

Derbyshire County Council

Thomas Colledge House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thomas Colledge House Care Home is a residential care home providing personal care to up to 24 people. The service provides support to older people, people with dementia, those with a mental health diagnosis, people with a physical disability and/or sensory impairment and younger adults. At the time of our inspection there were 14 people using the service. The care home accommodates people in one building on one floor. There are separate wings, each with bedrooms, communal dining rooms and lounges. People have access to a secure outdoor space.

People's experience of using this service and what we found

People felt safe using the service. Safeguarding policies and procedures were in place and understood by staff. Risk assessments were in place, so people were kept safe. Restrictions to people were minimised and people were safely supported to be involved in managing their risks. There were enough staff to keep people safe and staffing numbers were reviewed regularly against the level of support people required. People's requests for support were answered quickly. Medicines were managed safely, and people received their medicines as prescribed from trained staff. The home was clean, and staff followed best infection prevention and control practice. Lessons were learned when things went wrong.

Assessments of people's needs and preferences were comprehensive and informed by people themselves. Staff had received sufficient training, and their competence regularly assessed to ensure they remained skilled and confident to carry out their roles. Nutrition and hydration risks were assessed, and people were supported to eat and drink enough. People achieved good outcomes in relation to their health and well-being and staff worked well together, and with other relevant healthcare professionals to meet their healthcare needs. The environment was accessible and specialist equipment was available for those that required it.

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

Staff treated people with kindness and knew the people they supported well. Equality, diversity and human rights needs were understood by staff, so people were protected from the risk of discrimination. The service promoted independence wherever possible.

Person centred support plans were created with people and those important to them. A complaints policy was in place and people felt comfortable to raise any issues with the service.

The service was well-led. A robust quality assurance system was in place to provide effective oversight of the service. Actions for improvement were quickly identified and addressed. There was a commitment to continuous learning which was informed by governance systems and people's feedback. There were various

opportunities for people to be involved which meant everyone could have a voice in the running of the service. The service worked in collaboration with a range of external stakeholders to support people to achieve good outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 December 2017).

Why we inspected

This was a planned inspection due to the age of the previous rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Thomas Colledge House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors 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.

Service and service type

Thomas Colledge House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Thomas Colledge House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who use the service and 7 relatives about the care. We spoke with 2 professionals who work with the service. We spoke with 11 staff, including the registered manager (unit manager), service manager, deputy unit manager, business services assistant, senior care workers, care workers, domestic assistants and catering staff. We reviewed a range of records. This included 5 people's care records, multiple medicine administration records, staff recruitment files and records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff supported people to understand the provider's safeguarding policy and what to do if they had concerns about safety. For example, safeguarding was an agenda item at resident's meetings, and posters with information on how to report concerns about abuse were visible around the home.
- People told us they felt safe using the service. A person said, "Yes I feel safe here." One relative told us, "[Relative] is safe overall, and they feel safe."
- Staff were suitably trained and understood their responsibilities to report safeguarding. Safeguarding concerns were taken seriously and managed effectively. Referring to a previous safeguarding issue, one professional told us, "[It was] evident Thomas Colledge had taken [concern] seriously and completed/ provided a learning review very openly... Thomas Colledge were open from the start of the enquiry and raised the safeguarding referral."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were identified and assessed. Staff followed guidance in order to support people safely. For example, where skin integrity risk assessments had identified specialist equipment was needed to protect people from pressure sores this was in place.
- Risks to people were regularly reviewed and action was taken when necessary to improve safety. For example, one person's falls risk had increased and through review it had been identified their medicine could have contributed to this. The GP was contacted to review the person's medicines.
- Accidents and incidents were reported and recorded. They were routinely reviewed by the registered manager who analysed them for themes and trends. This meant they could take action to improve safety.
- Learning was shared with staff. For example, within team meetings staff discussed themes and trends and how to mitigate risks to people. Minutes from one meeting showed how a discussion was held about supporting people with fragile skin to reduce the risk of bruising.

Staffing and recruitment

- There were enough staff to support people safely. People told us their requests for support were responded to quickly. One person said, "Staff come as quick as they can." A relative also told us, "Staff are quick to come when [person] rings their buzzer."
- The registered manager regularly completed a calculation for safe staffing numbers which was based off the level of support people using the service required. Rota's showed staffing levels were in line with this calculation.
- Staff were safely recruited. The provider completed necessary checks to ensure staff were safe and

suitable to work at the service. This included obtaining references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed. Staff demonstrated an understanding of best practice guidance in relation to medicine administration. For example, ensuring the right dose was administered at the right time. One relative told us, "[Staff] are very good at making sure [person] gets their medication at certain times."
- People were supported to maintain their independence and manage their own medicines where appropriate. Staff had guidance in place to help monitor and ensure safety. For example, where people managed their own insulin, staff kept records of their blood sugar levels so any changes could be quickly identified and escalated to relevant healthcare professionals.
- Medicines were stored and managed safely. Medicine administration records were completed appropriately. Staff competency in relation to medicine was routinely assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting people to receive visits in line with current government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive and considered people's diverse needs. They were informed by people and relatives, relevant assessments and information from relevant health and social care professionals.
- People's care plans and risk assessments detailed how they may wish to be supported on a good day, and a bad day.
- Care plans were regularly reviewed and updated to help ensure they remained relevant.

Staff support: induction, training, skills and experience

- Staff were suitably trained to carry out their roles safely. Specific training was provided where required for individual needs.
- Staff received an induction prior to working independently, which included shadowing experienced staff. All staff we spoke with as part of this inspection felt their induction and training provided them with the skills and confidence to do their job.
- Staff received ongoing support through regular supervisions, observations, and team meetings. Staff told us they felt supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. A range of healthy options were available for people to choose from. Catering staff told us, "Residents have input in the menu, through resident meetings and we will meet with them as they are admitted to go through likes and dislikes and anything they would like to see on the menu."
- Risks in relation to nutrition and hydration were assessed. Catering staff were aware of these needs and had up to date information within the kitchen to ensure meals were prepared safely for people.
- The dining experience was calm and relaxed. People told us they enjoyed the food at the service. One relative told us, "The food is absolutely gorgeous. The cook goes to sit with [person] and asks for feedback on the food. [Person] is reluctant to drink, but they are encouraging all the time because of their catheter."
- People's weights were routinely monitored. This meant any significant weight loss or concerns could be identified promptly and escalated to the relevant professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to achieve good outcomes in relation to their health and well-being. The service

had good links with the GP and district nurse who visited regularly.

- Prompt referrals were made to relevant healthcare professionals when required. For example, staff supported one person to refer themselves for mental health support. One relative said, "They are good at calling the doctor" and, "If there's a health issue, they contact health professionals quickly and they phone to tell me."
- The service provided interim support beds, which helped to facilitate successful discharges from hospital and prevent further re-admission.
- There were effective systems in place for staff to share information and ensure people received consistent and timely support. For example, daily handovers discussed people's days and any changes to their care and support. Senior staff used a messaging service to provide quick updates on changes in people's needs.

Adapting service, design, decoration to meet people's needs

- The environment was suitable to meet people's needs. The service was neutrally decorated, light and well-maintained.
- People's bedrooms had been personalised with their own belongings and furniture.
- Accessibility needs had been considered in the service design. People had access to a range of specialist equipment, such as hoists or accessible baths. There was signage around the home to help people navigate.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of inspection, no one using the service required a DoLS authorisation. However, the provider understood their responsibilities under the MCA. There were policies and procedures in place and staff had received MCA training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with kindness. We received consistent positive feedback regarding the attitude of staff. One person told us, "The staff do everything right." A relative said, "The care is particularly good, they deal with people calmly and in a caring way." Another told us, "They are wonderful looking after [person]. They all seem so very friendly and careful. [Person] felt confident and comfortable from the start."
- Staff knew people well. Staff demonstrated an understanding of people's equality, diversity and human rights needs. Feedback confirmed this, one relative said "They understand [person's] needs and their little ways." Another said, "They are good at responding to [person's] specific needs." And "Staff are [persons] family. They understand [person] without a doubt."
- Staff told us they had time to spend with people and talk to them. Relatives feedback confirmed this. One told us, "Staff sit with [person] and talk to them. They reminisce with them."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. The service offered an interim service, which aimed to support people to regain levels of independence to allow them to return to their homes safely.
- Staff respected people's privacy and dignity. For example, knocking on doors before entering bedrooms and providing aprons to protect people's clothing during mealtimes. A relative fed back, "I could not wish for more lovely carers. [Person] gets on so well with them. They are absolutely respectful in terms of dignity and privacy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. Peoples needs and preferences were clearly recorded and respected by staff. This included any needs on the grounds of protected equality characteristics. People and relatives, where appropriate, confirmed they were involved in care planning. One told us, "They involve us in every decision."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the accessible information standard. Information was provided to people in ways that they could understand, for example large print, or pictorial format.
- People's communication needs were assessed and there was guidance in place to help staff ensure these needs were met. For example, one person's care plan prompted staff to check a person's understanding and write things down for them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those important to them. Many using the service had developed good friendships with other people using the service. For example, a group of people met daily to play dominoes together.
- A range of activities and entertainment was provided. This included singers, games and a library service. The unit manager told us they are putting forward a suggestion for an activities co-ordinator.
- There were events and opportunities for people to engage with their local community. People and relatives spoke positively of these, one told us "The service held a very successful summer fayre, and carers came with their families as well as local people."

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy in place, which was shared with people.
- People and relatives told us they had no reason to complain but knew how to and felt able to approach managers and staff to raise any issues.

End of life care and support

- At the time of our inspection, no one using the service was considered to be at the end of their life. People's care records showed end of life wishes were discussed and documented. Staff had received end of life training and an end of life policy was in place.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led. The registered manager was visible within the service and supported people and staff to feel involved. This was reflected in feedback we received. One relative said, "It seems to be well run, it's very well organised. It is well led. Everyone knows what they are doing. I know the manager and deputy and talk to them. We have had long discussions about [person's] needs, and I get feedback. I am satisfied with what I have seen."
- A positive and inclusive culture was promoted. People, staff and relatives spoke about the warm and welcoming atmosphere within the home. One relative told us, "There is a family feeling there." A staff member said, "The atmosphere is very homely."
- Staff were motivated to provide person centred care and worked openly and co-operatively. One staff member said, "Caring for people, that's what I like to do, just being with them and learning from them." Another staff said, "We work well as a supportive team, I enjoy my job."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Internal quality assurance processes were effective in monitoring the service. This included regular audits by the provider, registered manager or delegated leads. Actions were generated from audits which were monitored to ensure necessary improvements were made.
- The registered manager demonstrated good oversight of the day to day running of the service. They received support from deputy management, unit management and the provider's quality assurance team.
- The provider regularly reviewed key risk data on their systems, such as accidents and incidents all of which was generated into reports and shared with the registered manager. Action was taken to make any required improvements picked up through any themes and trends on these reports.
- Many of the provider's planned improvements were based off feedback from people using the service and staff. The unit manager told us, "Registered manager see's any feedback as a learning opportunity." This demonstrated a commitment to continuous learning and person-centred care.
- The registered manager understood their responsibility under the duty of candour. Legal requirements were understood and met, such as submitting statutory notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- Feedback was encouraged, obtained, analysed and acted upon in order to improve people's experience using the service. People and relatives had opportunities to be involved in the service, for example through resident meetings or questionnaires. Feedback was used to make changes to improve people's experience, we saw examples of changes in menus and activities.
- Staff felt listened to and supported in their roles. A 'well-being suite' was introduced by the provider as an additional network for staff to refer to for further support if needed.
- Staff had regular meetings and were informed of service updates or changes. Staff confirmed they did not need to wait for these meetings but could approach management at any time. One staff member said, "We have meetings around any changes or concerns." "We get a chance to voice back, and they do listen to our side of things."

Working in partnership with others

- The provider had positive working relationships and worked collaboratively with a range of different stakeholders. For example, safeguarding teams and healthcare professionals. One professional told us, "Thomas Colledge House Care Home work well and will follow advice, I have never had any issues with the service and I would recommend here."