Highpoint Care Ltd

Colliers Croft Care Home

Inspection Report

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Overall summary

Collier's Croft Care Home provides accommodation, care and support for up to 60 people. At the time of the inspection, 60 people were living in the home. The home was newly built and had been designed for use as a care home. The home was registered with the Care Quality Commission in August 2013.

The home was arranged over three floors, each of which was self contained. The ground and first floor of the building were allocated to people whose primary care needs were related to a diagnosis of dementia. The second floor was allocated to people who required general residential care and support.

We found that care records were not always fully and accurately completed, and that care was not always planned and delivered to meet the needs of people using the service. This had not been identified through the quality checks in place at the home. You can see what action we told the provider to take at the back of the full version of the report.

The home had an experienced registered manager. People spoke positively about the approach of staff and managers. There were enough staff, and staffing cover was provided when needed.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS had been considered and applications made appropriately.

People's needs were assessed and people were involved in making decisions about their care wherever possible. Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest' decisions were agreed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People told us they felt safe and secure and spoke positively about their experiences of care. Most people said staff attended to them quickly when they requested support.

People received safe care within Collier's Croft as there were systems in place to ensure people were safeguarded from abuse, staff went through thorough recruitment checks, and staffing levels were sufficient to meet people's needs.

At the time of our visit the manager was taking action to improve medicines handling at the home following a recent audit by the CCG (clinical commissioning group).

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found where people may be being deprived of their liberty this had been identified and an application made by the registered manager.

Are services effective?

People's assessed needs were present within in their care records. However, there was a lack of consistency in both the recording, and staff understanding of people's individual preferences and life histories.

Clear arrangements were in place to ensure people accessed health care and received good support to maintain their health or manage existing health conditions. We saw evidence of people attending appointments with a range of healthcare professionals and referrals being made when required.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff told us they felt well supported and accessed a range of training opportunities. Supervisions took place every three months.

Are services caring?

People and their family members told us the staff were caring. We observed caring and supportive interactions between staff and the people they supported. Staff treated people with dignity and respect.

Summary of findings

People had privacy when they wished either by using a quiet lounge or going to their own room. On several occasions throughout the day people living in the home and their relatives could be seen in quiet conversation in the many seating areas in the home or in their own rooms.

People were listened to and encouraged to express their views about their care and support. Meetings had been held for residents and relatives to give people the opportunity to provide feedback about the home.

Are services responsive to people's needs?

People were supported to express their views and be actively involved in making decisions about their care and support. Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest' decisions were agreed. Care plans were reviewed monthly and people and their relatives were involved in the review process.

However, we found accurate records had not been made of the pre-admission assessment for two of the people whose care records we reviewed. For one person, staff had not responded to changes in a person's care needs effectively following admission to the home, which had placed them at risk.

There was an effective complaints system in use at the service, which helped ensure that people had their comments and complaints listened to and acted on.

Are services well-led?

The home had a registered manager in post. Staff spoke positively about the management of the home.

The provider had systems in place to monitor standards of care provided in the home. We found that the service learnt from accidents, incidents and complaints. However, these systems had not been effective in ensuring accurate records were maintained and that care was planned and delivered in line with people's individual needs. Therefore a system was not in place to effectively identify, assess and manage all the risks relating to the welfare and safety of people using the service.

The registered manager ensured there were sufficient numbers of suitable staff to meet people's needs.

Summary of findings

What people who use the service and those that matter to them say

During our inspection we spoke with 13 people who lived at the home and 11 relatives or friends. Many of the people living at Collier's Croft had a diagnosis of dementia. Due to this, some people living at the home were unable to tell us verbally about their views. To help us understand their experiences of care we spent time observing care in communal areas. We observed that staff were caring and attentive towards the people they supported.

People who used the service and their relatives spoke positively about the staff that supported them. One person said "The staff look after me very well here, I couldn't live at home any longer and I think this is the best place for me now." One relative said, "The staff are very responsive, I couldn't fault what they do for my wife."

People told us they felt safe and that staff usually responded quickly to their needs. However people told us that on occasion they had waited longer than they would have liked. One person said, "I've had to wait much longer than five minutes many a time, when they said they would be back in five minutes."

People told us they were well supported with their healthcare needs. One person said "I had a physio assessment just after I came in here, they got me moving and I can now get about with a zimmer, whereas I couldn't walk before." This was supported by an occupational therapist who said, "I feel this is one of the better homes and that people's needs are being met. The staff have a good understanding of dementia and are very supportive of families."

None of the people using the service or relatives who we spoke with felt they had cause to complain about any aspect of their care. People told us if they did have any concerns they would raise these with the registered manager. They thought the manager was approachable, would take their concerns seriously and would take action to put right anything that had gone wrong.

Colliers Croft Care Home

Detailed findings

Background to this inspection

We visited the home on 06 and 07 May 2014. This was our first inspection of the home, following its registration as a new service in August 2013. Our inspection team was made up of an inspector, a pharmacy inspector, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed all the information we held about the home including notifications received by the Care Quality Commission. We contacted the local authority, which commissions care from Colliers Croft. The local authority last visited the home in December 2013 and sent us a copy of their report. In addition, the Clinical Commissioning Group (CCG) had undertaken a visit in March 2014 to look at medication. This had found improvements were needed in how staff handled medicines. We looked at medication as part of this inspection.

During the inspection, we spent time observing care in the communal areas of the home such as the lounges and dining areas. We used the Short Observation Framework for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who could not talk with us. We were shown around the building and saw all areas of the home.

Over, the two days of the inspection we spoke with 13 people and 11 relatives. We also spoke with three members of staff, the deputy manager and the registered manager. We also spent time looking at records. These included people's care records and records relating to the management and oversight of the home.

Following the inspection, we spoke with a nurse practitioner from the local memory service, an occupational therapist, and a social worker about their experiences of working with staff at Collier's Croft.

Are services safe?

Our findings

People living in the home and their relatives spoke positively about their experiences of care. People said they felt safe and secure and that staff responded to their needs. Most people said the staff responded quickly when they used the call bell in their room but in some instances people told us they had waited longer than they would have liked. For example one person said "I've had to wait much longer than five minutes many a time, when they said they would be back in five minutes." Another said "I think I had to wait too long sometimes after I have pressed the buzzer."

In a few instances relatives told us they were concerned there were too few staff on duty at busy periods during the day, like mealtimes. Other comments also highlighted the view that staff were constantly busy. For example, in two instances relatives were left with the impression that it was burdensome for them to ask staff to take a telephone handset to a person when they had telephoned the home to speak to their relative directly due to the tone of voice of the staff member answering the phone. During the inspection, we observed there were enough staff to meet people's care and support needs in a timely manner.

Arrangements were in place within the home for identifying and responding to any safeguarding concerns. We found the home had a safeguarding policy in place that detailed how to make a safeguarding alert. A copy of the policy was available for staff on each floor of the home, alongside the local authority safeguarding procedure and contact numbers. We spoke with two members of staff about their understanding of safeguarding, both had a good understanding of what abuse was and were able to clearly describe how they would respond if they identified potential abuse. One member of staff described a safeguarding issue that had recently been reported that they were aware of. We checked training levels with the manager, and found that 88% of staff employed by the service had received safeguarding training.

The registered manager demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that was designed to protect people who are found to lack the ability to make certain decisions for themselves. We spoke with a further two members of staff, both had a good understanding of how to support people with day to day decision making and a basic understanding of the MCA. Training records showed that 62% of staff had received MCA training.

At the time of the inspection, one person had a DoLS order in place and the manager was in the process of making an application for a second person. In these instances the manager had correctly identified circumstances were people were or could be being deprived of their liberty. However, one person's DoLS order included a request for staff to support the person to access the community. The registered manager told us they had not been able to do this as they were not able to manage the risk of this taking place. They went on to explain that the DoLS assessor was due to come back to look at renewing the person's DoLS order as it was due to expire, and they would highlight these issues. In addition, they agreed to contact the person's social worker to discuss whether they were able to meet the person's needs.

We looked at the recruitment record of two members of staff. Appropriate recruitment checks were undertaken before the staff member began work. We found a completed application form, evidence of identification taken, references received and evidence that a Disclosure and Barring Service (DBS) check was carried out prior to the new member of staff working in the service. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults).

At the time of our visit the manager was taking action to improve medicines handling at the home following a recent audit by the CCG (clinical commissioning group). We found that following this visit, arrangements had been made to ensure that people's medicines were confirmed with the prescriber on admission to the home, reducing the risk of mistakes. Plans were also in place for a system to alert carers to any medicines that needed to be given before food, in order that people would receive their medicines at the correct time. People told us they received their medication on time.

All medicines were administered by qualified nurses or suitably trained care workers. We saw that support was offered where people needed help with taking their medicines. We found that people's medicines needs were

Are services safe?

considered when on leave away from the home. However, a written risk assessment and care plan for one person who took medicines out with them had not been completed to ensure that their medicines needs were supported in the best and safest way.

The medicines administration records were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. Basic individual information was in place about the use of 'when required' medicines but on occasion this was missing, or was not supported by more detailed information within people's care plans. For example, one person was prescribed a when required medicine to aid with sleep but no reference to this was made within their night care plan.

We found that medicines, including controlled drugs, were stored safely. Adequate stocks of medication were maintained to allow continuity of treatment. However, we saw one example where several doses of medication had been missed due to a lack of stock. Prompt action was taken when we raised this with staff. Where medication errors had occurred these had been appropriately reported and managed in accordance with the home's policy.

Are services effective?

(for example, treatment is effective)

Our findings

As the service was newly registered in August 2013, there had been a steady rate of admissions into the home, and we found staff were still getting to know people's individual preferences. Staff were rotated from floor to floor each day. The registered manager told us this was so staff would get to know everybody within the home. One care worker told us how happy they were working at Colliers Croft and said "I absolutely love my job." They went on to tell us they were working hard to understand each person's personal preferences, but as many people hadn't been living there that long it was challenging to remember everything. People we spoke to also identified how staff were starting to learn about their care needs. One person said "The staff are getting to understand me and to know how to care for me."

One visitor we spoke with said, "It is a beautiful home with en-suite rooms. The only thing is the staff are rotated from floor to floor everyday. My friend wasn't well and they were talking about calling the doctor. However, when I asked the next day, it was a different member of staff and they didn't know anything about it."

We looked at three people's care records. We found information was present about people's needs. However, only one of the three care records contained information about people's life histories and background including personal preferences. There was a key worker system in place. However, with the exception of one relative we spoke with none of the people or relatives we spoke with were aware they had a key worker. Overall, we found there was a lack of consistency in both the completion of records and staff's understanding of people's individual interests and preferences.

All the people we spoke with told us they received timely and effective support with their healthcare needs. One person said, "I had a physio assessment just after I came in here, they got me moving and I can now get about with a zimmer , whereas I couldn't walk before". Another person said, "I've had my cataracts done since I came in here and now I can see a lot better. I used to like reading". A third person said "I see the chiropodist more now I'm in here. Before when I was at home it was every six months, now its every month."

We looked at three people's care records, which contained health and well-being assessments that highlighted people's healthcare needs. The records showed that people using the service received appropriate support from a range of health and social care professionals, including GPs, social workers and district nurses. For example, within one person's care plan we found they had been assessed as being at high risk of pressure sores, and had a current ulcer. Due to this they were under the care of the district nurse. We spoke with a nurse practitioner from the memory service who told us people were referred promptly to the service when needed.

Following the inspection, we spoke with an occupational therapist who had attended the home who said, "I feel this is one of the better homes and that people's needs are being met. The staff have a good understanding of dementia and are very supportive of families." They went on to explain that if they ever phoned and left a message, they had always been responded to. This meant that people's healthcare needs were being met effectively.

We found staff received good support through training and supervision. We spoke with staff at all levels of the organisation who told us they enjoyed working for Collier's Croft and felt well supported within their roles. Staff meetings took place regularly and minutes were taken. One member of staff told us these were made available so if anybody missed the meeting they could still be updated as to what was discussed.

The registered manager told us that supervisions took place every three months but that appraisals were not yet in place as the home had been open less than a year. A supervision matrix was in place that detailed when staff had last had a supervision and who their allocated supervisor was. We reviewed this and found the majority of staff had received a supervision in the last three months. This meant staff had the opportunity to receive support and guidance about their work and to discuss any training they needed to undertake.

Staff had received training in key areas such as food hygiene, fire safety, and moving and handling. Over half the staff had a National Vocational Qualification at Level 2 or above. In addition, staff had accessed training that was specific to the needs of people living in the home in areas such as dementia care. We found staff were being encouraged to undertake additional training and to develop their skills. For example, a quarter of staff had

Are services effective?

(for example, treatment is effective)

received training to monitor people's blood sugar levels. Blood sugar monitoring was in place for one person whose care records we reviewed. One member of staff we spoke with said they had been given the opportunity to develop and to take on more responsibilities, which they appreciated.

Are services caring?

Our findings

Comments made about the staff during our conversations with people who use the service and relatives reflected that they were patient and caring. One person said “The staff look after me very well here, I couldn’t live at home any longer and I think this is the best place for me now.” Another person said “The staff have the patience of a saint, some of the people in here are not the easiest to get on with.” One relative said, “My mother is very happy here, the staff are lovely.”

People who used the service and relatives who had experience of other homes before their admission to Collier's Croft spoke of a marked improvement both in the standard of the environment and the care in the home. During the inspection, we spent time observing care in communal areas and found the interactions between people who used the service and staff to be respectful, gentle and sincere. Between meal times, we saw that people had access to, and were regularly offered a range of hot and cold drinks and snacks.

On the first day of the inspection, we observed lunch being served to people who lived on the ground floor of the home. During lunch time, the staff were friendly and attentive to the people they were serving. However, they did not appear to be aware of some of the individual preferences of the people they were supporting. For example, a selection of sandwiches, salad, soup and crisps were available. The care workers went round and asked each person in turn what they would like to eat but did not specify flavours, which meant some people got food they didn’t like. For example, one person, nodded agreement to wanting ‘soup and sandwiches’ but on receiving the soup stated “But, I don’t like tomato soup, I can’t eat that” and then pushed the bowl away. The care workers did show people the plates of food, so those with limited verbal communication could indicate their choice.

Colliers Croft provides care and support to a number of people with a diagnosis of dementia. Due to this, some people living at the home were unable to tell us verbally about their views and experiences. We spent time observing how people were supported by the staff and made use of the Short Observations Framework for Inspection (SOFI). This tool is used to help us evaluate the quality of interactions that take place between people living in the home and the staff who support them.

We undertook our SOFI observations, on the second day of the inspection, in the communal lounge / dining area on the second floor, for a 20 minute period in the mid afternoon. The atmosphere in the lounge at this time was pleasant and relaxed with people sat chatting to each other and staff members. One person was sat having tea with a relative. Interactions within the observation period were very warm and caring. Staff engaged people in conversation, and we saw staff offering hot and cold drinks and crisps.

People who were able to mobilise independently told us they had privacy when they wished either by using a quiet lounge or going to their own room. On several occasions throughout the day people living in the home and their relatives could be seen in quiet conversation in the many seating areas in the home or in their own rooms.

People had been given opportunities to raise their views about the care and support offered by Collier's Croft. We found meetings had been held for residents and relatives within the home to give people chance to provide feedback about the home and to raise suggestions for what trips and activities should be planned by the home. The dates for these meetings were displayed on the home’s notice board.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Most people we spoke with and their relatives recalled having an assessment and a discussion with social workers and staff from the home before their admission about the decision to move into Collier's Croft. We looked at the pre-admission assessment documentation in three people's care records. For one person, this had been fully completed and signed by the person undertaking the assessment. There was also evidence the person's capacity to consent to move into the home had been considered and a best interests meeting had been held to support the person with this decision.

However, the pre-admission assessments for the other two people whose care records we reviewed were not fully completed. It was not clear from this documentation that all relevant information about the people's needs had been gathered or whether a decision had been made that the people's needs could be effectively met within the home. This meant there had been a breach of the relevant legal Regulation (Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010) and the action we have asked the provider to take can be found at the back of this report.

The deputy manager explained that the care plan and risk assessments were developed from the pre-admission assessment and then reviewed and updated as staff got to know the person. We reviewed three people's care records. In the majority of instances the care plans and risk assessments we looked at were satisfactory. However, for one person, who had recently moved into the home for respite care we found the care plan and risk assessments did not contain all the information that was required for staff to appropriately support the person. The care plan had not been amended to reflect that the person was wandering throughout the night and not sleeping in their room. No risk assessment or observations had been put in place to ensure the person's welfare and safety. There was no guidance to staff as to how they should support the person in the evening and through the night. At the time of the inspection, no referral for a medication review or support from the mental health team had been made. This meant there had been a breach of the relevant legal Regulation (Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010) and the action we have asked the provider to take can be found at the back of this report.

The registered manager told us care plans were reviewed monthly, and family involvement when appropriate was sought every three months. On review of the care records we found reviews took place and that families were involved in the review process. One relative said "The staff are very responsive, I couldn't fault what they do for my wife."

The home had recently employed an activities co-ordinator, who we were introduced to during the inspection. They were working on developing activities and events within the home. Some of the people we spoke with told us about the activities they had taken part in such as movement to music and going on trips organised by the home. Others told us their relatives took them out. We heard about events that had taken place within the home including a halloween party, a Christmas pantomime and coffee mornings. Throughout the inspection, we observed people sitting in the lounges with the television on, or talking with staff, other residents or visitors. There was a relaxed, pleasant atmosphere in the home.

The home had a complaints policy and procedure in place, which was displayed on the home's noticeboard. There was also a leaflet that explained the role of the Local Government Ombudsman. The policy outlined the timescales for the complaints procedure so people could understand how long they would wait for a response.

None of the people using the service or relatives who we spoke with felt they had cause to complain about any aspect of their care. People told us if they did have any concerns they would raise these with the registered manager. They thought the manager was approachable, would take their concerns seriously and would take action to put right anything that had gone wrong.

Since the home opened there had been two written complaints and two verbal complaints. There had also been nine written compliments. We reviewed the two written complaints, one of which was from a district nurse and had been investigated and resolved appropriately. The second complaint was from a family member and was being investigated at the time of the inspection.

Are services well-led?

Our findings

There was a registered manager in place at Collier's Croft. All the staff we spoke with were positive about the management of the home. One member of staff said to us that the registered manager was very approachable, as was the deputy manager. Throughout the inspection, we observed staff interacting with each other in a professional manner. Following the inspection we spoke with a social worker who had worked with Collier's Croft. They told us they found the staff to be helpful and willing to be involved. They told us the registered manager engaged well with them and had responded promptly to recent changes affecting the application of the Deprivation of Liberty Safeguards.

Collier's Croft had a whistleblowing policy, which was available to all staff through the council's intranet page. All the staff we spoke with said they would feel able to raise any concerns they had. None of the staff we spoke to had needed to raise any concerns in the past.

There was a system in place to assess and monitor the quality of care at Collier's Croft. We tracked three safeguarding concerns and found these had been identified and reported promptly to the local authority safeguarding team. We found accidents such as falls were being appropriately reported. We saw evidence of a fall in a person's daily notes and checked the accident book. We found this had been recorded accurately. Incidents relating to behaviours that may challenge the service were being recorded within daily records or observational monitoring charts if in place. The registered manager told us these were considered during people's monthly reviews. At the time of the inspection, incidents were not being monitored across the service to look for trends.

We asked the registered manager how people were monitored who had been identified as being at high risk or in need of additional observations. They told us staff used a range of forms for areas such as close observations, post accident observations, and food / fluid charts. If people were on these they were included within a 'floor management folder' that was located on each floor of the building. We looked at one of the folders and found it included a list of the care plan co-ordinators and keyworkers for each person living on that floor of the home. We found examples of the forms in use that were fully completed. This folder was used on handover between staff shifts.

The registered manager showed us the monthly quality audit checklist they used. This included: notifications to the Care Quality Commission, complaints, medication; infection control; monthly weight loss action plan; and bed rail checks. Care plans were not being routinely audited at the time of the inspection. During the inspection, we found care records were not always fully and accurately completed, and that care was not always planned and delivered to meet the needs of people using the service. This had not been identified through the quality assurance process. Therefore a system was not in place to effectively identify, assess and manage all the risks relating to the welfare and safety of people using the service. This meant there had been a breach of the relevant legal Regulation (Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010) and the action we have asked the provider to take can be found at the back of this report.

We asked the registered manager how they gathered and responded to the views of people who lived at the home. The manager showed us two resident surveys that had been undertaken, one about the admissions process and one about the standard of the food. For each survey, there had been five responses, which were positive. The manager told us they had listened to people's thoughts about food preferences and had been working with the chef on the menu options. For example, feedback on meals had suggested that as hot options were available at breakfast time, people often felt too full for their main meal to be at lunchtime. Therefore, a decision had been made for a lighter meal, usually with a hot option to be served at lunch time and the main meal provided at tea time.

The registered manager ensured there were sufficient numbers of staff in place with the right skills and experience. Staff received a full induction, training and ongoing supervision and day to day support. During the inspection, we found there were enough members of staff to meet people's needs and the majority of people who lived in the service and relatives we spoke with concurred with this. However, a couple of people highlighted they had to wait longer for care on occasion than they would like.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 (1) (b) (i) (ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of people who use services.** The delivery of care had not been planned and delivered in such a way as to meet the individual needs of, and ensure the welfare and safety of the service user.

Regulated activity	Regulation
	Regulation 10 (1) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision. An effective system was not in place to identify, assess and manage all the risks relating to the welfare and safety of people using the service.

Regulated activity	Regulation
	Regulation 20 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Records. The registered person did not ensure that an accurate record was maintained in relation to the care and treatment provided to each service user.