Derbyshire County Council

Thomas Colledge House Care Home

Inspection report

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Date of inspection visit:
31 October 2017

Date of publication:
07 December 2017

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

This inspection visit was unannounced and took place on 31 October 2017. At our last inspection visit in November 2016 we asked the provider to make improvements to the staffing levels. The provider sent us an action plan in December 2016 explaining the actions they would take to make improvements. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to 24 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 21 people were using the service.

There was a registered manager in post. 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.

People received their medicines as prescribed and had the opportunity to remain independent with their medicine. As and when required medicine was also available to support people's pain relief. When people were at the end of their life they had been supported with medicine to ensure they received a pain free and dignified death.

People were supported to make choices and when required, assessments had been completed to ensure decisions were made in people's best interest. The home had enough staff to support people's needs. Any staff who had been employed had received a range of checks to ensure they were suitable to work in the home.

The registered manager completed a range of audits to support the improvements within the home. Audits had been developed to increase the responsiveness of actions following accidents and incidents. The provider was involved in a number of pilot studies with the aim of improving people's experience of care. People had the opportunity to comment on their environment and to be part of the improvements of the home and care they received.

People felt comfortable in the atmosphere of the home and had established positive relationships with people. Staff showed respect for people's choices. They ensured they maintained people's privacy and dignity at all times. People were able to choose the meals they wished to eat and alternatives were provided. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff had received training to support their roles. People were offered a range of stimulation and opportunities to reflect their interests and hobbies. Any complaints had been addressed and resolved in a timely manner.

We saw that the previous rating was displayed in the reception of the home and on the provider's website as required. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

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
There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. Staff understood their responsibilities to keep people safe from harm. Any identified risks had been completed and guidance provided. People received their medicines as prescribed and medicines were managed safely. Action had been taken to reduce the risk of cross infection.

Is the service effective?

Good

The service was effective
People enjoyed the food and were encouraged to make choices. Referrals were made to health professionals as requested and people had a choice of the professional they wished to use. Staff received ongoing training and there was an induction package for new staff. People were supported to make choices and assessments had been completed when they lacked the capacity. Decision for these people had been made in their best interest. People had also been encouraged in the development of either their own space or the communal spaces in the home.

Is the service caring?

Good

The service was caring
Staff knew people well and had positive caring relationships; they encouraged them to make choices about their day. Staff ensured people's dignity was respected. Relatives were welcomed and felt supported. People were supported to have a comfortable and dignified death.

Is the service responsive?

Good

The service was responsive
People were able to choose how they spent their time and were encouraged to participate in activities. The care plans provided guidance and information about people's preferences. There

was a system in place to manage concerns or complaints.

Is the service well-led?

Good

The service was welled
People enjoyed the atmosphere at the home and had been consulted on their views. Staff were supported by the registered manager and felt able to contribute to the home. The provider had effective systems in place to monitor and improve the quality of the care people received. The registered manager understood the responsibilities of their registration with us. The provider had worked in partnership with other organisations to bring about improvements to the service on offer.

Thomas Colledge House Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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.
Our inspection was unannounced and the team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

We spoke with seven people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, the cook, the deputy and the registered manager. In addition we spoke with an apprentice and a visiting health care professional. We looked at a range of information, which included the training records to see how staff were trained, and care records for five people who used the service. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

At our previous inspection in December 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there was enough staff available to support people's needs. At this inspection we found that the required improvements have been made.

There was enough staff and they were able to meet any needs identified by the person or as a response to a situation. One person said, "They are there when you want them, they're very good." Another said, "I have a call bell and they come when I press it." All the staff and relatives we spoke with identified the difference the increased staffing had on the service people received. A relative said, "I come regular and now there is always plenty." A staff member told us, "We have long standing staff here and we are settled. We cover the shifts to keep the consistency for people." We saw there was enough staff throughout the inspection and people's needs had been responded to. Since our last inspection the staffing numbers had been increased by one per shift. We discussed the staffing with the registered manager and the action they had taken since our last inspection. They now use a dependency tool which they review when any changes in people's needs occur or when a new person arrived or departed the home. The home also had two apprentices who were supporting the staff as they trained. In addition to the staff increase the registered manager had a flexible budget they could use to increase the staff to support specific needs.

We saw that checks had been carried out on staff who worked at the home to ensure their suitability to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Staff had a good understanding of how to protect people and recognised where people may be at risk of harm. One person said, "I lock my door at night." Another person said, "Everybody cares." Staff had received training in safeguarding and understood the different possible signs of abuse and how to raise a concern. One staff member said, "We know what safeguarding is and how to report anything that may be harmful to the person." We saw that the provider had responded to any concerns and had raised safeguards when they had concerns about people's safety.

Risks to support people's safety had been assessed and people were supported when they wished to take risks. For example, one person was at risk of choking with some foods and they had received assessments from a health care professional who had advised a fork mash consistency for their food. The person understood these risks but wished to eat some foods which could not be fork mashed. Thestaff had completed a risk assessment and with the person's agreement arranged that when they wished to eat these foods they did so in a communal area or when they had others present.

Other risks had been assessed and guidance provided. These related to the environment and equipment to

support people to move or maintain their safety. The provider had also taken part in a project to promote skin integrity. This is a national project which records data and provides advice and guidance to reduce sore skin. A staff member said, "It's useful as we get advice and it can make a difference for the person's comfort." This showed the provider took a positive approach to risk.

People received support with their medicine. One person said, "The staff bring my medicine four times a day." People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. People received their medicine in line with their prescribed times, but there was flexibility to accommodate peoples lifestyles. For example, one person chose to sleep until midday so their medicine had been organised to reflect their choice of routine. We saw some people continue to manage their own medicine. A risk assessment had been completed and checks made to confirm the person had taken their medicine.

The staff had received training in medicine administration and we saw that competencies had been completed to ensure the staff understood how to administer and record medicines. When people required pain relief we saw there was individual guidance provided and any medicine provided was recorded. We saw that medicines were stored according to guidance. This demonstrated that there were processes in place to manage people's medicines in a safe way.

The provider ensured that protective equipment were available for staff when they provided care and meal preparation. The domestic staff observed a cleaning schedule and told us they had all the products and materials available to reduce any risks in relation to cross control. The provider completed infection control audits and we saw as a result anti-bacterial hand gel dispensers where fitted in the main reception and toilet areas. This demonstrated that the provider had taken steps to protect people from the risk of cross infection.

Good

Is the service effective?

Our findings

Staff were being supported to develop their roles. The home was also supporting apprenticeships. One of them told us, "I have received training and the staff had supported me in my role. Its good as I receive hand on training; it's the best way to learn." They added, "I was placed with an experienced carer and the deputy manager tells them what I can do so it keeps it professional." A staff member said, "It's good to have them they're an extra pair of hands and learning care at the same time."

The new staff had completed the national care certificate which introduces staff who are new to care skills, knowledge, and behaviours which should enable them to provide people with high quality care.
The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Where people may lack capacity, we saw that assessments had been completed which were specific to the activity or decision. For example, when they required equipment to keep them safe or medical preventions like a flu vaccination. Best interest meetings had been completed and the relevant people consulted in relation to the decision. Where restrictions had been identified, applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe.

People enjoyed the meals. One person said, "If you don't want what they give you they give you something else. I don't like Cornish pasty and had jacket potato instead." Another person said, "I choose off the menu. They're all very good." We discussed the meal arrangements with the cook. They told us, "People always get a choice I like to give them what they like." We saw when people required specialist meals or meals prepared in a more manageable way, this had been accommodated. People's weights had been monitored and when required specialist advice had been obtained. When advice was provided this was shared with the kitchen and all staff along with the person and those important to them. This meant people received the correct support with their meals.

People had access to healthcare professionals when needed. We saw that referrals had been made to a range of health care professionals to support people through their health condition or daily health needs. A health care professional said, "Staff know people here, they ask questions to support them and any advice provided is followed."

People were able to adapt their room when they came to the home. We saw one person had been for a short

period of respite. The family told us, "We are able to bring [name] things they like; we even move the bed around as they don't like the position." We saw when areas of the home were due for decoration the people using the service had been consulted. The registered manager told us, "Together, we have decided on the colours in the lounge and the new chairs." The corridors were in the process of being themed, beach, famous people and local coal mines. The mines had been depicted with plates which were displayed along the corridor at eye level. This showed people were included in decisions relating to their environment.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were happy and positive about the care they received. One person said, "I don't think I would find anywhere better. When I come they give me a hug and a kiss and a goodnight kiss." Another person said, "Always there, you can tell they care."

We saw throughout the day that people had friendly conversations with staff and some fun in the form of banter. One relative said, "The staff are all good and friendly, they have fun too." We saw that people were able to choose how they spent their time and their choices respected. For example, one person had asked to go to their room and they were supported. Other people were offered to move to different locations of the home and when they declined they were made comfortable were they sat and offered refreshments.

Relatives were welcomed and one relative told us, "I come most days, you're always welcome." Some relatives had been involved in the craft activities and in fund raising for the home. A health professional told us, "I see staff sat with people and giving them time. Nothing is rushed it's at peoples pace." People were supported with their religious beliefs. The local salvation army visited and services had been held by the Methodist church.

People felt their privacy and dignity was respected. One person said, "Staff ask permission before they offered help and knock on the door before entering." We saw the provider had achieved the dignity award from the local authority. A staff member said, "It's important you speak to people how they prefer, like their name choice. You get to know people and how they like to be treated." We saw people being respected throughout the day.

People were supported to have a comfortable and dignified death. People's views had been documented and any last wishes had been considered. This included ensuring those important to the person had been involved and that staff were aware. The staff had worked with health care professionals to ensure the person's death was pain free and dignified. We saw that people had been supported with their pain relief, which had been adjusted on a day by day and hour by hour basis. A health care professionals told us, "Staff had asked for advice and followed this in relation to support services like 111 and the GP." They added, "I am really impressed with the care here." People who required them had a DNACPR in place or Right Care plans. These are documents which stipulate the medical interventions people wish to be available or not.

Good

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. The care plans recorded people's preferences and choices. One person told us, "I like to get up at 6.00am for the tea they bring. It's the best drink of the day." Other people told us they could choose the time they retired, one person said, "I like to go to bed at 9.00pm, unless there is something I want to watch on television."

People and those important to them had been involved in identifying their needs. One relative said, "I had been around a lot of care homes, this one was the only one I was happy with." They added, "We are included and feel able to support [name] as best we can here." Staff we spoke with said they used the care plans. One said, "They cover all areas, how people mobilise, their health condition, routine and their likes and preferences."

When staff changed shifts, we saw that they received a handover. This reflected any changes noted in respect of peoples care. One staff member said, "We talk through the care for people, visitors and professionals and we get task allocated so we can make sure everyone needs are covered." This ensured that people received continuous care as their needs changed.

Information was shared with health professionals when people required medical support in hospital. A pilot scheme had created a 'Red bag scheme.' This bag identified the name of the home and accompanied people if they needed to attend hospital. The bag contains a checklist of information and things personal to the person. This meant the persons belongings were returned to the home; in addition the wards had access to important information in relation to the person. Following the success of the pilot, all the providers' homes will be introducing this. The registered manager told us, "The red bag scheme has increased communication and highlighted training needs."

There were a variety of activities available for people. For example, movie evenings, musical entertainers, card making, bingo and chair exercise. One person told us the home had arranged a clothing sale and they had been able to purchase an outfit for a family event another had purchased some sleepwear. The home also had a regular hairdresser. One person said, "I always gets up early on a Tuesday to be the first in the seat for the hairdresser." We saw that the home had taken part in a local garden competition. One wall displayed several prizes they had won.

People were able to choose what they wished to do. One person said, "I enjoy the bingo, chair exercise and I read a lot and do word searches." The home had held a meeting for people using the service to vote on keeping a cat which had adopted them. They also had to consider the up keep of the cats health needs. Overall people enjoyed the company of Connie the cat, one person said, "She's alright. She's got to live somewhere." Another person said, "I love cats." One of the activities involved making cards and selling them to support the cost for Connie. This activity had been a real success and they had been making Christmas cards. One person said, "It's great it gives you a purpose." In each card the home had added a note for the person who received the card to send a message the geographical spread of the cards. A staff member said, "We wanted to see how far the cards travelled and for people to see that their hard work had been received

by others." On the day of the inspection, a singer provided some Halloween entertainment. These range of activities demonstrated that people were supported with a range of interests and hobbies.

People and relatives felt able to raise any concerns. One relative said, "I raised a concern, it was resolved quickly, I have no concerns." Any complaints had been addressed in line with the provider's policy. We saw on the notice board several thank you cards, examples were; 'Make me feel welcome, pass on our thanks and appreciation.' And 'Care, love and understanding.' And, 'It's an amazing place with wonderful people.' This showed complaints and compliments were responded to and shared for learning and appreciation.

Good

Is the service well-led?

Our findings

The atmosphere of the home was open and friendly. One person said, "It's flat and easy to walk, I have my own bedroom and bathroom. It's clean and there is no smell." Relatives we spoke with said, "The layout is good here, as you can move about, there is plenty of space." A health care professional said, "They always make me feel welcome."

Some people used the home for periods of respite. We saw when they had completed their stay they were asked to complete a quality questionnaire on their stay. This enabled the provider to ensure they had met the person's needs and address any concerns directly. The questionnaires we saw showed positive responses and words of thanks for the care people had received. Other people were also asked their views about the home. For example, one request was for chair based exercise, we saw these had been introduced, in addition to furniture and the level of staffing.

The provider had worked in partnership with the health authority on a pilot project to utilise some rooms with specialist beds. These beds were supported by a range of therapists to maximise people with rehabilitation and a view to returning to a level of independence. These beds were originally staffed by the health care teams; however the registered manager proposed that the care staff within the home provided the support to people. This was piloted and due to its success the three specialist beds are being increased to five.

One of the outcomes of the pilot was to agree the funding for increased staffing levels from two staff to three. We saw this had happened. There was also a contingency for an additional 85 hours which could be accessed to support people at other times of need such as an appointment, one to ones and end of life care. Another outcome from the project had been the purchase of some 'Therapy steps'; these were used to assess people's ability to use stairs. The registered manager said, "All this means we can support people to maximise their independence and rehab potential and increase the turnover of the specialist beds." The registered manager told us during the pilot it had been identified that different information was being used in relation to medicines and contacting the emergency services. Both organisations were now working towards a new falls policy to incorporate a cohesive approach this information and practice.

The staff felt supported by the registered manager and deputy. One person said, "We have a good team here, the managers are so supportive." Staff also told us they received regular supervision to support their role. One staff member said, "We cover everything, training, any concerns and its useful and very individual." Staff felt listened to and they had the opportunity to raise any concerns or needs during their staff meetings. We saw that at one meeting there had been a request for additional clothes protectors for people. The registered manager told us they would be ordering them so they would be available for use.

We found that systems were in place to monitor the quality of the service. For example, when any accidents or incidents occurred these were reviewed and actions taken to reduce the risk reoccurring. For some people this involved the use of sensor mats to alert staff when a person got up or referrals to the falls team to consider other equipment options and measures. Training for the staff team had been planned for

November to provide staff with additional skills in this area. Senior staff had also been on some training to consider a new monitoring auditing tool; this was due to be introduced 1 November 2017. The senior told us, "It will be useful as it will be displaying it in the staff room so that all the staff can see it and be part of the analysis. "

The registered manager had a routine of other audits to reflect the running of the home. They had an ongoing record of any outstanding actions which we saw was updated when items had been addressed or completed. Medicine audits had been completed and these ensured stock requirements were maintained along with the competency of the staff.

The registered manager understood their registration and had notified us about important information affecting people and the management of the home. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating or offered the rating on their website