

# Althea Healthcare Properties Limited

## Colne House

### Inspection report

Station Road  
Earls Colne  
Colchester  
Essex  
CO6 2LT

Tel: 01787222227

Website: [www.kingsleyhealthcare.com](http://www.kingsleyhealthcare.com)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Colne House is a care home providing personal care and accommodation for up to 38 older people, some of whom may have mental health needs and or may be living with dementia. At the time of our inspection there were 32 people living at the service.

People's experience of using this service:

There was a new registered manager who had been in post since November 2018 having previously worked at the service as the deputy manager. The registered manager had a visual presence. People, their relative's and staff were positive regarding the management of the service.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and available when they needed assistance, staff responded promptly.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.

Further work was needed to ensure the current system for auditing medicines was robust at identifying all the medicines management errors we found.

Shortfalls we noted in relation to health and safety of the environment were acted upon immediately by the registered manager with evidence provided.

People received care from staff who knew them well. People told us staff were kind, caring in their approach and treated them with dignity and respect.

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 supported this practice.

We recommended work be carried out to enable people to express their end of life wishes, and further information gathered regarding people's life history. This is particularly important for staff when supporting people living with dementia.

The management team worked well to lead the staff team in their roles and ensure people continued to receive a good service. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's needs and wishes.

People had access to a variety of nutritious meals and snacks. People at risk of inadequate food intake were

monitored and specialist advice sought when needed.

There was a varied range of personalised social activities on offer. Staff encouraged people to participate in group and one to one activities of interest to the individual.

Rating at last inspection: Good (report published on 7 December 2016).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** 

### Is the service effective?

The service remained Good.

Details are in our Effective findings below.

**Good** 

### Is the service caring?

The service remained Good.

Details are in our Caring findings below.

**Good** 

### Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

**Good** 

### Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

**Good** 

# Colne House

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was carried out by one Inspector, two Assistant Inspectors and one 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. Our expert by experience had experience of caring for a person with dementia.

#### Service and service type:

Colne House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 11 people who used the service, to ask about their experience of the

care provided. We also spoke with four relatives and friends visiting.

We spoke with 11 members of staff including the registered manager, operations manager, regional director, senior staff, kitchen assistant, activities coordinator and support workers. We also spoke with a visiting community nurse.

We reviewed a range of records about people's care and how the service was managed. This included five people's care records. We also reviewed records of meetings, staff training records, accidents and incidents as well as quality and safety monitoring audits.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- There were processes in place to manage some environmental risks but not all the areas we identified as part of this inspection. For example, we observed a number of wardrobes which were not secured to the wall in people's rooms and could easily fall forwards with the potential to cause serious injury. We discussed this with the registered manager who took immediate action on the day of our visit to fit brackets to secure all wardrobes to the wall for people's safety.
- Bleach, a corrosive liquid was found in an unlocked cupboard where people who used the service had access. The registered manager moved this immediately we notified them of this.
- A recent fire safety audit had been carried out by an external specialist with recommendations made to keep people safe from the risk of fire. The registered manager produced an action plan which described the action they had taken to reduce and rectify the risks identified.
- Risk assessments were completed in relation to the premises and general activities. However, we identified a lack of assessments in relation to stairs and windows. Following our feedback, the registered manager produced an updated risk assessment with guidance for staff to reduce the risk of harm.
- We found not all window restrictors conformed to British Safety Standards. Restrictors and their fittings should be suitably robust to prevent vulnerable and determined adults from forcing them open beyond the 100 mm restriction. We provided the registered manager with current HSE and Department of Health guidance. Following our visit, the registered manager informed us work was underway to install appropriate restrictors with installation due for completion in July 2019.
- There were systems for monitoring and investigating incidents and accidents.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with, who were able to respond, told us they felt safe with all the staff who supported them. One person said, "I have been here nine years and feel 100% safe. The staff and other residents are my family. They look out for you here." Another person told us, "They [staff] are marvellous. We are well looked after, and I feel very safe here."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the Care Quality Commission (CQC).
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns.

Staffing and recruitment

- People and their relatives told us there was enough staff to meet their needs. One person said, "I feel safe here, we are looked after well, staff come in and out regularly, I only have to ring the bell and the staff come straight away." And another person said, "There always seems to be enough staff on duty here, I have never

thought otherwise." A relative said, "I have never seen a problem with a lack of staff. They always respond to [person's relative] promptly and you can always find someone to speak with when you need to."

- There were sufficient staff on duty during our inspection to meet people's needs. Staffing levels were based on individual needs. Staff were deployed to ensure personalised, one to one care support was provided when needed.
- Robust recruitment procedures were in place and ensured only suitable staff were employed to work at the service.

#### Using medicines safely

- Processes were in place for the safe keeping and timely ordering and supply of medicines.
- We carried out an audit of stock against medicine administration records and found medicines unaccounted for. In response to our findings the registered manager carried out an investigation and found medicines had been returned to the supplying pharmacy without the stock returned recorded on the electronic system.
- Creams and lotions were not always dated when opened in accordance with best practice guidance.
- There was a lack of records to evidence pain relief patches were being administered and applied to alternate sites on the body as per current NICE guidance. The same skin site should not be used for three to four weeks following removal and application of a new patch to prevent the risk of harm to people.
- People told us they received their medicines as prescribed in a timely manner. They also told us 'as and when' required prescribed pain relief medicine was administered when needed.
- Whilst there was no impact as people had received their medicines as prescribed, the current system for auditing medicines were not robust at identifying all medicines management errors.
- Staff completed training to administer medicines and their competency was checked.

#### Preventing and controlling infection

- Staff had been provided with infection control training. Staff washed their hands, including before food preparation. Protective clothing such as aprons and gloves were readily available for staff and worn.
- Whilst the service was found to be free from offensive odours, we found infection control audits had not always identified action needed to prevent the risk of cross infection. For example, whilst people had been allocated individual hoist slings, these were seen to be used for more than one person. Staff told us this was due to only one sling allocated and not always available when needing to be laundered. We found sluice room sinks painted with enamel paint which had cracked and peeled and difficult to clean. We also found commode chair legs with cracked and peeling paint. The registered manager responded to our feedback with action to arrange for repainting of the sink enamel.



# Is the service effective?

## Our findings

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

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

- Staff assessed, and documented people's needs and preferences in relation to their care and planned care based on this. People's outcomes were positive. One family member told us, "The staff are wonderful. I was worried at first when [person's relative] first came here, but they [staff] give you time and reassurance. [Person's relative] is happy and settled and we could not wish for more. They [staff] always let me know what was going on. Always offer us tea when we visit."
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as weight monitoring and re-positioning to prevent pressure ulcers, were completed. However, further work was needed to ensure care plans for people with a catheter in situ provided guidance for staff as to the regularity of bag changes and monitoring to ensure this had been carried out.

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.

- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support.
- People's capacity to make decisions had been assessed. Where people were subject to legal authorisation to restrict their freedom of movement this had been reviewed as needed.
- Staff had completed training to enable them to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff described how they sought consent from people when supporting them and respected people's decisions.

Staff support: induction, training, skills and experience

- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people with specific health conditions.
- Staff received supervision and competency assessment to enable them to review their practice and consider any training needs.
- Staff had the knowledge and skills required to meet people's needs. Staff completed an induction training plan when they started working at the service.

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

- People were provided with a choice of food and drink.

- People told us, "The food here is lovely, you can have drinks any time you want it, and cakes in the afternoon. When it's your birthday we have a cake and celebration tea." And, "The food here is very good, they will always give you something else if you don't like what is on the menu, and I am a fussy eater. The manager told me If I want more food I only have to ask. If I want a cup of tea I can make it myself, but staff come with me, but I never have to wait for them to come and help me."
- Two lunch time sittings were provided to enable time for people who needed one to one support from staff.
- Plated meals were presented to provide people living with dementia the opportunity to visualise the choices on offer.

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

- Staff worked with GP's, dieticians, speech and language and continence advisors to ensure people's needs were met.
- One community nurse told us, "We have a really good relationship with the staff here. I am always recommending this as the best home I know. They really are very caring. There are no pressure sores here."
- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and request assessments. For example, referrals to access support and advice from falls prevention teams, occupational therapists, dieticians and continence advisors.
- People had regular access to chiropodists, opticians and access to mental health support when needed.

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

- The service was located within a grade 1 listed building which needed some refurbishment to rooms such as; the sluice, laundry room and kitchen. A lack of storage areas in the kitchen meant vegetables, fridges and freezers were located in outbuildings. Staff had to walk outside in all weathers to locate food items from these outbuildings. The regional manager told us there were plans to build an extension which would enable the re-siting of the kitchen, laundry and sluice room. Whilst funding had been agreed dates for this work to commence were not known.
- There was an ongoing programme of redecoration throughout the service. Communal areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them to create a homely environment.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People had good relationships with staff and looked comfortable in their company. One person said, "All the staff are lovely, I am very happy here. Not one of them is unkind." And, "They [staff] look out for you, always checking you are alright."
- There was a caring culture with positive interactions between people and the staff who supported them. Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language and clearly knew people well. One relative said, "[Person's relative] is very happy here. I would soon know if they weren't. I visit every day and you get to know how things work around here and I have always seen nothing but good care."

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

- People and their families were involved where able in their assessment and care planning arrangements.
- People's likes, and dislikes had been considered in relation to personal care provided and food choices. As well as regular meetings and surveys the registered manager organised social events such as fireworks displays and fetes involving people's relatives and friends.
- People told us they were encouraged to share their views in meetings. One person said, "You know who the manager is, and she will always make time for you if you have any concerns."

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful interactions. Staff were attentive to people when they asked for support. People told us staff treated them with dignity and respect and their comments included, "The staff treat you respectfully in the way they talk to you and never embarrass you." And, "They protect my dignity when I have a wash or a bath, I have no concerns about that."
- People's right to privacy and confidentiality was respected by staff. One person told us, "My room is my sanctuary, they [staff] respect my privacy. If I want to get involved with what is going on I can, but if I want to be alone this also is respected."
- People were supported to maintain and develop relationships with those important to them. Relatives told us they were welcomed at any time. A relative told us, "There is always a welcome with an offer of a cup of tea."

# Is the service responsive?

## Our findings

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

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 needs were assessed prior to admission to ensure the service could meet individual needs and plan their care.
- Care plans were held electronically in a secured office.
- Care plans had been reviewed and updated regularly to reflect people's changing needs. People and their relatives told us they were sometimes involved in the review process.
- Care staff recorded the care provided into hand held devices but did not always know what was written in people's care plans. However, they also told us updated information regarding people's care needs was shared during daily handovers.
- Activities were provided by a designated activities coordinator. Activities were varied and personalised. For example, one person told us they had requested a trip to the local pub to enjoy a pint of beer and this support had been provided.
- People told us, "There are so many activities going on, you can always find something to do. They have a dementia cinema day and we go out on lots of outings." And, "I love to sit in the garden and sometimes staff will take me around the garden with my walking frame. There is plenty to do if you want to get involved, I don't always want to, but I can if I feel like it. They always ask if you want to."
- The service had a hairdresser visit weekly which people told us they appreciated. Staff supported people to enjoy regular manicures.
- We found limited information in people's care records as to their life history.

We recommend further work to gather people's life history, particularly important and best practice for staff to have this information when supporting people living with dementia.

Improving care quality in response to complaints or concerns

- There was a complaints and feedback procedure which was provided to people.
- Staff were aware of the complaints procedure and what action to take if they received a complaint.
- The registered manager had a system in place for logging complaints and compliments. Where complaints had been received there was an audit trail including responses and action taken.

End of life care and support

- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for people who had expressed a wish not to be resuscitated.
- We found a lack of information in particular for people from ethnic minority groups which, would show consultation had taken place as to their preferences should they need palliative/end of life care.

We recommend more work be carried out to enable people to express their wishes as to how they would

want to be cared for at their end of life.

# Is the service well-led?

## Our findings

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

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 had created an open culture and demonstrated along with the staff a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- A relative told us, "The care here is second to none. They [staff] are amazing. [Person's relative] is very happy here and there is nowhere better. We highly recommend it."
- The service had good working partnerships with health and social care professionals. One clinical professional told us they had a good relationship with the management and staff team who they found to be, "Responsive to people needs". And, "Kind and cared for people well."
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Since our last inspection in 2016 a new manager had been appointed who had previously worked at the service as the deputy manager.
- The registered manager had a visible daily presence in the service and led very much by example. They presented as open and transparent throughout our inspection demonstrating a commitment to provide person-centred, high-quality care.
- People and staff were positive about the leadership of the service. Staff told us, "It is very good to work here since [registered manager] took over. Some staff have left who needed to leave. We all have an amazing bond. We have a lot of long-standing staff and we work as a team well. We really care about people who live here." And, "Things are so much better with [registered manager], I cannot speak highly enough of her. She is very involved in the resident's care and welfare. It feels more person centred, more homely, everything has improved."
- The registered manager had a system for monitoring the quality and safety of the service. Where we identified shortfalls as described in the safe section of this report the registered manager responded immediately to rectify and improve their systems for auditing.

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

- People and staff were encouraged to contribute their views on an ongoing basis through meetings, surveys and suggestion boxes placed in the entrance.
- People told us they had access to a wish tree where they could place suggestions of activities they would like to see provided. People gave examples of where their wishes had been granted with personalised

outings which enhanced their sense of wellbeing.

- Satisfaction surveys were carried out with people who used the service as well as stakeholders. Comments received were positive.

#### Continuous learning and improving care

- We found an open and transparent culture. The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it. One member of staff told us, "I love it here. We work well as a team to benefit people who live here, it is their home after all."
- The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.
- Some of the areas we noted as needing development as described within the safe section of this report were acted upon with evidence provided.

#### Working in partnership with others

- Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence.
- Staff and the management team worked well with other professionals such as psychologists, social work teams and GP's. The registered manager was in consultation with local community groups to encourage participation to enhance the garden for the benefit of people who used the service.