Mr C Taylor & Mrs E Taylor

Collyhurst

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Collyhurst is a residential care home registered to provide personal care and accommodation to 34 older people. There are 30 bedrooms in the main house spread over 3 floors. The basement and ground floor both have a dining area and a kitchenette. The communal lounge is located on the ground floor. There are a further four bedrooms in a bungalow annex. Twenty-nine people lived at the home when we inspected.

People's experience of using this service and what we found
Risks to people's health had been identified. However, records did not always show how these risks had been assessed and mitigated. Staff recorded accidents and incidents in people's individual care plans. However, there was very limited information about investigations carried out to identify the cause, or actions taken to mitigate future incidents from happening again.

Improvements were required to ensure safe medicines practices. Errors had occurred due to failures in the systems to support safe medicines practices.

Some areas of the home did not promote good infection control processes. For example, the main downstairs bathroom's extractor fan was extremely dirty and the skirting boards were hanging away from the wall and could not be cleaned properly. Some areas required de-cluttering.

Systems and processes were in place to monitor and improve the quality of care provided but they were not effective in identifying the areas of improvement we found during our visit. For example, records did not always contain enough information on how to reduce risks, fluid charts were not being reviewed, medication errors and some infection control risks within the environment had not been identified.
Where people's capacity to make decision was questioned, mental capacity assessments had been completed. However, these required more detail to evidence how decisions about a person's capacity had been made.

People and relatives provided mixed feedback about the quality of food. The mealtime experience required some improvements. Drinks were not offered to people until after the meals had been served and adding gravy to a meal was assumed and without the person's involvement.

People told us there were enough staff to meet their needs. Staff told us staffing levels enabled them to look after people safely and records confirmed that assessed staffing levels were maintained. The provider was facilitating visitors in line with government guidance.

People told us staff were caring and treated them with kindness and compassion. Relatives were complimentary about the standards of care provided at the home. People chose how their care was provided and were encouraged to express their views.

People received personalised care and told us staff were responsive to their individual needs. There was a calm atmosphere within the home and people told us they felt safe. Staff understood their safeguarding responsibilities.

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.

People told us staff were responsive to their health needs. The registered managers worked effectively with external health and social care professionals such as the GP who conducted a virtual weekly ward round

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

Rating at last inspection
This is the first inspection under the newly registered provider. The last rating for the service under the previous provider was requires improvement, published on 27 November 2021. The registered manager remained the same.

Why we inspected
We undertook this inspection to check whether improvements identified at our last inspection, under the previous provider, had been made. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Collyhurst

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.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Collyhurst 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. Collyhurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff that included both registered managers', a senior care worker, two care worker, the activities co-ordinator and a domestic staff member. We reviewed a range of records. This included three people's care records and two people's medicine records. A variety of records relating to the management of the service, including quality assurance audits and training records were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's health had been identified. However, some records did not always show how identified risks had been assessed and mitigated. For example, where people had been identified at high risk of falling, records did not always detail how to reduce this risk or what action had been taken to mitigate this risk following their previous falls. We discussed this with the registered managers who started to implement more detailed records to guide staff on how to support people to reduce the risk of falling.
- Despite this, staff understood how to minimise the risk of people falling. One person told us, "I used to fall a lot at home but I haven't had any falls at all here because you have the carers and they look after you."
- One person had a urinary catheter in place. Records contained detailed information about the management of the catheter and guidance for identifying early signs of infection to help prevent ill-health. However, fluid input and output charts were not consistently reviewed which meant early signs of infection may not be identified in a timely way. One of the registered managers told us that although staff were recording the amount of fluids this person had, they were introducing a more robust monitoring system following our visit.
- Other risks related to people's health were managed well. For example, detailed diabetes risk management plans included information about what emergency actions staff should take if people's blood sugar levels were outside their identified safe limits. Records showed staff monitored people's blood sugar levels in accordance with their plans of care.
- Overall, environmental risks had been identified. An external organisation had recently completed a fire risk assessment at the home and actions identified had been completed.
- However, in the main downstairs bathroom the bath panel had split and posed a risk of injury as there was sharp edging. The provider took immediate action to change the bath panel following our visit.

Using medicines safely

- Overall, people received their medicines as prescribed. However, we identified improvements were required to ensure safe medicines practices.
- One person was at risk of malnutrition and prescribed a nutritional supplement. Although they had gained weight, they had not received this supplement for 14 days due to a failure of the booking in system. Immediate action was taken to prevent it happening again.
- We identified a recording issue which showed one person had not had one of their prescribed medicines for 14 days. We checked the amount of medicine this person had in stock which indicated the person had been given this medicine, but staff had failed signed the record.
- We discussed these concerns with the registered managers as their systems and processes had failed to

identify these errors. One of the registered managers confirmed a new system for checking medicines would be implemented following our visit.

Preventing and controlling infection
● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home did not promote good infection control processes. For example, the main downstairs bathroom's extractor fan was extremely dirty, and the skirting boards were hanging away from the wall and could not be cleaned properly. In addition, some pieces of equipment such as people's walking frames were notably dirty, and some communal spaces required de-cluttering. The registered managers acknowledged improvements were needed and confirmed these had been started following our visit.
● We were assured that the provider was using PPE effectively and safely. However, on one occasion, we observed a staff member open a foot pedal bin with their hands without wearing gloves. The staff member understood this did not promote good infection control practices and explained this was an isolated error.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was accessing testing for people using the service and staff.
● 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.

We have also signposted the provider to resources to develop their approach.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

● We found the service had effective measures in place to make sure this requirement was being met.

Visiting in Care Homes
● The provider was facilitating visitors in line with government guidance.

Learning lessons when things go wrong
● Staff recorded accidents and incidents in people's individual care plans. However, there was very limited information about investigations carried out to identify the cause, or actions taken to mitigate future risks.
● The provider had begun to analyse incidents and incidents to identify patterns and trends.

Systems and processes to safeguard people from the risk of abuse
● There was a calm atmosphere within the home and people told us they felt safe. Comments included, "I am quite safe here. The staff look after me" and, "We are totally safe here, it is lovely care. The staff are wonderful."
● Staff understood their safeguarding responsibilities and knew to report any concerns about people's safety and well-being to senior staff or a registered manager. One staff member told us, "My responsibility is to protect residents from harm. It is to treat people in a person-centred way. If I saw anything, I didn't think was right, I would say something and report it straight away."
● The registered managers understood their safeguarding responsibilities and knew when to make referrals to the local authority.

Staffing and recruitment

● People told us there were enough staff to meet their needs. One person told us, "There is always someone there when you need them."

● Staff told us staffing levels enabled them to look after people safely and records confirmed that assessed staffing levels were maintained.

● Pre-employment checks were completed to help ensure staff members were safe to work with people in a care setting. A new staff member confirmed the necessary recruitment checks had been completed prior to them starting work at the home.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People and relatives provided mixed feedback about the quality of food. One person told us, "The quality of the food can be an issue. The food yesterday was cold by the time it got up here as they don't use hot plates." Another person told us, "The food here is alright. Some days are better than others." We discussed this with the registered managers who told us they would address this at the next residents meeting.
- Staff prompted people to eat more and offered appropriate assistance where needed. However, the mealtime experience required some improvements. Drinks were not offered to people until after the meals had been served and adding gravy to a meal was assumed without the person's involvement.
- People were offered a choice of meals and the menu options provided a varied and healthy diet. The lunch time meal was well-presented.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments were carried out where necessary. However, these assessments required more detail to evidence how decisions about a person's capacity had been made. The registered managers had sought specialised training to develop their understanding in this area.
- Records contained verified information about whether people had designated individuals who had legal powers to act on their behalf, such as powers of attorney. Those people were involved in people's care plans.
- Where people had capacity, they had signed to confirm their agreement to the care and support provided at Collyhurst, as well as the sharing of their personal information with other healthcare professionals.
- Staff knew if people refused support, they should respect the person's wishes and try again at a later time or with a different staff member.

● Where people were potentially being deprived of their liberty, DoLS applications were made to the authorising body.

Adapting service, design, decoration to meet people's needs
● Some areas of the home looked tired and in need of refurbishment. The provider told us improvements to the environment continued to be a work in progress.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's health and emotional needs were assessed before they moved to Collyhurst to identify what support they needed. This ensured staff could provide the appropriate level of care required.
● Assessments reflected the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.

Staff support: induction, training, skills and experience
● Staff had the skills, training and competency to meet people's needs. Staff completed an induction when they started to work at the home. This included working alongside experienced members of staff to understand the specific needs and routines of the people living there. During induction, staff completed a range of competency assessments to ensure they worked in line with the providers expectations.
● Records showed staff completed the provider's mandatory training. This included important topics such as safeguarding and moving and handling. In addition, staff received training to support people with specific health conditions such as diabetes.
● Staff told us the training they received enabled them to effectively meet people's health and emotional needs. One staff member commented, "The training I have received is second to none."
● The management undertook checks of staff competency in areas such as moving and handling and infection control practices to monitor staff conduct.
● Staff felt able to speak with the registered managers at any time and had opportunities to discuss their work and support needs. One staff member spoke positively about the support they received and told us, "They [registered managers] recognised my leadership qualities and put me through my level 3 diploma. They believed in me and pushed me forward to reach my potential."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People told us staff were responsive to their health needs. Comments included, "The manager always gets the doctor for me if I have a problem" and, "I wear glasses and they [staff] make sure I see the optician."
● The registered managers worked effectively with external health and social care professionals such as the GP who conducted a virtual weekly ward round and the diabetes nurse who supported staff with the management of diabetes. Medical advice was routinely followed.
● Staff regularly monitored people's oxygen levels, pulse rate and blood pressure to identify early signs of ill-health. Records showed that staff had recognised when people were becoming unwell and had sought medical advice and input where necessary.
● People's care plans contained information about the support they needed to maintain all parts of their personal care such as their oral health.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People told us staff were caring and treated them with kindness and compassion. Comments included, "I am very, very happy here. The staff are wonderful and so cheerful" and, "The staff treat me so well. I wouldn't want to live anywhere else."
- Relatives were complimentary about the standards of care provided at the home. One relative commented, "It is not so salubrious as some homes, but the care is the main concern. I know it would not suit a lot of people because they would want it to be more posh, but at the end of the day it is the care that is important." Another relative told us, "Staff are very kind and very understanding."
- One staff member told us what their priorities were in ensuring people lived in a caring environment. They told us, "To make it as comfortable and as nice as we possibly can because it is their home and that if they need us, we are always there."
- We observed positive interactions between staff and people in the communal lounge. People's individualities were celebrated, and reassurance was given to people when needed.

Supporting people to express their views and be involved in making decisions about their care

- People chose how their care was provided and were encouraged to express their views. For example, people chose where and what they wanted to eat, and how and where they wanted to spend their time.
- Where people were unable to express their views, relatives or advocacy services were consulted. Advocates are trained professionals who help people express their views.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "The staff help me with my wash and shower. They are ever so good. I never feel embarrassed."
- Care plans contained information to ensure people's dignity was maintained. For example, one person's care plan informed staff how their clothing should be arranged so an item of medical equipment could not be seen by others in the home.
- Care plans supported people's independence by describing what people could do for themselves and when they needed guidance or full support from staff. One person told us, "They do ask you to try and help yourself first if you can, but if I need them, I press the button and they come."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 and told us staff were responsive to their individual needs. Comments included, "I like going for walks. I can do that here. I go up the lane. Its ever so good" and, "I had to give up my bungalow because I was falling. My room here is just like being in my bungalow. I've got all my own things and do all the things I want to."
- Care plans contained personal information about people to support staff in meeting people's needs and preferences. One staff member told us, "You read the care plan and see what has gone on in their lives and then you can get a good view of who they are."

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.

- Care plans contained information about people's communication needs and how staff should engage with people to ensure they provided responsive care. This included any equipment people required to support their understanding such as hearing aids or glasses.

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

- There was a relaxed atmosphere in the home, and it was clear from our observations that people enjoyed the camaraderie in the home. One person told us, "I have lovely friends here, there is plenty to do and we have a laugh with the staff."
- Staff supported people to maintain contact with their friends and family and facilitated visiting in line with government guidelines during the COVID-19 pandemic.
- People were offered a range of things to do which included group and individual activities. On the day of our visit most people in the lounge chose to join a quiz game about the local area. The quiz generated engagement and conversations between people which was clearly enjoyed.
- The home celebrated days important to people living at the home. There were plans in place to celebrate Easter and the upcoming Queens Jubilee.
- Staff recognised the benefits to people of social engagement and encouraged people to join in with the activities. However, they recognised some people preferred to spend time in their own rooms and respected

their choices.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy but had not received any formal complaints at the time of our visit.

● People and relatives felt able to raise any concerns and were confident they would be dealt with. One relative told us they had raised an issue with the registered manager and, "It has not happened again."

End of life care and support

● Staff worked with other healthcare professionals to support people at the end of their life.

● People had end of life care plans which ensured they received the care and support they wanted when their health deteriorated. The plans included information about people's preferences to remain at the home or go to hospital when at the end of their life.

● We spoke with one relative whose family member had recently received end of life care at Collyhurst. They told us, "[Registered manager] looked after [Name] and washed him and looked after him and I will never forget that."

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were in place to monitor and improve the quality of care provided. However, these had not always been effective in identifying the areas of improvement we found during our visit.
- Quality audits had not identified where records lacked guidance on how to reduce risks such as falling. Fluid charts were not always reviewed to ensure people remained hydrated. Medication errors had occurred and had not been identified and some infection control risks within the environment had not been rectified.

We found no evidence people had been harmed but systems were not established or operated effectively to drive forward improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

- The provider acknowledged their quality oversight needed to be improved for them to identify the issues we identified themselves. The provider was in the process of sourcing an external quality assurance consultant to support them with this.
- One of the registered managers was newly registered and was not yet benefitting from external support services. We discussed this with the provider who confirmed they would ensure the new registered manager attended the local provider forums and would support them to develop their knowledge of the regulations by accessing support from organisations such as Skills for Care.

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

- People and relatives told us the home was well managed and confirmed they felt comfortable to speak to the manager when needed. Comments included, "I can't fault [registered manager]. When I have asked them for any help or asked any questions, [registered manager] bends over backwards to help you" and, "[registered manager] is a very good manager. If you have a problem, they will sort it."
- Staff told us they enjoyed working in the home and felt fully supported by the management team. Comments included, "They are all nice and helpful. You can talk to them. If you need to know anything, they are always there for you." And, "[registered manager] is brilliant and treats us very nicely. [Registered manager] really does care about everyone. He has a big heart."

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

● The registered managers understood their responsibility under the duty of candour and told us they would take responsibility if things did go wrong.

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

● The registered manager sought feedback from people and their relatives. However, due to the COVID-19 pandemic, formal meetings had not taken place. The registered manager was in the process of getting these arranged.

● Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.

Working in partnership with others

● Staff and manager worked effectively in partnership with agencies such as health and social care professionals to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) The providers systems and processes failed to be established and operated effectively