

Handsale Limited

# Colne Place Residential Care Home

## Inspection report

97 High Street  
Earls Colne  
Colchester  
Essex  
CO6 2RB

Tel: 01787222314

Date of inspection visit:  
25 March 2019

Date of publication:  
05 April 2019

## 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

We inspected Colne Place Residential Care Home on the 25 March 2019.

About the service: Colne Place Residential Care Home caters for up to 33 older people. At the time of our inspection 28 people were using the service. The service was set in a residential area with easy access to the local community and had large gardens. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service: People and relatives were very complimentary of the service and staff.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received the appropriate training. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care.

Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. Support was given to people at the end of their life.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good (report published 26 May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was 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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Colne Place Residential 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection Team:

The inspection was carried out by one inspection manager and one inspector.

#### Service and service type:

Colne Place Residential Care Home caters up to 33 older people, some of whom may be living with dementia. The service had a registered manager. 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 took place on the 25 March 2019 and was unannounced.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with six people and three relatives and observed interactions with staff. We spoke with the registered manager and three care workers. We reviewed care files and records held in relation to the running of the service.



## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel safe here, it is reassuring that there are staff always around."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. One member of staff told us, "I would report anything to my senior or manager, if it was not dealt with I would go to head office or outside organisations."
- The registered manager clearly displayed guidance and posters external to the organisation that people or staff could contact if they had concerns about abuse.
- The registered manager knew how to raise concerns with the local safeguarding authority and would work with them to investigate these and ensure people were safe.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people. Staff undertook risk assessments which focussed on supporting people to move safely, prevent falls, have the correct nutrition and prevent pressure sores.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid.
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. We saw regular fire drills were held and each person had a personal evacuation plan in place.
- People were cared for in a safe environment. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements there was an on-site maintenance person.

Staffing and recruitment

- From the PIR we saw the registered manager used a dependency rating tool to calculate the level of staffing required to meet people's needs.
- We saw the service was well resourced with staff and staffing numbers were adjusted during high need times.

- People were very complimentary of the staff and felt they were able to meet their needs. One person said, "They will do anything you ask all the staff are very good."
- The registered manager was actively recruiting more staff to lessen the use of agency used at the service. There was an effective recruitment process in place to ensure staff recruited were suitable for the role.

#### Using medicines safely

- Only trained and competent staff supported people with their medication. People received their medication safely one person told us, "Staff give me my medication on time."
- Guidance and protocols were in place for staff to give as required medication and to monitor the effects of these.
- Medication was stored safely in an air conditioned room and staff monitored that the correct temperature for storage was maintained.
- Regular audits were completed to check medication was managed safely.

#### Preventing and controlling infection

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.
- Regular audits were completed and where appropriate the procedure for notifiable infections were followed.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.





## 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

Good: 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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- People their relatives and advocates were involved in reviewing their care with staff.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- New staff were given a full induction when they first started. One member of staff told us, "New staff have a senior as a mentor and they work with us doing shadow shifts when they start."
- Staff were provided with a mixture of face to face and on-line training to provide them with the skills they needed to perform their role.
- We saw staff had been booked on to complete training in Dementia care and first aid which was due to be delivered in the next few weeks.
- Staff had regular supervision with a senior member of staff and attended regular staff meetings. The registered manager also completed observations of staff practice.

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

- People were supported to have enough to eat and drink. Everyone we spoke with was very complimentary of the food. One person said, "The chef comes and asks me every day what I want to eat."
- We saw the service had recently received a 5-star food and hygiene rating from the local authority.
- Throughout the day we saw people were encouraged to maintain a healthy fluid input with a variety of drinks and snacks being offered.
- Staff supported healthy eating and monitored people's weight for signs of changes and sought medical advice where required.

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 have all their healthcare needs met. People were registered with a local GP to provide consistent healthcare.
- People had reviews carried out by the GP or practice nurse. For any on-going nursing requirements people were supported by the district nursing team.
- One person told us, "We have no problem seeing a doctor if we need one the staff call them."

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

- The environment was appropriately designed and adapted to support people. The service was spacious, people had their own large rooms. We saw that all the rooms had been individually personalised with people's belongings. The registered manager told us that they continually reviewed the environment and redecorated as needed.

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

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments and the registered manager tracked these to completion.



## Our findings

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

Good: 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 that they were very happy living at the service. One person told us, "I would rate this place five star." Another person said, "I feel very lucky to live here."
- People were very complimentary of the staff we received such comments as, "All the staff are very good." And, "The staff are excellent."
- Staff had a good knowledge and understanding of people's needs. For example, staff knew how one person liked to have a certain number of drinks in front of them. The person told us, "I need to drink a lot." Another person told us that they liked their food presented in a certain way and the staff did this for them.
- People were supported to follow their faith and had access to local churches. In addition, faith services were held at the service if people wished to attend them.

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

- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- People had care plans that had been discussed with them and were regularly reviewed. One person told us, "My key worker is [staff name] they are very good and help me with everything including getting me bits of shopping I need."
- Where appropriate, families were involved with decisions about care, along with advocates and other healthcare professionals. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.
- People were frequently asked for their feedback on their care by the registered manager and the chef regularly asked for people's feedback on the food and menus provided.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day. One person told us, "When I first came here staff told me this was my room and I could do what I liked in it. I prefer to stay in my room and not mix that is my choice and what I prefer."

- People were supported to maintain contact with their friends and family. One person said, "I have a telephone in my room and my friends are always surprised they can call me directly."
- A relative told us that when they got married, staff supported their loved one to take part in the ceremony by connecting via a video link. The person told us, "It was brilliant felt like I was there."



## Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- The provider had invested in an electronic care planning system which meant staff had all the information they needed on hand held devices and could update these immediately with any support provided.
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Staff were able to explain people's communication styles and we saw people were able to express their needs.
- People enjoyed varied pastimes and engaged in meaningful activities. There were two activities staff employed at the service to provide support seven days a week. We saw photographs of people enjoying varied activities including cocktail evenings and trips out to the cinema.
- The activities coordinator told us how they discussed with people what activities they would like to do and planned these throughout the month. The most recent project was to plant vegetables in raised planters so everyone who wanted to could get involved.
- People told us that there were always activities going on if they wanted to get involved and that they had external entertainers. One person said, "We had a singer in the other day they were very good."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and responded to any complaints in a timely way. We reviewed the complaints registered and saw there were not any themes and complaints had been responded to and acted up on.
- People and relatives generally told us that communication at the service was good and that they did not have any complaints.

End of life care and support

- The registered manager knew how to access support for people at the end of their life. They worked closely with the GP and district nursing services to support people when needed.
- We saw some people had expressed their wishes for the end of their life and the registered manager was

working with people to ensure all their wishes were recorded.



## 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager understood their registration requirements including notifying us of significant events that happened at the service and displaying their latest report and rating.
- They were aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained.
- The registered manager was open about the governance of the service and displayed information on how the service was performing for people, relatives and staff to see.
- People and relatives were complimentary of the running and management of the service and told us that they felt communication was very good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- There was a positive management structure in place which was open and transparent. Staff told us they felt supported by the management team to perform their role.
- Staff were clear about their roles and worked within regulatory requirements.
- Staff shared the managers vision to provide good care. One member of staff told us, "We want to provide good quality care, for people to feel and happy and that this is their home."

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

- People were actively involved in improving the service they received. Staff gathered people's views on the service daily through their interactions with people.
- People's opinions had been sought on activities, menus and the running of the service during meetings.

People also discussed their care plans regularly with their key workers.

- The registered manager sent out questionnaires to people, relatives, staff and other health professionals to gain their feedback.

#### Continuous learning and improving care

- The registered manager had quality monitoring systems in place to continually review and improve the quality of the service provided to people.
- They carried out regular audits on health and safety and care records, this information was used as appropriate to continually improve the care people received.
- The registered manager completed daily walk around of the service and completed audits of these which included talking to people about their care and getting their feedback. They also regularly reviewed people dining experience and mealtimes with them.

#### Working in partnership with others

- The registered manager has formed links in the local community including working with churches and schools that have visited the service.
- They have also worked closely with local healthcare providers such as GPs, district nurses and linked with the local council for information sharing and learning.
- The local fire service came in to do a demonstration with fire rescue dogs and to talk to people about fire safety.