

The London Borough of Hillingdon

Colham Road

Inspection report

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Ratings

Overall rating for this service	Good ●
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Colham Road is a care home for up to 13 adults with a learning disability. People living at the service had complex healthcare needs and some had physical disabilities. Most people did not use words to communicate. The service was divided into 4 lodges off a central communal seating area. Each lodge had a front door, and communal facilities such as a lounge and dining room. People had their own bedrooms. There was equipment used to help people move, this included ceiling track hoists, as well as specialist beds and chairs.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting most of the underpinning principles of right support, right care, right culture. However, we identified some areas where improvements were needed.

Right Support: The systems for managing people's medicines were not always effectively implemented and this increased the risks to people using the service. The systems for preventing and controlling infection were not always followed.

The service was well equipped to meet the needs of people with physical disabilities. However, the dedicated sensory room was no longer in use, meaning people could not access this equipment and resource.

People were supported to make choices where possible. The staff knew people well and worked with others, including their families, to understand people's preferences. The staff had a good understanding of how people communicated and used different techniques to help present information in a way people understood. The staff supported people to have meaningful lives and pursue a range of interests and social activities. The staff did not use restraint. The staff worked closely with other professionals to help make sure people's needs were met.

Right Care: Staff promoted equality and diversity, helping people to celebrate their culture and religion. Staff treated people with kindness and respected their privacy. They were gentle, caring, and responsive to people's needs. Staff understood how to protect people from poor care and abuse.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. The staff had access to a range of training and had the information they needed to care for people well.

Care and support plans included personalised information and guidance for staff to meet individual needs. Their planned care, health needs and medicines were regularly reviewed by staff and other professionals involved in their care.

Right culture: Staff understood people's strengths, impairments, and sensitivities. They provided compassionate and empowering care tailored to their needs. Staff turnover was low, and this helped to ensure people were supported by the same consistent staff who knew them well. Staff placed people's wishes, needs, and rights at the heart of their work. The staff involved people's families and other professionals when developing care plans.

Relatives and staff felt well supported by the management team and able to raise concerns with them. They felt concerns were acted on and lessons learnt when things went wrong. There were systems to monitor and audit the service to help improve quality and people's experiences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 November 2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Colham Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit was conducted by 2 inspectors. An Expert by Experience supported the inspection by making telephone calls to people's families following our site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Colham Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Colham Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included information they had shared with us about significant events and information we had received from others about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met all 11 people who lived at the service. One person could communicate using words and we spoke with them. We observed how people were being cared for. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met and spoke with staff on duty, who included the registered manager, team leaders and support workers.

We looked at the environment, how medicines were managed and at records used by the provider for managing the service. These included care records for 4 people.

We spoke with the relatives of 7 people and 1 visiting professional over the telephone.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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 in a safe way. We identified concerns with some records about medicines and the storage of some medicines. There was no evidence people had been harmed. However, failing to follow safe procedures for managing medicines increased the risk of errors and harm.
- We discussed the concerns with the registered manager who explained only familiar senior staff, who knew people well, were responsible for the management of medicines. This helped to ensure people received the right medicines even when records were not up to date. After our visit, the registered manager completed an action plan stating what they would do to put things right.
- The staff responsible for administering medicines had appropriate training and had their knowledge, skills and competencies were assessed to make sure they were doing this well.

Preventing and controlling infection

- There were good processes for managing infection prevention and control. However, these were not always followed. This meant there was a risk of the spread of infection. For example, staff had disposed of some personal protective equipment (PPE) in open topped wastepaper bins rather than the clinical waste bins. There were also some areas which needed deep cleaning.
- The registered manager took action to address these issues. They sent us an action plan to state what they had done and how they were working with staff to improve the practices and address the concerns we identified. We found other areas of the environment and equipment were clean and well maintained.
- Staff had training to understand about good infection prevention and control.
- There were regular audits and checks on cleanliness.
- The staff and people using the service were supported to understand about the importance of, and how to access vaccinations against flu and COVID-19.

Staffing and recruitment

- There were enough staff to care for people and keep them safe. There was good staff retention, and this helped to ensure people were cared for by familiar staff. The provider used a pool of regular temporary staff to help cover staff absences and when people needed additional individual care. These temporary staff were included in meetings and training opportunities to help them understand systems and provide consistent care.
- Staff and families felt there were enough staff working at the service. Although some families told us they would like more staff to be available to drive vehicles and to provide a better range of external activities.
- There were systems to help make sure only suitable staff were recruited. These included checks before

recruitment and assessments during their induction and probationary periods.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help protect people from the risk of abuse. The staff understood about safeguarding and whistle blowing procedures. They knew how to recognise and report abuse.
- There were regular opportunities to discuss safeguarding in team meetings and through training updates.
- People's families told us they felt they were safely cared for.
- The registered manager had worked with the safeguarding teams to investigate allegations of abuse and to put in place plans to help protect people.
- There were suitable systems to help people manage their money safely and minimise the risks of financial abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. People living at the service had a range of complex healthcare needs. There was good multidisciplinary planning to meet these needs and to find ways to reduce risks. Staff followed risk management plans and acted swiftly when they identified a risk or a change in a person's needs.
- No one at the service expressed themselves through aggression and staff did not use any form of restraint or seclusion.
- Risks within the environment had been assessed and planned for. There were regular checks on the safety of the environment and equipment. There were suitable procedures regarding fire safety and staff knew how to evacuate people in the event of an emergency.
- The provider had contingency plans for dealing with different emergencies.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. Staff recorded and reported all accidents, incidents, and adverse events. These were investigated by the registered manager and senior managers. The findings of these were discussed so that improvements could be made to the service.
- The registered manager and other managers met regularly to discuss good practice and share learning from their experiences.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Whilst the building was suitably adapted to meet people's needs, the sensory room which had been developed to support people meet their sensory needs, was not in use. The registered manager told us equipment had been decommissioned and we found the room was used as a storage area. People living at the service would benefit from regular access to a more suitable sensory facility at the service. The registered manager told us they were trying to raise funds for this.
- The building was divided into 4 lodges, each with a communal lounge, dining area and kitchen. People had their own bedrooms. People had a range of physical disabilities, and the service was well equipped. People had their own personalised equipment such as hoists, specialist beds, chairs and wheelchairs, and there was other equipment needed to safely support people.
- The provider ensured equipment was regularly serviced and safe to use.
- Each lodge had a garden area, and there was a larger communal garden. These gardens had been utilised to provide attractive spaces and for people to relax, to be involved in gardening and to help grow vegetables.
- Corridors and rooms were well ventilated, heated, lit, and spacious. The staff removed hazards to help ensure people were safe and could move around the home without restrictions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with good practice guidance and tools. The staff assessed a range of needs, including physical, health, nutrition, and personal care needs. Most people did not use words to communicate. The staff worked closely with others who knew people well to help establish their choices and needs.
- Before people moved to the service, they spent time with staff at their home and at the service getting to know each other. The transition to the home was tailored to their individual needs.
- Assessments were regularly reviewed and updated to reflect changes in people's needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who were suitably trained and supported. New staff completed an induction into the service and training in key areas. They shadowed experienced workers and had their skills and knowledge assessed.
- There were regular training updates for all staff, including opportunities to undertake qualifications in care. Staff had completed essential training about learning disabilities and autism. The provider arranged for staff to undertake additional training relating to people's healthcare conditions. Some of this training had been provided by external professionals involved in people's care, such as nurses. Only trained staff

were able to carry out interventions such as supporting people with medical devices and administering medicines.

- The registered manager had been proactive in sourcing training about topics which may be relevant as people aged and their conditions changed. For example, arranging for staff to undertake training about dementia.
- There were regular team meetings for staff to discuss procedures, practices and about meeting individual people's needs. Staff told us they had the information they needed.
- Staff took part in individual supervision meetings and appraisals with their manager to discuss their work. There were opportunities for career development, and we spoke with staff who had been promoted within the service. They told us they had been supported to take on new tasks to help them prepare for promotion.

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

- People had enough to eat and drink. Their nutritional and hydration needs were assessed, monitored, and met. Some people were supported with nutrition through a Percutaneous Endoscopic Gastrostomy (PEG) system. This is a small tube delivering food, fluid, and medicines directly into a person's stomach. The staff were trained to support people safely and there were systems to monitor their nutrition and PEG management.
- Menus were planned to reflect people's choices and likes. There was a range of fresh ingredients and food was prepared each day for people.
- Food and fluid intake was monitored, and staff took appropriate action when food and fluid intake did not meet people's assessed needs.
- The staff worked closely with dietitians and speech and language specialists to make sure people received the right nutritional support. These professionals helped to develop diet plans and menus. They also monitored people's weight and nutritional intake.

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

- People's healthcare needs were being met. The people living at the service had a range of complex healthcare conditions. There was clear information about these, and staff had undertaken specialist training to understand about these conditions and how to keep people safe and well.
- Staff responded appropriately when people became unwell. For example, contacting doctors or other medical professionals, arranging appointments, and following their advice. The staff also monitored people's pain. Most people could not use words to communicate. The staff had developed plans which outlined how they expressed pain and signs to be aware of which may indicate a decline in their health or wellbeing. This was well managed.
- The staff worked with other healthcare professionals to make sure people's needs were assessed, monitored, and met. There was evidence of regular consultation with others and guidance from these professionals were incorporated into care plans.
- The staff had created easy to access information about people to support other healthcare professionals to know and understand their needs. The staff accompanied people to appointments and had stayed with them during hospital stays to make sure they received the right care and support.
- The staff had undertaken assessments of oral care and worked closely with dentists and other professionals to make sure people's oral healthcare needs were met.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was acting within the principles of the MCA. People's mental capacity to make different decisions was assessed. Everyone at the service lacked the mental capacity to make decisions about their care and treatment. The provider made best interest decisions with people's families and legal representatives.
- The provider had applied for DoLS and had worked with the authorising authorities to make sure conditions were implemented and monitored.
- The staff had undertaken training about the MCA and were able to explain about how they followed this in their work.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 were well treated and supported. Most people using the service could not use words to communicate. Some also had a level of physical disability which meant their communication through body language was subtle. Staff knew people well and found ways to interpret their body language and facial expressions. They anticipated their needs and offered choices with visual clues.
- The staff interactions with people were kind, supportive and caring. They spoke with people about what was happening and offered comfort, shared jokes, and gave people compliments. They continued to do this throughout their work even when the responses they received were limited.
- The staff had worked closely with families to help understand people better and to involve families in helping people make choices. They had asked family members about how to celebrate people's culture and religion and about any preferences they had for the gender of the care workers supporting people.
- Families told us they thought the staff were kind, caring and attentive. Some of their comments included, "The care is second to none", "The staff are exceedingly caring" and "It is a nice place and nice staff."
- There were examples of work which showed staff had been dedicated and caring towards people. These included staying with them at hospital when people were unwell.
- The staff spoke passionately about the people they were supporting, expressing genuine fondness for them, highlighting the positives and telling us they enjoyed spending time with people.

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

- The staff offered people choices when they could. They showed people different objects of reference and interpreted people's physical responses to try and establish their preferences.
- People did not have the mental capacity to make decisions about their care, so the staff involved families and other professionals to gather their views and to help make decisions. The staff had regular discussions to reflect on how people had been supported and what worked well. This helped to ensure they shared views about when people had been happy or when they had appeared uncomfortable or unhappy with a decision made by staff.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff provided personal care and support in private. They supported people to be appropriately clothed and clean. Staff spoke with people in a respectful way and did not talk about people in front of them or others.
- People were given sensory toys, equipment, and items of interest to help promote their physical interactions and independence. The staff involved people in what they were doing, speaking about tasks

such as preparing food and gardening, to help empower them.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. Their relatives confirmed this, commenting that people received good care. The staff knew people well and discussed their needs with each other to make sure they provided consistent care.
- Staff created care plans which were personalised and easy to follow. There was clear information which incorporated guidance from external professionals.
- The staff recorded the care they had provided, including any planned interventions to meet health, nutritional and physical needs. These records showed that care plans were being followed.
- Each person's care plan was regularly reviewed. Staff developed goals for people, which they worked towards to improve people's quality of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. Staff had created comprehensive communication care plans which recorded different physical gestures and facial expressions and what these meant for each person. These plans were regularly reviewed and updated.
- The staff demonstrated a good understanding of individual people and how to communicate well. One staff member explained, "It is all about observing people's body language. It is not always obvious, but you look for small indications. We always discuss this as a staff team to help understand this better."
- Staff used some objects of reference and pictures to enhance communication. Some people could understand staff and make decisions with the support of pictures, and choices between two alternatives. We saw staff supporting people to be understood and to understand the information being given to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with friends and families. The staff supported people to visit others and welcomed visitors to the home. Relatives confirmed this. The provider had organised parties for special occasions.
- The staff organised a range of different activities. On the day of the inspection, some people were going

sailing.

- At the time of the inspection, there were not dedicated vehicles for the service. This limited how easily people could access events outside of the home. The registered manager told us there was a system where they could hire vehicles, but this was costly. Some family members explained they were saddened by the lack of accessible transport to support community activities.
- The staff organised individual and small group activities throughout the day at the home. These included music and sensory activities. The registered manager explained they also organised for entertainment to come to the home. Recent events had included two animal events and regular visits from a company providing music and dance. A visit from this theatre company was due to take place during the evening after the inspection and some people expressed their excitement about this to us.
- The provider supported people to celebrate their culture and religion. Festivals and national days were celebrated along with birthdays and religious events.

End of life care and support

- The service had supported some people at the end of their lives. They had worked closely with palliative care teams and others to help make sure people could stay at home, received the right care and were pain free.
- Feedback from people's families during this time and after their loved one's death had been very positive. Families had felt included and welcomed to the service. They were able to stay with people at the home. They felt good care had been provided and the staff had handled the situation well.
- Staff received training to better understand about end-of-life care. This included specialist training from a local hospice.

Improving care quality in response to complaints or concerns

- There were systems for dealing with and responding to complaints. Staff and relatives told us they felt confident raising a concern and these would be responded to well.
- The provider had investigated complaints and had made improvements to the service following these.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The systems for improving quality were effectively implemented. During the inspection, we identified risks relating to medicines management and infection prevention and control. The provider took immediate action to remove the risks and reduce the likelihood of problems happening again.
- The quality assurance team within the local authority visited the home to conduct audits and spot checks of care, record keeping and systems. They had identified some areas for improvement and the registered manager had developed action plans following these visits. We saw improvements had been made because of these.
- The provider was developing systems in line with changes to regulations and good practice guidance. This included developing care plans and reviewing practice to reflect the right support, right care, right culture guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. Care was provided in a person-centred way. Relatives, spoke positively about the service. Some of their comments included, "The atmosphere is polite and welcoming. Staff always say 'hello' even when they are busy", "I would recommend this care home to others. I trust them and they let me know straight away if anything is wrong" and "They are lovely people, and the care home is friendly."
- The staff enjoyed working at the service and spoke fondly about the people they cared for. They told us they felt well supported. Some of their comments included, "I think it is brilliant here. The care is outstanding, and we treat the service users like kings and queens" and "We work well as a team and support each other." The registered manager told us the staff were "marvellous" and worked hard to provide good quality care. There was low turnover of staff, and this helped to make sure people received consistent care.
- Everyone had a link worker who helped to review and develop their care plans based on their changing needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. There were procedures in place for dealing with adverse events and explaining what had gone wrong to others. The registered manager had apologised to people who were affected and made them aware of what action they were taking to put things right.

- The registered manager had reported significant events to CQC in line with regulatory requirements.

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

- The management team and staff had a clear understanding of their roles and the requirements of their work. They had undertaken relevant qualifications and a range of training. There were regular meetings used to discuss the work and update themselves on good practice.
- The provider had policies and procedures which reflected legislation and good practice. Staff were familiar with these.
- The registered manager was experienced and had worked at the service for several years. Staff told us they were supportive. Their comments included, "I get very good support from the other staff and the manager" and "[The manager] is fantastic and very supportive."
- Staff were assigned special roles within the service to take a lead on areas of work. They were provided with guidance, training and information around these roles and shared learning with other staff.

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

- The provider engaged with stakeholders and asked for their views. Relatives confirmed this telling us they were welcome, involved in care provision and spoke regularly with the registered manager. There were meetings for staff, and they felt listened to.
- Staff completed training about equality and diversity. They were able to explain how they would ensure good practice was followed and people were supported with their individual characteristics and needs.

Working in partnership with others

- The staff worked closely with other professionals to provide care and support. They followed guidance and made timely referrals for medical interventions and care.
- A visiting healthcare professional commented, "I have never had any concerns regarding the care they provide to their service users, I feel they work extremely well with [the healthcare team]. I feel they listen to advice and follow this."
- The registered manager attended forums and networks with other managers, representatives from the local authority quality teams and leaders in workforce training. They kept themselves up to date with best practice and shared ideas and experiences.