Bupa Care Homes (CFHCare) Limited

Colton Lodges Nursing Home

Inspection report

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West Yorkshire
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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?	**Good**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 4 April 2016.

Colton Lodges Nursing Home is a purpose built home comprising of four units Newsam, Whitkirk, Elmet and Garforth. It provides care for up to 138 people. At the time of inspection 126 people were living at Colton Lodges Nursing Home.

At the last inspection in March 2015 we found the provider had breached three regulations associated with the Health and Social Care Act 2008.The registered person did not make appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified and skilled and experience staff to meet people's health and welfare needs. There were not suitable arrangements in place to ensure staff were appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard. The registered person did not take proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate or unsafe.

The provider told us they would meet the regulations by the end of August 2015. The provider had completed an action plan and on this inspection, we found improvements had been made with regard to these breaches.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall, people who used the service and visiting relatives said there were enough staff to meet people's needs. However, we noted that people who used the service had to wait for periods of time for the support they needed such as assistance with meals.

People told us they felt safe and did not have any concerns about the care they received.

There were systems in place to record accidents and incidents.

The premises and equipment were well maintained to ensure people's safety. The premises were clean in all four units and decorated to a good standard.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. However two peoples medication had not been received for two weeks from the local pharmacy.

There were policies and procedures in place in relation to the Mental Capacity Act 2005. Staff were trained in

the principles of the Mental Capacity Act (2005). However in one unit staff did not fully understand what they must do to comply with the requirements of the Mental Capacity Act.

People were supported by staff who treated them with kindness and respect. Overall, their choices and preferences were respected and they were supported to make their own decisions whenever they could do so. Staff could explain to us what privacy and dignity meant to them and the people they supported.

Most people told us they enjoyed the food and got the support they needed with meals. However, some improvements were needed to ensure people who were underweight and needed support at mealtimes had staff to support and encourage them.

Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff felt supported and had regular supervisions and appraisals.

There were good systems in place to ensure complaints and concerns were fully investigated. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement. People told us they would feel comfortable raising concerns or complaints. People provided positive feedback about the unit managers and registered manager.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service.

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 consistently safe.

Medicines were not always managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

There were enough staff in the home to ensure people were safe.

Is the service effective?

Requires Improvement

The service was not always effective

Mental capacity assessments were completed in people's care plans and Deprivation of Liberty Safeguards applications had been appropriately sought. However two people who had capacity had a capacity assessment form completed on their behalf.

People were offered a varied and well balanced diet.

People received appropriate support with their healthcare and a range of other professionals were involved to help make sure people stayed healthy

Is the service caring?

Good

The service was caring

People and their relatives told us they were well cared for.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive

There was opportunity for people to be involved in activities.

People felt confident raising concerns. Complaints were responded to appropriately.

People received support as and when they needed it and in line with their care plans.

Is the service well-led?

Good

The service was well led

The management team motivated staff to provide a good standard of care.

There were procedures in place to monitor the quality of the service and where issues were identified action was taken.

People spoke positively about the registered manager.

Colton Lodges Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 April 2016 and was unannounced.

The inspection team consisted of four adult social care inspectors and three specialist advisors in governance, nursing and medication.

At the time of our inspection there were 126 people living at the home. During our visit we spoke with 15 people who lived at Colton Lodges, six relatives, 16 members of staff, the clinical services manager and the registered manager. We spent time observing care in the communal areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at 15 people's care plans and 19 medication records.

Before our inspection, we reviewed all the information we held about the home. We requested a Provider Information Return (PIR) This is a document that provides relevant and up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission. The provider completed the PIR. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service in March 2015, we found the provider did not take appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified and skilled and experience staff to meet people's health and welfare needs. This was a breach of regulation 22. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

Through our observations and discussions with staff, we concluded there were enough staff to meet people's needs. Staff we spoke with said the staffing levels had improved since our last inspection of the service. One member of staff said there was 'room for improvement' on nights when there were only two care staff and one nurse. They said this did not occur often and was due to sickness which they always tried to cover. Contingency plans for staff sickness were in place. These were observed on the day of inspection. Staff said they were asked to stay on later and come in earlier to cover busy times when they could not get a shift fully covered. They said this worked better than using agency staff who were not familiar with the service.

Most people we spoke to told us there were enough staff to support them. One person said, "I think there is enough staff, sometimes you have to wait your turn but you don't wait long, I have noticed there is not many to serve food, especially when everyone wants different. If we need help we press our buzzers and they come." Another person said, "If I press my buzzer it depends how busy they are and what they are doing as to how long you wait. But someone always comes." Another person told us, "There is not enough staff they take our staff to help in other houses and leaves us short. I always ask in the morning if they are short, if they are I stay in bed. This is not often though." One relative told us, "There are enough carers around all the time."

In the PIR the provider told us, 'All staff has an enhanced DBS check as part of the recruitment process, staff do not start working until this has been completed.'

We looked at recruitment records for ten staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. The registered manager obtained two written references and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

People we spoke with told us they felt safe in the home and did not have any concerns. One person told us, "I have had some falls and the carers help to get me back up. I feel safe here, I am sure I could have gone to worse places than this." Another person told us, "I feel safe, I think so." One relative we spoke with said, "We have no concerns here, it is better than the last place, there are no smells here. Staff are always coming to check on him too." Another relative said," Mum has only been here two weeks and is settling in still but she is

well looked after."

Staff told us they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were confident anything they reported would be dealt with. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in safeguarding of vulnerable adults. All staff said they had been told about the provider's whistleblowing policy and said it was referred to in the staff handbook.

Risks to people who used the service were appropriately assessed, managed and reviewed. We looked at 15 people's care records and saw relevant risk assessments had been carried out to minimise the risk of harm to people. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. Staff we spoke with were aware of the risks people faced and what was in place to prevent or minimise them, for example, risks relating to the prevention of pressure ulcers, falls and malnutrition and safety of someone who used oxygen. However on one unit a door was unlocked. It had a note on the door clearly saying it must be locked. Inside was a store for equipment and hoists. We observed a person walking around and could easily have entered this room. We asked staff to lock it immediately.

We observed several people being transferred by hoist. Each time this was done effectively and calmly with at least two staff who explained what they were doing throughout to the person, whilst reassuring them. This meant people were safe and their dignity was respected.

We looked around all four units which included all communal areas and a number of bedrooms, We saw these were mostly safe, clean, tidy and homely and people had individualised their rooms in the way they wanted them. However on one unit we saw some signs of ageing on some chairs which needed to be changed. We found one toilet hand basin tap did not have hot water and another hand basin was in need of repair. We reported this to the member of staff in charge of the unit who arranged for maintenance to attend. We saw there was hand sanitation available in the unit and all toilets and bathrooms were fully stocked with hand wash and paper towels.

We saw a chipped tile in a bathroom which could have posed a risk from skin tears to people who used the service if they brushed or fell against it. The nurse in charge reported this repair as soon as we pointed it out. Bathrooms and toilets were checked for cleanliness hourly and staff signed to say they had done this. We found some signing charts were not completed between 6pm and 8pm most days. The nurse in charge said they would raise this with staff to ensure proper completion of the checklist charts. Staff said there was a plentiful supply of personal protective equipment (PPE) and we saw this was worn and used appropriately. However one staff member said they needed some additional PPE when assisting one person with personal care and agreed to discuss with a member of the management team.

We spoke with people about the cleanliness of the home. One person told us, "Oh yes it is clean here, they are always hoovering." Another person said, "they clean every day, it is spotless."

In the PIR the provider told us, 'All Nurses and senior carers receive medication training as part of induction and complete competency assessments in safe handling of medicines.'

One nurse we spoke with said they had not received a medication competency check for 'some years'. Other nurses on the other three units told us they had received a competency assessment in 2015.

Medicines management practices were examined to establish how people's medicines were managed so they received them safely. Medicines administration records (MAR) charts and the relevant sections of the care plans were looked at on each unit as well as the examination of systems in use for medicines procurement, storage, administration, disposal
and record keeping. We found that MAR sheets and care plans were correctly completed and medicines were correctly obtained, stored, administered and recorded on most of the units. We looked at two people's medication in one unit where 'as and when required' PRN medication had not been received for two weeks for both people. The pharmacy had not been able to supply these medications. The registered manager and clinical service manager had numerous meetings with the local pharmacy and GP to rectify this. This resulted in the home using a different pharmacy where they could ensure medication was received on time for people. We concluded on the day of inspection this was a minor concern due to the nature of the medication. However the home should have arranged medication to be available sooner.

We found all cupboards and refrigerators were locked on the day of our visit. Temperature records for the refrigerator and ambient room temperature were recorded daily and showed all temperatures were within recommended limits.

The Controlled Drugs (CD) cupboards were locked and the CD record books were comprehensively and accurately completed. Sample CD medicines were checked against stock levels in the CD record books and found to be correct. MAR sheets were also checked against the CD record books and found to be correct.

We observed scheduled drug administration rounds in two units and nurses told us they ensured that medication was given at the correct time in relation to food intake. This was evidenced on the day of inspection. On one unit there was only one nurse to complete the medication round. This took most of the morning. We spoke to the registered manager about this. The registered manager told us they were normally two nurses on shift, however on this occasion there was only one due to staff annual leave. A senior member of staff was present as an additional person on the day of inspection. We looked through staffing rotas which showed on most days there were two nursing staff to support with medication rounds.

Requires Improvement

Is the service effective?

Our findings

At our last inspection of the service in March 2015, we found there were not suitable arrangements in place to ensure staff are appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard. This was a breach of regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found the provider had made improvements.

In the PIR the provider told us, 'Staff supervisions are carried out and a planner is in place to prompt the House Managers when these are required to take place'.

Staff we spoke with said they were well supported to be effective in their roles. They told us they had regular supervisions which were meaningful conversations in which they discussed any issues and training needs. Staff said they had an annual appraisal which set objectives for the coming year. Staff said they felt able to raise any issue in these meetings and said action points were completed. We looked at the supervision and appraisal records and saw the majority of staff had received supervision in January, February or March 2016. Each unit manager had completed mid-year reviews with staff.

Staff said there was a rolling programme of training available to them and they received their annual updates as needed. They said they felt well supported by their manager. One staff member said, "It's always good to know how you are doing and have a chance to discuss your training."
Staff were trained to meet the specialist needs of people living with dementia. Staff said they had undertaken training called 'Person first, Dementia second'. However, one of the staff we spoke with had been in post eight months and had not received any training on dementia. They said they thought this was being organised and they were currently learning by a 'hands on' approach on the unit. They said their induction had been good and prepared them well for their role. They said this had included some time shadowing on the unit before working unsupervised. Training records showed staff had the knowledge and skills required for their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. On one unit two people had been assessed as having capacity. However a capacity assessment had been completed by staff for them. We spoke to the registered manager at the end of inspection about this. She said she would look into this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met. We saw that a number of DoLS applications had been made to the local authority and these were being monitored to ensure they were up to date. The documentation recorded who had been involved and consulted regarding any authorisations. Staff showed they understood DoLS were in place to protect people's safety. We saw a DoLS policy and procedure and a Mental Capacity Act policy was in place to guide staff.

We spoke with staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions. For example, making sure people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. Staff said they had received training on the MCA.

People were asked for their consent before any care interventions took place. For example, moving and handling or assistance to go to the toilet. We saw staff respected people's choices and gave people time to consider options. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. One staff member said, "We can't force anyone to do something but we just try different ways, different staff and look at all the options."

In the PIR the provider told us, 'Weights are monitored for all residents and those with a high Malnutrition Universal Screening Tool. (MUST) score are referred to GP and dietician for support'.

Staff told us people had regular health appointments and their healthcare needs were carefully monitored and prompt action taken when required. Records showed there was prompt referral to GPs, psychiatrists and dieticians. However we saw in some care plans where it identified a need for referrals that did not appear to have happened. For example in one person's care plan the oral care assessment had flagged a need for a dental referral but we could not find evidence that this had happened. In another staff had recorded 'Needs referral to a chiropodist to maintain foot health.' We did not see evidence of a referral being made. Neither care plan records contained evidence that the person had been seen by the required health professional. We spoke to the registered manager about this.

We looked at the environment in terms of providing specialist care for people living with dementia. Some areas were 'dementia friendly'; they were well lit to reduce the risk of falls and some of the walls on the corridors were decorated with memorabilia pictures and there was a recessed area that had pictures of items found in a shop from the past. There were sofas placed in the corridor for people to rest at when walking about the corridors and some boards with twist and turn items for people to interact with. However, we saw all bedroom doors were painted the same colour and had very little individuality. This could be confusing for a person to recognise their room. We spoke to the registered manager about this.

In the PIR the provider told us, 'The menu caters for people with different nutritional requirements and ensures residents' nutritional needs are met, whilst also providing choice. The feedback from residents about quality of food on offer has been good.'

Most people told us they enjoyed the food provided by the service. One person told us, "I am picky with my food, I could live on toast, I like plain food only. They don't argue if I refuse because they know I know what I should eat." "The breakfast always looks nice although I don't eat it." "If I want more food I can ask for it. We have snacks and tea and coffee." Another person told us, "They make a very big effort and do very well considering. We get a choice every day and get alternatives if we ask." Another person told us, "The food is

not good, you get a choice, today is bangers and mash. But everything is the same there is not much variety. It is not hot or tasty. You can ask at any time for food and they will get you something." A visiting relative told us, "He has blended food and they do this for him." Another relative told us, "The meals look fine, they are brilliant, they are offered a choice and he always enjoys his meal, it looks nice too."

We saw drinks and snacks such as smoothies and malt loaf were offered to people throughout the day. We saw people were provided with food they could manage themselves to encourage their independence, for example, finger food. Staff told us some people who were living with dementia found it difficult to settle at a table to eat and preferred to be moving around while eating and snacking on finger food. Staff said this was a good way of managing food intake for people to ensure their nutritional needs were met.

We observed breakfast and the lunch time meal in three of the units. The food looked appetising, hot and portion sizes were good. Some people ate at the tables in the dining area, some chose to have meals on side tables in the lounge or conservatory area and some people took their meals in their rooms. One person chose to have a beer with their lunch which staff supported them with. However in one unit a person was sat in the lounge and pushed her meal away. The staff member asked if she wanted anything else and she shook her head. The staff member was not observed coming back to the person to try and encourage her to eat. This was mentioned to the registered manager at the time of inspection.

The lunch in two of the units were quiet with little conversation or interaction for those who sat at the dining tables. Staff interacted more with people who needed additional support to eat their meals; providing encouragement and gentle persuasion to ensure people ate. We saw there were enough staff to support people to eat their meals and staff offered friendly, cheerful and polite support. They gave people explanations and showed people the food to help people make choices. Photograph menus were available to assist people to make meal choices. Alternatives were provided when people did not want what was on the menu; this included sausage and chips, a ham sandwich and a jam sandwich.

People were weighed regularly and nutritional assessments were completed to identify any risks. However, one person who was identified as high risk weight loss, the unit manager did not have an accurate record of food or fluid intake for staff to be able to fully monitor this. We discussed this with the nurse on duty to ensure this was put into place. Another staff member said they thought a food and fluid diary should be in place as the person was becoming more and more reluctant to eat and drink and it was difficult to keep track of their dietary intake.

Staff showed a good awareness of people's dietary needs. Staff were able to tell us who needed thickener added to food and drinks to prevent choking and who needed their food and drink enriching to promote better nutrition.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us they were very satisfied with the care their family member received. One person told us, "I enjoy living here, most staff are very kind, most of them anyway, you do catch people on a bad day." Another person told us, "We do pretty well here. I am well looked after by the lasses they do pretty well." Another person told us, "Staff are nice they look after me well." One visiting relative told us, "The care is brilliant, very good care, staff are kind and helpful." Another relative told us, "It is a lovely place and the staff are perfect."

We observed staff were caring, encouraging and supported people's needs well. Staff knew each person by name and showed a great rapport with people. Staff were enthusiastic in their communication and showed a genuine interest in people who used the service. People who used the service were happy, relaxed and at ease with the staff.

Staff we spoke with demonstrated they knew the people they were supporting. They could tell us about likes and dislikes and what people's care needs and preferences were. Staff told us they really enjoyed working at the home and with the people who used the service. They showed they had respect for people and valued them as individuals. Staff's comments included; "I love the people here, treat them as if they were my own family", "Its great getting to know people, learning about their past lives".

In the PIR the provider told us, 'Each person living at Colton Lodges has their own bedroom which can be individually personalised by bringing personal belongings from home. All staff knock before entering a resident's room. Residents are called by their chosen name'.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff told us how they closed people's doors and curtains during personal care and made sure they kept people as covered as possible to avoid any embarrassment and indignity. One person told us, "They take me for a shower and make sure it is private like." This meant people's privacy was respected.

Staff told us of the importance of people's independence. One person told us, "They let me be independent, they leave my clothes on the bed ready and I help myself, they don't let me struggle and call back to see I am ok." Another person said, "Today is Monday the 4 April 2016. On Friday it was April fool's day and I moved the calendar to the 2nd for a bit of fun." [Name of person] used the calendar in the lounge to know the date and he liked this as he told me he had a 'fractured' memory so the calendar helped him a lot."

People looked well cared for, clean and tidy, which is achieved through good care standards. Several of the women had their nails manicured; jewellery that matched their clothes and people had their hair nicely styled. Men were clean shaven and dressed according to their wishes. For example, some people were noted to prefer casual clothing and this was respected.

People who used the service and their relatives were involved in developing and reviewing their care plans.

Some parts of care records we reviewed were signed by relatives or people who used the service to show their involvement. Some relatives had completed the 'life story' document for their family member which made the information more person centred.

We saw people's care plans contained information which would be of use to staff in forming meaningful relationships with people who used the service, although this was basic. It included names of family members, past jobs, a favourite memory and names of pets. Care records also indicated whether the person had any religious beliefs and indicated preferences for care and support including gender of care workers

Memory boxes were in place outside people's bedroom doors in one unit. They contained memories, likes and family stories to help people with dementia find their own room. We spoke with one person and asked about their favourite hobbies. They were reflected in the memory box. All the bedroom doors were green coloured throughout the unit. For a dementia friendly environment different coloured doors are known to help people find their way better. We spoke to the registered manager about this.

Good

Is the service responsive?

Our findings

At our last inspection of the service in March 2015, we found the provider did not take proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate or unsafe. This was a breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements.

In the PIR the provider told us' As a minimum we will review residents needs in the care plan on a monthly basis and where needs are changing we will make appropriate adjustments in the plan. This opportunity also provides us with details of how residents are reacting to current care plans and services and if it is noted that the needs are not being met or that they have more needs than can be met on that particular unit, then we will refer to the appropriate agencies such as social work teams, district nurse teams, joint care managers. This is so that a more in depth review can be made of the residents needs and the outcome could be that they are transferred to a more appropriate unit'.

We looked at fifteen care plans and found overall they were detailed and individualised; providing person centred information such as toiletry preferences and how to chat to people during care delivery to prevent distress. There were evidence throughout the care plans of regular reviews on each of the units. However we found some minor shortfalls with some of the care plans. Terms such as 'full assistance' did not tell staff how much support a person needs and could lead to needs being overlooked. The registered manager said she would address this straight away.

Staff we spoke with said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff we spoke with were able to tell us about the care needs and preferences of people who used the service. They spoke with fondness about people for whom they were key worker and were able to answer questions about the care and support needs of people whose care plans we looked at.

People and their relatives told us they were mostly involved in their care plans. One person said, "I did help to do it I think but I have not been asked to sign it." "It has been very good here I can't grumble." Another person said, "Yes my daughter comes in and reads this with me." A relative told us, "I come in when I can, if not I look at it afterwards and let them know if I want to add anything." Another relative told us "My mother was in one unit which was appropriate for her needs at the time, these then changed so she moved to another unit within Colton Lodges. My mother is happy there and they can support her needs."

We looked at provision of activity in the service to see if person centred activities were available to people who used the service. There was three activity coordinators available to the service four half days per week. The activity coordinator told us planned activities included; ball games, target toss, ring toss, skittles, dominoes, bingo and play your cards right. They also said there was a box of activity equipment available to people which included games, CD's and DVD's. They said there was occasional baking and art sessions and outside entertainers who came in.

People told us they enjoyed the activities and felt there were activities to participate in if they wanted to. Some of the comments were, "I am not as lonely here as I was living alone." "In the evening it is a bit quiet." "I am looking forward to summer so I can go outside a bit." "I have a TV in my room if I choose to sit in there; my favourite TV programme is news at six." "Activities are in the big room, they play dominoes and bingo, I join in sometimes, I once won two houses in a row at bingo. I don't get bored." One person told us, "I like to get out in the fresh air." The person was noted to have a room which had a door to the outside.

On the day of our visit in two units activity took place in the morning. People were offered a choice of what to be involved in. A number of people joined in with target and ring toss. People were engaged, active and clearly enjoyed the session. People who chose not to be involved were actively watching and some people who were falling asleep were gently encouraged to participate or asked if they wanted some music on.

When people took part in activities it was recorded in some of the units and evaluated to say how they had enjoyed it or if they had joined in. Records we looked at in some units showed people received regular activity and interaction. There was inconsistency across the units to completing the paperwork associated with activities. In some peoples activity records there were minimal information. The registered manager said they would address this straight away.

During the morning, staff on one unit told us they were too busy to get involved or encourage participation in activity. They said they did have time in the afternoons to have one to one chats with people or do nail manicures if the activity co-ordinator was not there.

We asked the activity coordinator if they had completed any specific training for the provision of activity for people living with dementia. They said they had not, but they had completed 'person first, dementia second' training. We asked if people who used the service participated in activities of everyday living such as making a cup of tea or a snack. They said there were some facilities for this but they were not used. They did say a number of people enjoyed baking.

In the PIR the provider told us, 'A robust complaints policy is in place and all complaints are answered within 21days with outcomes of any investigations. Concerns are managed at unit level and discussed with the General Manager'.

Staff were familiar with the complaints procedure and knew how to support people to raise concerns. We saw the complaints policy was available and on the wall in the home. There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We saw the complaints policy was available and on display in the units we visited. We spoke with people who used the service and one told us, "If I was concerned about something I would go to different people depending on what it was and how serious it was. Most are very good to me. They have listened in the past when I have complained and resolved it. They really don't like anyone not to be happy." Another person told us, "It's alright, if they do something wrong I tell them, I don't stand any nonsense. I know how to complain." Another person said, "They look at our opinions and it is nice to know we are listened to." A relative told us, "We visit the office when we come each week to speak to the nurses about how he is, and we would go there if we had any concerns."

There was a complaints log maintained which had information on each complaint and the outcome and actions taken as a result of the complaint. We saw all complaints were discussed at the weekly senior management meeting and at the relevant unit at the daily handover in order to prevent re-occurrence. We saw one relative had complained about the food .We saw staff had spoken with the relative to explain what would be changed on the menu to meet the person's needs.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a clinical services manager, a head of care, unit managers and a team of registered nurses and care staff. People who we spoke to were mostly familiar with the unit manager. Comments included, "[Name of person] is the manager and she is alright, she left at 11pm one night and I told her the next day she should not do that." "There is no special main person, there are seniors in the darker uniforms and everything goes fine here." "Yes I know who to ask for if I need anything, the staff are great and [Name of person] is a good manager, she knows what she is doing."

Staff spoke highly of the management team and spoke of how much they enjoyed their job. Comments included; "[Unit manager] is very keen, understands the issues on the unit and works alongside staff", "I think [name of general manager] is very aware of the challenges", "management fantastic, feel able to approach about anything" and "Love my job, the team I work in; everything's great." One staff member said they thought there could be more acknowledgement of good work. They said, "There could be more well dones."

There was evidence of staff meetings being held on the units, usually monthly. Each unit had different records of the meetings, some more comprehensive than others. Staff attendance was also different across the units, with some having low attendance and some higher. There was no evidence of issues from unit staff meetings being brought to the head of department meeting. Topics staff meetings covered included; updates quality and planning, supervision, health & safety.

In the PIR the provider told us, 'We have a weekly house manager meeting with the general manager and all the house managers; this meeting is used to update them on any developments or changes within the business. Also this meeting is used as a forum for discussion of any issues they are having on the units and support is gained form the others within the group'.

We saw a weekly senior management meeting was held with all of the unit managers. There was a documented agenda where care plans, falls, tissue viability, infections, safeguarding, nutrition and medication where regularly discussed. Staff rotas and skill mix on the units was also occasionally discussed. There was expectation and this was evidenced on the day of inspection that the unit managers cascaded information from these meetings to the daily handovers on each of the units. In addition to this, a daily meeting of all heads of department took place. One unit manager told us these meetings were invaluable to ensure the units were run well. Staff also said they received feedback on important information that could affect the service as a whole. For example, the outcome of complaints or safeguarding matters. They said there were a number of ways they received this; memos, meetings and handovers.

The provider had policies and procedures in place which included safeguarding vulnerable adults, privacy and dignity, mental capacity, best interest, managements of medicines and infection control. The policies were in place in all the units of the home. We spoke to staff about the policies in place and how they ensured they read and understood these. Staff told us when any new policies came out the unit manager would ask them to read the relevant policies. There was no sign sheet in place on the units to state if staff had read and

understood these policies.

People who used the service and their relatives were asked for their views about the care and support the service offered. People we spoke with were aware of the 'residents meetings'. One person told us, "Residents meetings are rare as it is an effort to get everyone together." Another person said, "Yes I sometimes go we talk about the food and activities and anything new that is happening in the home."

In the PIR the provider told us, 'People's Survey that is collated and analysed centrally within the business. Results are fed back to the homes and actions are taken as a result of the feedback to address any areas identified as requiring improvement.

We saw recent questionnaire in place for 2015 across all the units at Colton Lodges. Forty one people completed the questionnaires across the units. The top three strengths were listed as residents being happy and content, staff knew people well and the warmth and friendliness of staff. There was evidence that the senior managers passed required actions to house managers who then passed this information to the staff who attended staff meetings.

The registered manager told us they monitored the quality of the service with support from all the staff team at Colton Lodges. These included daily walk rounds, monthly quality audits, talking to people, relatives and staff and looking at the activity provision. At the time of inspection the registered manager was talking to a relative who asked to speak to us. The relative told us the home was a lovely place and his family member was very happy there. He told us the staff were a credit to the home and he was pleased he had found such a nice place.

We found the service quality assurance systems were embedded into the culture of the service to ensure continuous improvement. Audits were carried out across areas such as care plans, medication and infection control. We saw information on actions that had been taken as a result of these audits. A monthly return was sent to head office, from which a monthly report was generated to identify any patterns or trends. The areas covered in the monthly report included detailed information on complaints, accidents and incidents, pressure ulcers and safeguarding. Unit managers also reported the numbers of people who had weight gain or weight loss, bed rails, referrals to safeguarding and DOLS.