

HC-One Oval Limited

# Colton Lodges Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Colton Lodge care home is a care home providing personal care to 108 people aged 65 and over at the time of the inspection.

### People's experience of using the service

The home was not always well led as quality assurance systems were not robust. Audits did not identify the issues we found on inspection and actions had not always been completed. Records were not always completed or accurate. Care plans were not always updated to reflect people's current needs. The registered manager was open, honest and was keen to make improvements within the home. Surveys and meetings were held with people and their relatives to ask for their views and their suggestions were used to improve the service.

Medicines were not managed safely. Medication records were not accurate and did not provide clear guidance for administering medicines safely. Medication prescription information on charts had been changed without clinical evidence to support this. Risks were managed effectively to mitigate risks and staff knew their individual needs well, but this was not always recorded. We found some risk assessments lacked information to inform staff on how people should be supported. Incidents and accidents were managed effectively when reported. However, we found incidents of unexplained bruising which had not been investigated and the registered manager took immediate action to address this.

There were enough staff working each day. However, the deployment of staff meant people sometimes had to wait for support. We have made a recommendation around staffing deployment. Staff completed training and received regular supervisions which supported them in their role. Appraisals were carried out for staff develop and spot checks completed to monitor staff practice. Recruitment processes remained robust.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives as staff asked people for their consent and supported them in the least restrictive way.

People said staff listened to them and were caring. People were well cared for by staff who treated them with respect and dignity. People and their relatives said they felt safe and we saw positive interactions between people and staff.

Care plans were completed however, these were not always up to date. We have made a recommendation around care planning.

People told us staff knew their needs and how to support them. Staff supported people in a way they wanted. End of life care was being provided and staff received training to care for people in the way they wanted. A complaints system was in place and complaints were managed effectively.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 August 2018) and there was a breach of regulation 18. There was an inspection on 25 and 29 July 2019. However, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This was a planned inspection.

#### Enforcement

We have found evidence the provider needs to make improvements. We have identified breaches in relation to medicines and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will 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.

## 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 was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Colton Lodges Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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

On the first day of our inspection, the inspection team consisted of two inspectors, an assistant inspector and three Experts 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. Two inspectors, assistant inspector and specialist advisors in medicines and governance carried out the second day of the inspection.

#### Service and service type

Colton Lodge care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account

when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with 15 people about their experiences of the care provided and 11 relatives. We spoke with the registered manager, deputy manager, one health professional, activities co-ordinators and 10 staff members. We looked at 13 people's care records and medicine records. We looked at staff files for recruitment, supervisions and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Changes were made on medication administration records (MARs) without clinical or professional evidence for a prescription change. For example, one person was prescribed regular pain medication however, the MAR recorded this as an 'as required' medicine with no details of who made the change, why the change was made and when this change was made.
- Transcribing of medicines information on to the 'as required' protocols it did not always accurately reflect the medicine label. Some 'as required' protocols were missing, and some were still in folders when the medicines were no longer being used or taken in this manner.
- MAR records were not always accurate as we noted several gaps on the MAR charts to show when staff had administered medicines.
- A timely review of medicines did not always take place when a medicine was refused on several consecutive occasions or when it was prescribed on a when required basis but was being needed regularly.
- We discussed the following issues with the registered manager who told us they had ongoing support from the local authority to improve their medicines management and were arranging new medication training for staff.

This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management,

- Staff knew people's risks however; risk assessment documentation was not always detailed. For example, one person was at risk of choking and advice from the speech and language team had not been incorporated into their assessment. Another person had a continuous positive airway pressure (CPAP) mask to use at night to support with sleep apnea. However, there was no guidance on how this should be used. No harm had been caused as the person was in the process of trialing a period of time without using the mask.
- Historical information about risks were not always recorded in risk assessments. One person had been admitted into the home following a fall however, on their risk history it stated that they were not a falls risk.
- Risks which had been recorded were managed effectively by the home to mitigate potential risks. For example, we saw evidence that people at risk from falls had been provided with equipment to aid their mobility, sensor mats were used to prevent injuries and referrals to local falls teams had been completed.
- The environment was mainly safe as regular health and safety checks were carried out. However, the legionella's assessment was not current, and the registered manager arranged for this to be carried out. During our visit we found some equipment which had blocked bathroom doors. The registered manager

said they carried out a morning walk around each unit to address these issues daily with staff.

#### Learning lessons when things go wrong

- Accidents and incidents were investigated with actions taken and analysed to see if improvements could be made to keep people safe. Incidents were audited by the registered provider to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.
- Some incidents were not reported in line with the providers policy. For example, bruises were recorded, and care provided but not always reported as incidents. We discussed this with the registered manager who agreed to investigate these incidents.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe living in Colton lodge care home. One person told us, "I do feel safe here. It's a lovely home."
- The registered manager had taken appropriate action to manage safeguarding issues and had worked collaboratively with the local authority to investigate the concerns and any necessary action was recorded.
- The provider had a safeguarding policy which staff understood and followed. Staff were knowledgeable about what constituted as abuse and said they would report any incidents of abuse to their manager.

#### Staffing and recruitment

- At the last inspection the provider was in breach of regulation 18 because appropriate steps had not been taken to ensure staffing levels and the deployment of staff were sufficient to always meet people's needs. At this inspection staffing levels had improved. However, there were still issues with the deployment of staff as some people had to wait for assistance. We observed some people having to wait long periods of time for their lunch and one person told us, "It depends on the time of day if I have to wait for assistance, its mainly around mealtimes. They could definitely do with some more staff."
- Many people required support from staff with their meals which meant other people had to wait for assistance. We observed one person touching a hot trolley, touching other people's plates of food and one person who had been left with their food but had not eaten much and there was no encouragement from staff as they were busy. Comments from people and their relatives included, "Staff just don't have time as they are too busy", and "You do have to wait sometimes when you ring the buzzer."
- There was a lack of regular staff on each unit to ensure consistency. Staff told us they were often moved to other units to support and agency staff was used. One relative said, "If you say something to one of the staff, you usually get 'I don't usually work on here so I don't know'." One unit had two regular staff however, all other staff were agency and required support from the staff who knew the people living on the unit.
- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults.

We recommend the provider review the deployment of staff within the home to ensure people's needs were met in a timely manner.

#### Preventing and controlling infection

- Staff had access to personal protective equipment and used this when carrying out care. Infection control audits were carried out and the units were kept clean and tidy.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Initial assessments had been completed. People were offered choices and staff encouraged people to have full control over their day to day lives.
- Staff had the relevant skills and knowledge to care for the people using the service. Staff completed training that was necessary to carry out their role.
- Staff received supervisions and appraisals to improve their learning and development. Spot checks were also carried out by the unit managers to ensure staff followed their job role responsibilities.
- New staff had an induction programme and staff new to care completed the care certificate. One staff member said, "I did shadowing (of staff) for a couple of weeks. I got taught how to do things and I did training. It was helpful because I have learned quite a lot, this is my first time in care."

Supporting people to eat and drink enough to maintain a balanced diet, supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Care plans guided staff to offer people choices of what they wished to eat and drink. People told us they enjoyed the food and comments included, "The food is very good, always has been" and "I've just had a nice breakfast like I do every day. I can't fault any of the food they give me."
- MUST (malnutrition universal screening tool's) were used to identify people at risk from malnutrition or obesity. People's weights were monitored so actions could be taken should they require support from health professionals such as dieticians.
- People had access to the relevant health professionals and followed the advice given to them. Some people had hospital passports in their care files so their care needs could be met should they need to go into hospital. For example, one person had a catheter passport in place.
- People's oral care needs were being met and assessments carried out to determine if people required input from health professionals. One person told us, "The home have been helpful in sorting the dentist trips."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. Capacity assessments were carried out and best interests' decisions were made when required. However, the provider had not recorded the questions people had been asked to determine whether they had capacity.
- Staff were knowledgeable of what the MCA and DoLS meant and DoLS authorisations had been completed by the registered manager or senior staff.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said staff listened to them and were caring. Comments included, "The staff are all good and we have a laugh with them", "They look after you very well" and "The staff are fantastic. I can leave here knowing [name] is being well looked after."
- Staff were friendly and polite. We observed positive interactions between people and staff. Some people who displayed challenging behaviours were supported in a gentle manner by staff to help them feel calm.
- Staff treated people with respect. We observed one person who had removed their bed sheets which exposed them and saw staff had gone into the room to cover the person up to ensure their dignity was maintained.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to remain as independent as possible. One staff member said, "We encourage people to eat by themselves. With personal care, I will hand people their comb so they can comb their hair by themselves. While eating, I let people have a choice of what they want to eat and let people wear what they want."
- Staff respected people's privacy and dignity. All staff knocked on doors before opening them and carried out personal cares in private.

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

- People were offered choices such as what to eat and drink, their wishes for care and how they wanted to spend their time.
- People and relatives were asked for their views through surveys and meetings held within the home.
- Care reviews were carried out with people and their relatives to ensure people's needs were being met.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were completed and most of these were person centred. However, some were not always detailed to guide staff on how to support people. For example, one person often became distressed, but their care plan did not include information about how staff should reassure the person during this time.
- Some care plans had not been updated to reflect people's current needs. For example, one person's care plan said a person was able to weight bare for transfers and used a zimmer frame. However, the person was unable to now weight bare and required hoisting for all transfers which had not been recorded. Another person's review notes from February 2020 said they should be checked two hourly at night however, the care plan stated they should be checked every four hours which was not accurate.
- Documentation was not always person centred for example, one monthly review recorded, 'continues to shout and scream when they want attention.' The registered manager told us they were working with staff to improve care records and ensure these were person centred.
- People had choice and control over what they wished to do, and staff we spoke with knew people's individual needs. One health professional told us, "A lot of the residents need 2-1 care so the staff are always very busy but everyone who works on this unit knows what they are doing."

We recommend the provider ensures all care plans are person centred and reflect people's current needs.

Supporting people to develop and maintain relationships to avoid social isolation;

- Activities were provided in and out of the home. We observed activities taking place during the inspection however, these did not always correlate with the activities boards on each unit. The registered manager said they asked people what they wanted to do and often activities changed to suit peoples interests and abilities.
- People told us they enjoyed the activities. We observed a reminiscence group on one unit and a painting session on another unit. Comments from people and their relatives included, "He loves painting and has always been very good. They tell me that he joins in with everything going!" and "We go out about three times a week to the garden centre and things."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood and followed the AIS. Care plans included information about people's abilities and aids used to facilitate better communication such as hearing aids or glasses.
- The registered manager told us information could be made available in different formats if required for example, items in larger print.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and felt confident their concerns would be managed effectively. One relative said, "I complained a lot when he first came here as he was always in bed. When I asked why it was because they didn't have the correct chairs to stop him falling out. They listened and now they have their own chairs and it's wonderful. He can sit here in the lounge and join in and its improved the quality of his life here."
- The provider had a complaints policy and procedures were followed. Investigations were carried out and outcomes shared with the relevant people.

#### End of life care and support

- Some people living in the home were receiving end of life care and their preferences for end of life care had been recorded in care plans.
- Staff received training in end of life care. One relative complimented the home and stated, "Thanks to all the staff who took fantastic care of [name] during their last days, we as a family cannot thank them enough."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support;

- Governance systems were not robust. Audits had not always identified the issues we found on the inspection and actions had not always been completed. For example, one audit had highlighted the need for care plans to be updated however, these had not been updated as the care plan was still dated November 2019.
- Care plan audits were minimal as only 12 per month were being carried out and therefore the inaccuracies, we found in care plans and risk assessments were not picked up in a timely manner. The provider had acknowledged there was a need for more audits to be carried out and had recruited a clinical support manager to support and improve the number of audits being carried out.
- Records were not accurate or completed. Care plans and risk assessments did not always reflect people's current needs and guidance was not always available for staff about how risks should be managed. For example, a medicines care plan had not recorded that the person was on a high-risk medication (insulin) to manage their diabetes.
- MCA assessments had not been fully completed to show how decisions were made. The assessments asked staff to record why a person is unable to make decisions and how the staff tested whether the person could understand the information, this has not been recorded. These issues had also not been identified on the audits carried out in February 2020.
- Daily monitoring charts were not always completed. One personal hygiene form had not recorded when a person had had a shower for a period of one month. Daily fluid intake charts did not always record the daily targets to inform staff how much fluids each person may need. One person required their catheter site to be cleaned however, there was no specific record to show when this had been completed.
- Position charts were not accurate as they did not always detail what positions people had been moved into to ensure the risk of pressure damage was minimised.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a good knowledge of their regulatory responsibilities.
- Staff told us they found the registered manager approachable and felt supported.

How the provider understands and acts on duty of candour responsibility

- The registered manager understood and acted on their duty of candour responsibilities. They encouraged candour through openness in all their interactions and encouraged staff to report mistakes.
  - Where errors were identified these were discussed appropriately and any learning shared.
- One relative said, "[Registered manager's name] seems to be keeping up to standards and their door is always open if I'm concerned."

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

- Surveys were carried out with people and relatives to gather their views to improve care. For example, people who used wheelchairs commented that they wished to go out more. The provider arranged a mini bus with the correct equipment to facilitate transport for people using a wheelchair to come to the home each week to take people into the local community.
- Regular meetings were held with staff, people and their relatives. These meetings provided an opportunity for people to share information and communicate any changes within the home.
- Newsletters were sent to people living in the home. This included pictures from activities that took place, what was being planned within the home and activities for people to do such as a word search.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended local groups to gather information and learn new initiatives. The registered manager had identified areas within the home to improve and had an action plan in place to address these issues.
- The provider worked in partnership with health professionals to ensure people's care needs were being met.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment         |
| Treatment of disease, disorder or injury                       | There was a failure to ensure proper and safe management of medicines. |

  

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance   |
| Treatment of disease, disorder or injury                       | There was failure to follow systems in place to assess, monitor and improve the quality and safety of the service provided. There was a failure to maintain accurate and complete records. Audits were also not robust as they did not always identify shortfalls. |