists, slings stand aids and bath lifts had been LOLER (lifting operations and lifting equipment) checked in March 2018. The Lifting Operations and Lifting Equipment Regulations 1998 states checks on equipment used as part of hoisting people should be tested every six months to ensure if it is safe to use. This meant people were kept safe during moving and handling procedures. One staff member reported some equipment they used to support people kept breaking down. They said new batteries had been provided but these were not effective and the equipment just needed replacing.

People told us they were happy with the cleanliness of the home. One person said, "Yes. The rooms are done every day." Another person told us, "The home is quite clean but needs some decorating." Visitors also said they were happy with how clean the home was. One visitor said, "Oh yes. Very clean." Another visitor said, "It is very good, it is very smart and clean they clean it all the time floors and walls. The slightest bit of muck on the floors and they are that keen they will wipe up spills straight away in case anyone falls."

We completed a tour of all four units as part of our inspection. We looked at several people's bedrooms (with their permission), bathroom and toilet areas and various communal living spaces and saw the home was clean and hygienic. Although, we did note some carpets were marked, the registered manager was aware of this. Staff had access to personal protective equipment, such as gloves and aprons, alcohol hand rub was available on the corridors of each unit and liquid soap and paper towels were in each toilet area.

The laundry area was spacious, which enabled a clear dirty to clean route and process for items to be handled. Hand washing facilities were available for staff to use.

An infection control audit had been completed in July 2018 which included environmental cleaning, hand hygiene, personal protective equipment, laundry and waste management. An action plan had been completed which included the replacement of a toilet seat, reminding staff about wearing jewellery and fixing a leaking tap.

The last food standards agency inspection of the kitchen had awarded the home five stars for hygiene. This is the highest award that can be made. This showed effective systems were in place to ensure food was being prepared and stored safely.

The registered manager told us they had learnt lessons through complaints and had identified training where people required specific types of beds. They said they shared information across the different units regarding best practice at a 'flash' meeting which took place each morning. This meant the service learned lessons when things went wrong.

Good

Is the service effective?

Our findings

People we spoke with told us the staff that supported them were well trained. One person told us, "Oh yes. There is a right way and a wrong way to do things. They get it right." Another person said, "The staff appear to be trained to manage care safely and I feel confident when they are helping me."

Visitors told us staff had the skills and knowledge to support people safely. One visitor told us, "Absolutely they are, fully qualified nurses and if they aren't sure they will get someone who is." Another visitor said, "That we wouldn't know. On the face of things, they appear to have."

Staff told us they completed training on-line although there were opportunities to attend some training face to face. We saw future moving and handling training advertised on all four units. Staff said there were times when they could attend training, for example, end of life but there were often not enough places and learning was not always shared. We fed this back to the management team who said they would look at this. Staff on specific units said they would benefit from some dedicated behaviours that may challenge others training.

We looked at staff training records which showed staff had completed a range of training sessions. These included dignity awareness, emergency procedures and health and safety. The registered manager told us different training modules were released by the provider each month. For example, in August 2018 food safety, equality and diversity, infection prevention and control and safeguarding were going to be released. It was difficult to establish if staff had received training in a timely way and when refresher training was required to be completed. We have referred to this under the well-led section of this report.

Staff we spoke with were unsure of the frequency of supervision. For example, staff on three units gave different responses to the timings of their supervisions, every two or three months and every 6 weeks. One staff member said they had been at the home for almost 18 months, but not yet had supervision. The registered manager told us since changing provider supervision meetings were twice a year. A yearly planner for 2018 showed supervisions should have been carried out in January and November 2018, however, we looked at the supervision schedules for 2018 and noted each unit had completed the supervision at different times. For example, one unit had completed supervision for the first four months of the year but another unit had completed these in March 2018 only. We have referred to this under the well-led section of this report.

Nursing staff we spoke with told us the provider supported them with their registration requirements. This included revalidation, clinical supervision and further training. One nurse who had worked at the service for over 10 years gave examples of how they believed they had developed their skills and become more empowered to ensure people received the right care. This included working closely with other professionals to ensure people's changing needs were assessed in relation to their mental health, skin integrity and medication where required. Nursing staff had also attended refresher training in practical areas such as syringe drivers which they told us was very useful. This demonstrated staff had opportunities to develop new skills and enhance their existing ones with the provider's support.

Staff told us they had received an induction when they started in their role. This involved completing mandatory training and three days of shifts with the staff member who was acting as their mentor. Staff said they had found the shadowing very useful and it gave them a good insight into what the job entailed. We saw staff received an introduction to HC One and expectations of the role as part of the induction process.

We asked both the registered manager and the deputy manager how they ensured peoples care and support was delivered in line with current legislation, standards and evidenced based practice. We saw LOLER checks had been carried out on lifting equipment in line with legislation. The deputy manager told they worked within Leeds infection control team standards and the National Institute for Health and Care Excellence for the management of medicine. They said they worked within the guidelines when they took part in the 'red bag' scheme, which piloted the new way for the safe admissions and discharges from hospital. This evidenced the registered manager used national guidelines to improve the care delivery.

People we spoke with told us they enjoyed the food. Comments included "I have some nice food most of the time", "The food is very good I can't grumble, if I fancied something else I would ask them if they could get it for me", "The food is really good and there is a variety" and "I struggle to enjoy my food but cook is lovely and will get anything if I ask even if it is not on the menu."

People told us they got a choice in the meals they had. "One person said, "I get a choice of meals, if I didn't like the choices I could ask for something else I think." Another person said, "They bring menus round the day before and you choose what you want." A third person told us, "I cannot eat some things but there is always an alternative and chef is really good."

The chef told us the service's new provider had not supplied new menus for the service. Also, the shopping list to use was the new provider so did not match the menu. We were given examples of where meals advertised were not available. Although, people choose what they wanted to eat and the menus were varied and provided healthy options and nutritious meals. The chef told us people could have anything they wanted to eat and gave examples of one person who chose to have fish and chips for their evening meal every day. If people didn't want a meal of the menu, other options were available such as salads, sandwiches, soups and jacket potatoes. Fresh puddings were made every day with cream and custard to boost people's calorie intake, where required.

On one unit we observed the dining area had a feel of home, and there were a lot of staff present. People were given a choice of meal and, where required, people were offered and given assistance to eat their meal. Staff made sure everyone had a drink and there was a choice of hot or cold drinks. The meals looked appetising and tables were set with condiments, sauce bottles and clean tablecloths. We noted the menu displayed and the lunchtime meal were different, which caused some confusion with people. We fed this back to the registered manager.

The kitchen was fully stocked with plenty of fresh fruit, vegetables and dry goods. The chef told us they had everything they needed to ensure people who used the service had their nutritional needs met. The kitchen staff were updated daily by care staff about new people admitted to the home and any changes to people's needs. This meant any changes could be addressed immediately. People's dietary requirements were catered for by the home. For example, the chef used gluten free flour when baking, soya milk, sweeteners instead of sugar and provided suitable biscuits and cakes for those people who had diabetes.

Snacks were available throughout the day with cakes and biscuits and warm drinks served in mid-morning and mid-afternoon. Suppers were provided on each of the units with toast, soups and sandwiches available for people. Themed days were held at the service and people's birthdays were celebrated with a meal of

their choice.

The registered manager told us staff handover meetings took place at the beginning of each shift where changes and updated were shared regarding people's care and support needs. They also told us 'flash' meetings were held seven days a week with unit leaders and weekly house managers meeting took place to ensure people received the care they needed. Staff we spoke with told us they worked well as a team and our observations showed staff worked well as a team to meet people's needs.

On an organisational level, the registered manager said they attended a clinical risk meeting weekly and on a quarter basis they attended a falls meeting. This helped ensure people were receiving consistent, timely and coordinated care and support.

People we spoke with told us they were supported with any healthcare needs they required. One person said, "If I feel unwell they get the doctor straight away you get very good medical care." Another person said, "The doctor comes on his rounds every Tuesday. I would think if I was unwell he would come."

A visitor told us, "Any slight illness they get the doctor straight away. My mam had pneumonia and they got her in hospital straight away and they saved her I can't say anything against them. If anything happens they ring me straight away." Another visitor told us, "My relative has the services of all the major high street companies for eye tests, hearing checks and the dentist."

People's care plans showed they had access to healthcare services such as doctors and district nurses. Visits from healthcare professionals and any changes made to the person's care were noted in their care plan. There was also information regarding other professional visitors, such as opticians and occupational therapists.

One unit was piloting a 'telemedicare' system which allowed a person who used the service and/or staff members to speak with a healthcare professional via a tablet. Medicines could also be prescribed through this process.

People told us the home was nicely decorated and felt homely. One person said, "The home is lovely and my room is beautiful." Another person told us, "I think the decorations are nice."

Each unit had a spacious lounge and dining area, all had easy chairs as well dining tables and chairs. There were smaller quiet lounges with easy chairs and small tables for people to use. Communal areas were decorated in traditional style, in keeping with the relaxed atmosphere at the home. We saw an area of one unit had been turned into a pub. There was brick effect wallpaper on the outside and a sign hanging up with the name of the pub, this helped distinguish this from other areas. Other areas of the unit had a bus stop, areas for people to sit that had been decorated with either a painted view of the countryside or pictures of a bygone age.

We saw people's bedroom doors were numbered and were different colours. Doors that were not accessible to people, for example, store and sluice rooms, were painted in a colour which made them blend. Communal bathrooms and toilets had signage which combined both words and pictures to help people identify these rooms. Memory boxes were on the wall outside bedrooms for people to add items that would make it easier to identify their room. We noted not everyone wished to use these. We saw each bedroom was personalised with pictures, ornaments and photographs. This showed measures had been taken to ensure the content, design and adaptation of the home was appropriate for the people who lived there.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

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People told us they could make everyday choices and decisions and could get up and go to bed when they wished. One person said, "I wake up and get myself washed and dressed and I go to bed when I want, it is up to you." People told us staff support them in the way they wanted to be supported.

Staff were knowledgeable about the MCA and DoLS. They gave examples of asking people for their permission to give care. One staff member said, "I never presume they want me to do anything, I always ask if they want me to get them up, or if they want to get dressed. We do things for them here, not to them. Care is always on their terms and if they want leaving alone that's their choice." Another staff member said, "There are people on DoLS who would not be safe to go out alone. The DoLS is about providing care in a safe way that doesn't affect their independence. We want them to choose what they do, whilst we keep them safe." Staff told us they assumed a person had capacity and understood that making unwise decisions did not mean people were unable to make decisions.

Care plans we looked at contained a consent to care form signed by the appropriate person and a mental capacity assessment had been completed. We saw a number of DoLS applications had been made to the local authority, these were monitored to ensure they were up to date.

Good

Is the service caring?

Our findings

People we spoke with told us they liked the staff and were happy living at Colton Lodges. Comments included, "They are beautiful, one of them brought me an apple", "They remember my birthday and give me card and a birthday cake", "The staff are lovely. It is just like home, it is my home", "They can't do enough for you I can't fault them" and "The staff are jolly and the manager is always around so the place is a happy place to be."

Visitors we spoke with told us they were very happy with the care provided by the staff. One visitor said, "You won't get any better, they are always caring." Another visitor told us, "Every time we visit we are thankful our family member is here, the care and love is genuine." A third visitor said, "We spent ages looking and we have found 'the one' for our parent."

All the staff we spoke with told us they believed people received good care. They said they would recommend the home to people they knew, although, some said not for their own relatives. This was not a reflection of the service but had more to do with them not wanting their family to go into a home.

People decided where to spend their time. Each unit was spacious and allowed people to spend time on their own if they wished. We saw some people sitting in the lounge area watching television and some people spent time in their room.

We observed staff spoke with people in a caring way and supported their needs. Staff were respectful, attentive and treated in a kind way. It was evident from the discussions with staff they knew the people they supported very well. There was a relaxed atmosphere on each unit and staff told us they enjoyed supporting the people. There was a lot of light hearted 'banter' between the staff and the people which supported the happy atmosphere that people spoke about. On one unit we observed staff were very caring and efficient taking time to make sure each person was ok and checking on them, as well as spending time talking to them.

People looked well cared for. They were tidy, well dressed and clean in their appearance which was achieved through good standards of care. We saw people had their hair brushed, some people were wearing jewellery and people had appropriate foot wear on.

A 'resident of the day' form was completed on a different person each day. This included the taking and recording of their physical observations, checking their skin integrity, reviewing their medication and consent, checking family contact and auditing their care plans. This allowed any issues to be picked up promptly and the team on each unit that day knew which person was being focused on. The 'resident of the day' was also discussed at the daily 'flash' meeting and ensured all assessments were up to date and their bedroom and property were also checked on.

Some people told us they had been involved with their care plan. One person said, "One of the care managers helped to write my care plan." Another person said, "Yes, they [staff] do discuss it with me and ask

if I need anything." Although, some people were not able to recall if they had contributed to their care plan.

One visitor we spoke with said, "They asked me what [name of person] likes. [Name of manager] asks me to report any changes to let them know if any more help is needed." Another visitor told us, "I support my parent at care plan reviews as they get confused but the staff will always explain what is happening."

We noted the way care plans had been written showed people and/or their family members had been involved in the way they wished to be cared for, however, these had not always been signed by the person or family member. The registered manager said the recording of people's involvement could be strengthened.

People were mostly treated with dignity and respect. People told us their personal care was delivered in a respectful and dignified way so they did not feel uncomfortable. One person said, "They make sure the door is closed and I am showered in private." Another person said, "They [staff] knock on door. They draw the curtains when needed." A third person said, "I like to be in my room it is my home and the staff respect that."

A visitor told us, "They come to her straight away if she needs help with personal care, they make sure the door is shut and she is private. If she goes to the toilet two of them go to help her one to help her and one to make sure no one else can come in."

People were encouraged to be independent. One person told us, "I do my own tie and dress myself, I like to be smart." Another person said, "They know I am independent but if there was something I couldn't do I would ask and they would help me."

People who used the service, without family, were supported to access external advocates. One person told us, "Yes someone from [name of another service] spoke up for me." We saw displayed in the entrance to the home information on advocacy services. An advocate is an independent person who can support people to speak up about the care service they receive.

The staff supported people with whatever spirituality meant to the individual. People's care plans included details of any religious beliefs and preferences for their care and support. The provider had an equality and diversity policy in place and some staff had completed equality and diversity training during 2018. One person told us, "The Salvation Army band came in and they have things from other religions." We saw on the notice board a 'Anglican Church' service took place once a month and there were good links with the local church, ensuring people could attend a variety of events as and when they choose.

Good

Is the service responsive?

Our findings

Care plans contained information useful for staff in knowing which people were important to them. The care plans included names of family members, past jobs and details of relatives. People we spoke with told us staff had taken the time to get to know them. Comments included, "Yes, pretty well. We have little chats. Some know me better than others", "I talk to them [staff] about my life and what I like" and "They know me and my family."

People's care plans were person-centred and contained details regarding people's preferred routines. We saw care plans contained guidance for staff to follow to ensure the person's abilities and independence were maintained and staff assisted people rather than doing things for them. For example, one person needed help to wash their back but could wash their upper body themselves. There was evidence of monthly review of care plans and risk assessments/ Daily notes were recorded, although, these did not contain much detail. The registered manager told us they would look at this.

People we spoke with told us they enjoyed the activities but would welcome more variety. Some people commented that staff took time to sit and chat and gave them one to one time. Comments included, "I went to see a man on a guitar. I have never been outside in the garden, I would like to do knitting, crocheting and sewing", "I have enough to do bedroom, TV, sewing, knitting and books to read. I go to see the singers", "Not enough. I would like to pot plants", "If I am around when they start I will join in, walking in the grounds, quizzes, we make things, we have singers. They take me fishing from here. We go on trips regularly, like to Blackpool", "I do join in activities, like the quiz, we have had singers and a brass band and two or three lads came and sang", "They have quizzes, sports day, we had a fashion show and we have a craft lady" and "We don't have lots happening here and it would be nice to have trips out or a little variety."

Visitors we spoke with said, "They come around on a Wednesday and do some activities, like drawing, and recognising famous people", "We have seen dominoes and bingo", "That's the thing. Mentally [name of person] lacks stimulation, she gets bored" and "The main concern for my relative was they would be plonked down in front of a TV blaring out or made to join in. No one is forced to join in the activities but there could be more variety as its almost the same every week."

Details of activities people were involved with were recorded in their care plan. The activities consisted of the 'meet and greet' type where the activity staff would chat to the person. People who were nursed in bed had one to one time also with staff. There was a pub within one unit which people could use. We saw pictures displayed of events that had taken place which included a local school's Carnival day. Some people were involved in a baking session for Help the Heroes and a sports day was being organised.

We saw from the well-being coordinators meeting minuets for July 2018, improvement to activities were discussed which included, quarterly events, planning meaningful activities, memory care and joint activities with sister homes.

We saw relatives and visitors were able to visit without restriction. One person said, "They just come and

bring me stuff they can come in any time." Another person told us, "Oh yes, they can come anytime my friend came today." A visitor told us, "I can take her out anytime in the wheelchair as long as I let the staff know."

People we spoke with were happy with the service provided by the staff but knew how to complain and would do so if needed. They felt if they had a problem they would be listened to and action would be taken. One person said, "I would talk to the unit manager." Another person told us, "I would talk to the staff." A third person said, "I was told to wait to go to the bathroom, I did not have an ensuite room otherwise would have tried myself even though I need a wheelchair. After complaining I received an apology from the carer."

A visitor told us, "I would talk to one of the managers or a carer. You can speak to anyone and they will help you the best way they can, you couldn't get better carers than here." Another visitor said, "No, just regarding breakfast. I don't complain as such but they knew. There was a big change in attitude."

All concerns and complaints were logged. A concern form was completed for minor issues including a person not being able to get certain channels on their TV. Complaints included issues raised from both people or families, on each form there was a section for actions taken and these were all fully completed.

The service had received compliments about the quality of care provided, which included; 'The staff are top notch and in my view, this is the most important thing', 'Staff are always professional and polite. They are always willing to help. My mother feels at home and cared for. A lovely environment and family atmosphere' and 'During our mother's stay in the nursing unit, she received first class care. Professional, respectful, sensitive, caring and friendly, are all descriptive of the level of care she received. We never had any worries about her well-being during her time there'.

A visitor told us staff had spoken to them about their relative's future wishes. Another visitor said, "I have discussed End of Life care for my relative and there are statements on files." The registered manager told us people's requirements were recorded in their care plans but information could be better recorded with more detail about people's actual wishes. They told us they would look at this.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services.

At the time of the inspection the registered manager and deputy manager were not aware of the Accessible Information Standard. Although, care plans contained information about the person's preferred method of communication. Detail of whether the person could communicate their needs around requiring assistance, expressing pain or making decisions was included and updated if there had been any change.

The provider had procedures in place for accessible communication and hearing and optical support. On the second day of our inspection the deputy manager told us they were considering writing to people and relatives and using posters around the home to help identify ways in which people and family members wished to communicate.

Requires Improvement

Is the service well-led?

Our findings

Colton Lodges was recently purchased by HC One and, at the time of this inspection, were still in the process of starting to use new policies and procedures and were transferring information on to HC One templates. For example, staff supervisions and care plans. This had led to some confusion amongst the staff team, however, staff felt when the transition was complete the new way of recording would be beneficial.

We found some supervision documentation was available, however, these appeared to be templates with the same pre-prepared information for each staff member, rather than a true individualised supervision where issues could be discussed from both parties. The number of required supervision sessions had not been shared with staff. Staffing levels and deployment of staff were not maintained and there was no service overview of dependency to ensure people were not at risk of their care needs being met. It was difficult to establish if staff had received timely and appropriate training and when each training course should be renewed, as the registered manager did not have an overview of training and was aware that some staff training may be overdue. People told us they would welcome more variety with activities.

We asked 11 staff if there was one thing they could have to improve the quality of life for people who used the service what would they choose. They all said a minibus to take people out. We fed this back to the registered manager and provider team who said plans were in place to organise sharing a minibus with another service.

People who used the service and family members we spoke with were very positive about the staff, unit managers and the management team. Comments included. "I have just been having a chat with her [staff], she is getting married soon and she showed us her wedding dress", "I can talk to the unit manager" and "He [unit manager] is very approachable, he is easy to talk to and he is insistent that you tell him all that is happening he doesn't miss a thing."

Some people commented on how well the home was managed. One person said, "Well it's satisfactory for me. The main thing is the toilet and they are very good at taking me." Another person said, "I would say it could be better. But I wouldn't have their job for all the tea in China."

One visitor we spoke with said, "If you have any problems you go to her [registered manager] and she sorts it out and if she can't she goes to higher manager. She said if I need help here I am, just ask. They get involved, she walks around a lot making sure everything is ok." Another visitor said, "On the face of it, it appears to be." A third visitor said, "Oh yes. She [registered manager] does a very good job. She has a very tough task keeping everybody happy." A fourth visitor said, "The manager leads from the front and this is reassuring."

All staff said they would recommend the service to people as a place to work. They all spoke highly of the registered manager. Some were able to give examples of where she had supported them with flexible working to meet their carer or childcare responsibilities. One staff member said, "[Name of registered manager] is very approachable, I have been to her with issues and she sorts things out. I know she has helped other staff too with flexibility around their shifts. She is a lovely woman and will always listen to what

staff tell her." Another staff member said, "Even though [name of registered manager] isn't based on the house I know she knows what is going on and I can always talk to her if I think we could do things better for people. I think she genuinely cares about how staff feel. I would have no problem going to her if I needed to." A third staff member said, "There is an open and honest culture here which makes for a good feeling in the home both for residents and staff."

The registered manager told us a 'residents/relatives' meeting was held regularly. One person told us, "Yes, they have meetings once a month and I go. We discuss everything all about life." Another person said, "Yes, it is due in a few weeks we have one every quarter. They discuss any changes since HC-One came and what activities will be coming up."

Resident and relative meetings were held on each unit at least bi-monthly and minutes were available for these. They were not always well attended by relatives. Some issues raised were around staffing levels and the quality of meals but it was clear that actions had been put in place following these discussions. A manager's surgery was due to begin on a monthly basis where the registered manager would have dedicated time to spend with people and relatives but this had not yet commenced.

People told us they were opportunities to express their view about their care. One person said, "We do get asked for feedback." Another person told us, "Well no. Nobody asks me really. I am quite happy with the care I get and if I wasn't I would say something." A third person said, "They have given me surveys about the home and I fill them in. I tell them the girls couldn't be better I always give them excellent." The registered manager told us a resident/relative survey had been conducted recently but the results of this were not available as yet.

We asked people what they would change about the home and if they had any suggestions for improvement. Comments included "No it's a lovely home", "No I wouldn't change anything. I have a lovely room, I like sitting in the lounge and I like the staff" and "They are all so kind and if you have any problems you just have to say and they sort it out." A visitor told us, "From what I have seen of it is 100% with all the staff they are faultless. All the staff are excellent; the food is excellent and the whole premises both inside and out are clean it is hygienic place to be."

All staff confirmed team meetings took place at least monthly. Most staff described their unit manager's as approachable and supportive however, on one unit we received some negative feedback relating to the unit manager. We made the registered manager aware of this before we left. We saw a range of meeting took place, which included health and safety and quarterly heads of departments. Themes discussed included communication, annual leave requests and changes to mandatory learning. These meetings were well embedded and well attended; minutes were available for those staff who were unable to attend.

A thorough process was in place regarding accidents and incidents. Reporting forms and investigation outcome templates were completed as required. This included if a safeguarding investigation or referral was made, and any actions taken to prevent a repeat occurrence. We saw from the health safety meetings, accidents and incidents were also discussed.

A governance system was in place which included. the home improvement report, minutes of all meetings, the risk register, safeguarding logs and risk assessments. We saw a range of audit had been completed, which included kitchen, falls and dignity in dining. An action plan was completed after each audit.

A clinical risk register was evident and a monthly review of this took place. This included checking DoLS, skin conditions, weight loss and use of bed rails. During the review all high-risk areas from the register were

discussed and anyone who was presenting with a change in behaviour or deterioration in their health were discussed at length.

It was clear that checks were being done out of hours by senior staff. A night walk around was completed by the unit manager and documented. This included checking staffing levels, dress code, people were safe and well cared for and records were completed accurately. Out of hours visits were also conducted by senior managers monthly and included weekends. These were positive and allowed the management team to catch up with staff, spend time with people and discuss any changes to policy or answer any queries. The walk rounds were fully documented and there was a proforma of what should be being checked as well as an action plan to complete.

There was a home improvement plan which had been completed in July 2018. This checked all audits and checks had been completed on schedule. Some actions from this included mattress settings not always being recorded, the time of administration of PRN not always being documented and fire drills needing to be arranged. An action plan was in place following this and some of the actions, for example, the fire drills had already been completed.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. These included dieticians, salt and language therapists, occupation therapist and physiotherapists. The registered manager told us they worked with the funding local authority and organisations such a Diabetic UK and Parkinson's UK. They said they also worked with Advonet, which is an organisation who provided independent advocacy support.

Notifications had been sent to the Care Quality Commission by the home as required by legislation. For example, homes must notify CQC about any injuries people received, any allegation of abuse, any incident reported to the police or any incident which stopped the service from running.

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 Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not taken appropriate steps to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs.