Blue Mar Limited

Colebrook Manor

Inspection report

Boringdon Road, Plympton Plymouth PL7 4DZ
Tel: 01752 343001

Date of inspection visit: 28 and 29 October 2014
Date of publication: 09/04/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 28 and 29 October 2014 and was unannounced. Colebrook Manor is a care home that provides nursing and personal care for up to 65 older people. At the time of our inspection there were 22 people living in the service as it was part way through a redevelopment programme.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager was registered for both services owned and run by Blue Mar Ltd. Locally, a new manager (referred to as 'the manager') had been employed with the aim of them becoming the registered manager for Colebrook Manor in the future. They had been in post a week and supported the inspection.

People told us about many positive aspects of the service. They told us they felt safe and well cared for. Staff respected people's dignity and privacy and they also demonstrated a personal, caring manner towards people living at Colebrook Manor.

Staff were knowledgeable about how to keep people safe from abuse. However, there were not enough staff employed to meet people's needs safely. Staff training

Summary of findings

was not up to date however, the manager had recognised this and systems were in place to address this. Staff recruitment practices were safe however the recording of checks was not always robust.

People's care records were in the process of being updated as the manager had recognised they were not reflecting the level of personalised care they desired. Risk assessments were also in the process of being updated.

People were receiving their medicines safely and as prescribed. Where people lacked capacity, the assessments were not specific enough to ensure people who lacked capacity were having their rights upheld. However, the manager understood their requirements and was in the process of updating all capacity assessments.

The service did not have up to date policies and practices in place to ensure the appropriate management of the service. The new manager demonstrated a good understanding of what was required to address this and was in the process of updating them.

People told us they had not been consulted about changes to the service. However, the manager had arranged a meeting with residents and their family to ensure their views were listened to. People who were paying their own fees did not have a written contract with the provider. This meant they did not have an understanding of what level of service to expect.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The service was not ensuring there were enough staff to meet people's needs. Staff recruitment was safe but the record keeping was not always accurate.

Staff demonstrated they knew how to keep people safe from harm and abuse.

People were protected from some risks by the use of risk assessments. People received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective. Staff training was not up to date but there was a training plan in place to ensure staff knew how to support people well. While staff were not being adequately supervised, appraised and observed to ensure they were delivering effective care there was a plan in place to address this.

People were not routinely being asked to consent to their care. Assessments under the Mental Capacity Act were generalised and did not demonstrate they were made in people's best interest.

People were having their health, food and nutritional needs met.

Is the service caring?

Good

The service was caring. People were cared for by staff who were caring and treated them with kindness. People told us the staff ensured their privacy and dignity were respected.

People were comfortable in the company of staff.

Staff demonstrated they knew people well and were able to meet their individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care records were not personalised so staff were not always aware of how people's care needs should be met.

People knew how to raise a complaint and felt confident their concerns would be addressed.

People were provided with activities of their choice.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider had recently monitored the quality of the service and improvements had started but were on-going.

Summary of findings

Policies and practices to underpin the service and ensure the quality of the service were being reviewed and updated.

The new manager in place demonstrated a commitment to improve the service and ensure people were involved in this process.

Colebrook Manor

Detailed findings

Background to this inspection

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

The inspection took place on the 28 and 29 October 2014 and was unannounced.

Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert by experience had experience of dementia care in older people's services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed by the previous locally placed manager and included inaccuracies that came to light during the inspection. Due to this we were unable to use much of the information provided. Prior to the inspection, we also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from social care professionals who had knowledge of the service.

We spoke with 13 people who lived at Colebrook Manor, three relatives or visitors and observed how people's care was given. We spoke with the new manager and two visiting health and social care professionals. We spoke with two staff with care roles, one cleaner, the chef and two members of the maintenance team.

We reviewed seven people's care records in detail and other records where there were specific issues we wanted to follow up. This included information about how people's care should be delivered and the medicine administration records (MARs). We also looked at policies and procedures, what information was made available to people, their families and staff and quality monitoring records. We reviewed six staff personnel files and the training records for all 21staff.

Requires Improvement

Is the service safe?

Our findings

People's care files held risk assessments related to malnutrition, falls and skin pressure damage. These were not reviewed as people's needs changed to ensure their needs were still being met safely. For example, one person's manual handling and falls risk assessment had not been amended following their having a fall. This meant this person may not be fully protected from risks associated with falls or moving and handling practices. The manager stated they would ensure this was update immediately.

There were not sufficient staff to meet people's needs safely. The registered manager was not assessing people's needs to ensure they were able to meet people's needs with the current number of staff. For example, an assessment of people's dependency was completed but not then how many staff they needed. The manager told us the dependency assessments were not being reviewed to ensure there were enough staff to meet people's needs. Records showed 20 people required two members of staff to support their care and mobility needs. The other two people had occasional days when two staff were required at times of increased need. People told us they were not having their care needs met in a timely fashion. They said they felt this was to do with staffing numbers. Two people told us the wait could be "up to half an hour" or "up to an hour". Another person told us: "They're understaffed. They can't be in two places at once; I have to wait up to half an hour for the bedpan". People told us they were unable to get up and go to bed when they wanted as they had to wait for staff to be available. One person though stated: "I feel perfectly safe here. There's always someone here. I hear their voices and if I rang the bell or shouted they'd come running". We discussed our concerns with the manager who advised they were due to meet with the registered manager and provider to discuss how they could guarantee there are enough staff.

The registered person had not ensured there were always sufficient numbers of staff employed. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The recruitment of staff was safe however, all the steps taken were not clearly recorded. For example, there was no evidence of health checks or gaps in employment being explored with individual staff. The manager demonstrated they were aware of the issues and new systems were being put in place.

People were protected by staff who understood how to identify and keep people safe from abuse. However, policies to support staff and staff training in safeguarding had not been updated. A staff member, employed for a month, said they had not had any safeguarding training. The manager demonstrated a thorough understanding on what action to take in respect of safeguarding and whistleblowing concerns being raised. They had put immediate plans in place to ensure staff knew what to do via staff handovers and arranged a staff meeting where this would be discussed further.

People's medicines were administered safely by staff who were up to date in their training. All people said they received their medicines on time. One person stated: "I'm on anti-depressants. I've never gone without" and another person stated: "They make sure I've taken my medicine."

The recording of the administration of medicines sometimes lacked essential details. For example, the Medicine Administration Records (MARs) had unsigned and undated handwritten entries. Staff had not always recorded what dose they had given when a medicine was prescribed with a variable dose. There were gaps in the recording of the use of prescribed creams. Where the details had been changed it was not always clear who had made the change and when. The manager had taken steps to improve the recording of medicines administration.

Staff told us everyone had the mental capacity to understand their medicines and no-one lacked capacity such that best interest decisions were needed to be made on their behalf about their medicine needs. Some people self-administered their medicine. Senior staff confirmed no process was currently followed or recorded to ensure individuals could self-administer safely. The manager agreed to address this to ensure assessments were accurate.

Each person's MAR had a photograph of them to promote safe administration of medicines to the correct person. People's allergies were clearly noted to alert staff. The MARs

Requires Improvement

Is the service safe?

were signed only after the person had taken their medicines. Staff gave people time and did not rush them. Medicines were ordered monthly and checked in by two staff to ensure they were accurate.

People's medicines were stored securely. Unused medicines were disposed of safely. Stock levels were checked weekly as an extra monitoring measure. The temperatures of the medicine fridges were checked and recorded daily. However, staff told us temperature checks of the medicine store rooms had recently stopped. This meant it was unclear whether other medicines were being stored at appropriate temperatures to ensure their safety or effectiveness. The manager advised this would be reinstated and stock checked against the manufacturer's recommendations.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff trained to ensure they had the skills and knowledge necessary to carry out their role effectively. However this required updating. The manager was in the process of arranging training for all staff. For example, training in infection control and fire safety was due to take place in the next month. In the meantime, the manager said staff would be briefed in the team meetings and shift handovers to ensure they were aware of their responsibilities.

The manager had recently introduced a new induction pack. This included essential areas staff needed to know to carry out their role effectively. New staff shadowed senior colleagues to learn how to carry out their role. For example, the manager ensured a new bank nurse was fully briefed and introduced to everyone before starting to work on their own. Their questions were answered carefully to ensure continuity of care and knowledge of people was accurate. A new member of staff told us they were given information sheets, with basic information about people's needs and shadowed more experienced carers.

People's formal consent to their care was not recorded. People said staff always asked their consent and permission before offering care. When required, people were being assessed in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). However, assessments of people's capacity to consent were not specific enough and did not detail if decisions were being made in people's best interest. For example, we saw two people could consent to 'everyday care' but 'not more complex issues'. Staff were not instructed about the limit of their decision making on behalf of people who lacked capacity. This meant some people may be having their right to consent denied. The manager demonstrated they understood the principles of the MCA and DoLS and advised they were seeking to review all people to ensure the service was adhering to these legal requirements.

People's health needs were being met effectively. People were confident staff had the ability to look after them and would meet their health needs. One person commented: "The nurse gets the doctor if she thinks it's necessary; the doctor came a couple of weeks ago. The nurses are good and the carers are very good" and "They shower me, put me to bed, give me my medication and they get the doctor if I need it". A visitor told us their relative remained quite healthy, and staff had identified when the person had an infection and sought medical advice about this in a timely way. We saw people had a routine eye sight check within the last year, by a visiting optician.

People had their nutritional needs met. People were having their diet and nutrition monitored as required. People's weights were recorded monthly and action taken if there were any concerns. Recommendations from other professionals were always acted on. For example, one person had been referred to a dietician because they had lost weight. Dietary supplements were given as advised. People were provided with a balanced diet that met their individual needs and had juice or water available in their rooms. People had their food prepared to the right consistency and were supported by staff in line with their care records. Everyone confirmed they could choose what they wanted to eat and could eat in their rooms or dining room.

We observed one person had problems eating their food. Staff were unsure how their food should be prepared with one staff stating they should have their meat pureed and the chef not knowing if there had been a change in their dietary needs. We read the person's care plan which had last been reviewed in July 2014 and did not mention an issue with swallowing certain foods. The manager confirmed this was a new situation and a referral was made immediately for an urgent swallowing assessment. In discussion with the person, the consistency of their food was amended by the manager as a precaution until the assessment could take place. Staff were instructed on how to help them and reported in handovers between shifts so this could be monitored. This showed staff had assessed, monitored and reviewed the situation to ensure people were having their nutritional needs met.

Good

Is the service caring?

Our findings

People were supported by staff who were caring and supported people with kindness. People and visitors often described something special staff did for them or their relative which meant they felt important as individuals. One person told us "I love it here" and another "I'm not going to do a Morecambe and Wise and say it's rubbish because it's not, It's great. The people are lovely. They're excellent, kind people. [One staff member] comes to help me and is very pleasant. She chats when she can. She is a lovely person I would talk to her about anything; it's really good." A third person stated "I'm alright, I am" and in response to "Are you happy living here?" said "Yes I am!"

We asked visitors their views of the service; one said "I can't say enough good about them. They're really caring." Another said: "I've no criticism of the care. They make a fuss of my mum. They're very caring." A visitor told us: "The staff are all very nice" and reported they had seen people enjoying games of bingo at the home."

There was a 'philosophy of care' active in the service and three dignity champions were being trained to carry this forward with all staff. Their role was to drive improvement in ensuring a high standard of care. The manager described the high standard of care they wanted to promote. They were aiming to build this into staff training, induction and supervision. An information booklet placed in people's rooms detailed what level of care people could expect from staff that is, be treated with respect; have their dignity and privacy observed; be included in their own care planning; have their choices listened to and acted upon and their consent sought prior to any care interventions.

Our observations of staff and people together were mainly at lunch times. Staff were both caring and careful with people. Staff supported people to maintain their independence as much as they could with staff only offering support if this was accepted and desired by the person. People were comfortable with staff and humour was shared. People were asked how they were and previously shared events were remembered.

People's privacy and dignity were respected. Doors were closed when people received personal care; notices around the service encouraged staff to remember dignity principles. Staff asked people if they wanted their bedroom door open or closed. We observed staff knock and wait for a reply before going into people's rooms. Greetings were always pleasant before the door closed.

People were treated as individual people by staff who demonstrated they knew people well. Staff were observed providing information to people and allowing them to choose what to do in their own time. A nurse spoke about people in a kindly way and described their characters in ways which demonstrated the smallest detail was important to them.

People told us friends and family could visit without restriction. A family room was provided where families could have privacy outside of the individual and communal rooms.

Requires Improvement

Is the service responsive?

Our findings

People said they were satisfied with the care they were given. However, people were not always involved with planning their own care and said they had not contributed to their care plan. People's care plans were not personalised to reflect how they wanted their care given or ensured staff understood how their condition affected them. One person's care file included their medical conditions but no information on how these affected them and what support they needed or desired. A staff member said they knew people's preferences because: "You get to know what clients like." They added this had initially been explained during their induction. Staff said they knew what care people needed as they had good handovers between shifts and could also ask senior staff if they were uncertain about anything.

The manager explained at the beginning of the inspection issues with the care plans had been noted by senior management. They said the care plans did not reflect their desire for them to be person centred and show the level of care being delivered. They had introduced a key nurse system so each person had a nurse taking responsibility for the care planning and they were introducing a key worker system. The aim was to ensure care plans were written and reviewed between the person, their representative (where required) and key worker to ensure they reflected the person and their needs. This would also mean people had dedicated time to review their care needs and how the service and staff were meeting their needs.

People were involved in regular activities. A dedicated member of staff carried out group sessions or visited people in their rooms. There was a weekly schedule of activities which, on the day of our visit, included a Halloween party. We observed there was a relaxed atmosphere in the group sessions with lots of humour and people of different abilities could take part. The activity coordinator encouraged people with comments such as: "Give it a go; that's lovely; well done" and people were supported to be involved or watch the activity.

People were supported to follow their individual faith choices. During the inspection people had visits from local religious leaders and could see them in privacy.

People were not previously provided with opportunities to be involved with expressing their preferences and choices, for example by residents' forums or questionnaires. However, people told us they could not think of anything they'd like to improve. A residents' meeting was advertised to take place in the days following this inspection. People and their family members were invited to this. The manager said this was to provide people with the opportunity to raise any issues about the service.

People and their relatives knew how to raise a concern or make a formal complaint and were confident any issues would be resolved to their satisfaction. There was a formal complaints policy which was made available to everyone in their rooms. No written complaints had been received by the manager. One person who had lived in the service for a number of years said: "If I have any grumbles I talk to staff; they respect me and things improve."

Requires Improvement

Is the service well-led?

Our findings

Colebrook Manor is owned by Blue Mar Ltd. Blue Mar Ltd has two services registered with CQC. The same registered manager is registered for both services. At this inspection we were advised by the provider they aimed to appoint a separate registered manager for Colebrook Manor. There was a new manager in post when we completed the inspection who had been in post a week. They had worked in the service for 12 months as a nurse and had an understanding of the service and people's needs.

The manager told us the policies required to underpin the running of the service were being updated. Blue Mar Ltd took over the service 12 months prior to this inspection. However, the majority of policies available were in the previous provider's name. Updated policies were available on Mental Capacity Act and Deprivation of Liberty Safeguards; the use of restraint; equality, diversity and human rights and staff supervisions.

Audits of various aspects of the service were completed but lacked the necessary details to say what action had been taken. The provider advised an audit of the service in September 2014 had highlighted issues in respect of staff training, care planning and other aspects of ensuring the quality of the service. This led to changes in senior staff personnel, new systems being introduced, and part of the new manager's role was to put this into action.

People could not recall being asked for feedback or suggestions for improvements about the service. However, this was now being addressed by the manager.

People, who paid for their fees, in full or part, told us they were unaware of how their fee was broken down and what they were entitled to request from the provider. People and family members with power of attorney for finance told us they received invoices regularly, they had not been provided with any written terms and conditions about the services provided, but had no concerns about any irregularities. We discussed this with the service manager and administrator who confirmed people were not given any form of written contract or agreement. This is a breach of Regulation 19 of the Care and Quality Commission (Registration) Regulations 2009.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **Which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **The registered person had not ensured there were sufficient numbers of staff to safeguard people's safety and welfare.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 CQC (Registration) Regulations 2009 Fees (1)(a)(b)(2)(a)(b) **The registered person had not provided a statement of terms and conditions, or a contract, for the provision of services to people who paid for their fees (either in full or partially).**