Changing Lives UK Quality Care Limited

Coleridge House

Inspection report

116 Coleridge Street
Derby
Derbyshire
DE23 8AD

Tel: 01332720285

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13 November 2018
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11 December 2018

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Coleridge House is both a residential home and domiciliary care provider registered at the same address.

Coleridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Coleridge House accommodates up to 2 people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Coleridge House is in a residential area of Derby and is registered to provide accommodation for persons who require nursing or personal care. They provide care for people with Learning disabilities or autistic spectrum disorder, Younger adults, Older people, Physical Disability or Sensory Impairment and can accommodate up to two people at the home. When we visited there was one person living there.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Residential Home

The inspection was a first rating inspection following a change in registration.

The inspection took place on 13 November 2018 and was unannounced. Several telephone calls were made to staff but none were answered. Coleridge House provides residential care for up to 2 people with a learning disability and/or mental health disorder and a range of complex needs. At the time of our inspection there was one person in residence.

A registered manager was 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.

We found there was a lack of supervision by the provider to check quality monitoring had been carried out effectively. There was an absence of quality monitoring systems to ensure people were cared for safely.

There were no adequate infection control checks in place, and no clarity about which colour mops and buckets should be used in each area of the home in order to reduce the risk of cross infection. The kitchen was not constructed to ensure work surfaces and floors could be disinfected which resulted in a heightened potential for cross infection and cross contamination of infection in the home.

Systems that were in place were not reviewed by the registered manager to ensure people received a quality service. Improvements are required in assessing risk to people both in the home and using the enclosed garden.

The provider did not have effective systems in place to assess, monitor and improve the quality of care. There was no plan of refurbishment of equipment or replacement of items such as the kitchen floor covering. Health and safety checks were not regularly completed to ensure risks to people's safety were minimised. The garden areas were overgrown and so were not accessible or safe.

The care plan provided information for staff that identified people's support needs and associated risks. There was enough staff to respond to person's health, social and cultural needs both in and out of the home. Staff recruitment procedures were adequate which ensured people were cared for by staff who had been assessed as safe to work with them.

Staffing levels were adequate to ensure safe levels of care were maintained, people's health and welfare were supported, and people were assisted to take part in activities in and out of the home.

People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The person's capacity had been assessed and the person had a DoLS in place for the restriction placed on them.

Staff understood the person's needs, abilities, dietary and cultural requirements. Care was planned to meet individual needs and abilities. Staff made appropriate referrals and sought advice and support from health professionals when this was required.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Personal care

The inspection was a first rating inspection following a change in registration.

This service has a domiciliary care agency registered at the same location as the residential care home. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to younger adults and older people.

The inspection took place on 14 November and 4 and 11 December 2018 and was announced. This meant the provider knew we would be carrying out an inspection. Coleridge House provides support to 13 older people.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and

associated Regulations about how the service is run.

People's views and experiences about the quality of the service being provided were positive.

People told us they were pleased with the service and the registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service.

Staff ensured people had enough to eat and drink, and staff when they had time were able to do additional tasks. People and their relatives knew how to make complaints about the quality of service they received. The service had not received any complaints. Information about the complaint procedure was included in the information people received along with office and out of hours contact telephone numbers.

People and their relatives said the manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. Information about safeguarding and whistleblowing was included in the staff handbook.

Staff provided people with the care and support they wanted and encouraged them and their relatives to be an active part of the care planning process. Staff had been trained to assist people to take their medicines safely and in the way they wanted them. People were treated with dignity and respect.

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 consistently safe.

One person was at risk from harm as the provider did not ensure all areas of safety were maintained. Infection control procedures were not effective, and people were placed at risk from the potential transfer of infection. The environment was poorly maintained and some areas were not risk assessed to ensure the environment was safe for people.

There was a consistent staff group who knew how to manage identified risks and this included the safe management of medicines.

There were sufficient numbers of staff who were trained in safeguarding to protect people from abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005. The legislation had been acted upon to ensure people's human and legal rights were respected within the care home. People who resided within the supported living complex needs had not been clearly or sufficiently identified to ensure support was in their best interests for aspects of their care in order to promote their rights, choices and independence.

People at risk of poor nutrition and hydration had assessments and plans of care in place for the promotion of their health and well-being. People's dietary requirements with regards to their preferences and cultural needs were respected. People's health and wellbeing was monitored.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received. People or a representative was involved in the development of their care plan. People's privacy and dignity was promoted by culturally and gender appropriate staff.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving a service and involved the person and their representatives. People's initial assessments are used in the formation of a care plan.

People were encouraged to maintain contact with family and friends and were supported to access resources within the wider community. There were individual planned activity programmes that met people's support needs, and staff understood people's preferences, likes and dislikes. People knew how to raise a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There had not been any recent quality assurance that provided oversight or governance by the provider to ensure people's safety was not compromised. Records of some tests were completed by staff, however these were not overseen by the nominated individual to ensure that shortfalls were identified, resolved or improved.

A registered manager was in post. The management structure of the care home enabled and encouraged open communication and dialogue with those that used the service and their representatives. People and staff were engaged to suggest changes and improvements to the service.

Coleridge House

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was a first rating inspection following registration.

Residential Home

The inspection took place on 13 November 2018 and was unannounced. The inspection was carried out by an inspector, a dental inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in people with a learning disability.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We spoke with the person who lived in the service. The information the person was able to provide was limited due to their disability. We spoke with the registered person, the registered manager, and the deputy managers and four support workers.

We contacted commissioners for social care, responsible for funding people that live at the service and asked them for their views about the service.

We reviewed the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

We looked at the care plan and records, including medicine records of the only person living in the home.

We looked at the recruitment records of three staff. We looked at staff training records and minutes of meetings for staff. Some staff work in both the residential and domiciliary service.

Domiciliary care service

The inspection took place on 14 November and 4 and 11 December 2018. The first day was announced to ensure staff were in the office and able to assist us, the second and third days were unannounced and were telephone calls to staff. The inspection was carried out by one inspector. We told the registered person we would be carrying out an inspection. We gave them notice to enable them to speak with people who use the service and their family members to ask them if wished to meet and speak with us in their homes.

We spoke with and spent time with two people and one relative of a person who used the service. We also spoke with the registered person, the registered manager and three care staff.

We contacted commissioners for social care, responsible for funding people that live at the service and asked them for their views about the service.

We reviewed the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

We looked at the care plans and records, including medicine records of three people. We looked at the recruitment records of three staff. We looked at staff training records and minutes of meetings for staff. We viewed records in relation to the maintenance of the environment and quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

Residential Home

People were not protected by the control of infection. Floor mops were stored in the kitchen. These were not colour coded and could easily be mixed up leaving the person open to an acquired infection. The washing machine was situated in the kitchen of the property. This was placed on top of a foam base. The nominated individual said they were unsure why the foam was there. We could not be assured the foam was not penetrable and if so could harbour and promote the transfer of infection.

We asked the provider for an infection control report. They said they had not completed one, as they had never been asked. An infection control report, assist the provider to identify and control the risk of infection and ensure a safe and clean environment.

There were no effective systems in place for the maintenance of the building. For example, there was no ongoing list of repairs or replacement plan for parts of the building that required to be upgraded to ensure it was safe to be used. For example, the kitchen floor and work surfaces were not suitably sealed to allow proper cleaning and disinfection. The flooring had been torn which presented a level of risk because it could not be effectively cleaned or disinfected. The windows and doors were not in a good state of repair and one of the windows did not close at all.

The garden area was unkempt, grass required to be cut to ensure the ground underneath was safe to walk on and the garden furniture required repair or replacement to ensure people were safe. outside areas were not risk assessed to ensure the environment was safe for people

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

The provider contacted us following the inspection to indicate the doors and windows had been changed.

The person told us they felt safe.

We asked staff what action they would take if they believed someone was experiencing abuse or avoidable harm. Staff were able to explain about whistleblowing. One staff member said, "I know I can go to the council or you if there was abuse that wasn't acted on." This meant if staff had concerns they could report them to other agencies.

Staff were trained in safeguarding as part of their training induction and then had their training refreshed so they knew how to protect people from avoidable harm. Staff we spoke with were knowledgeable about their role and responsibilities in raising concerns and the role of external agencies. The provider's safeguarding and whistleblowing policies advised staff what to do if they had concerns about the welfare of people who used the service.

Risk assessments were undertaken and recorded within the person's care plan. Staff we spoke with had a clear understanding of the person's needs and how the support they provided was to promote the person's safety. Staff records demonstrated how staff achieved this, which was consistent with the person's risk assessment and care plan.

Staff spoken with were knowledgeable about promoting people's safety and told us that where risks were identified and information to reduce the risk was held within plans of care. A member of staff said, "We need to make sure we use the key safe and lock the key back in it for the next carer." Another said, "We lock the doors on leaving the persons house, we need to make sure they remain safe."

Policies and procedures for the promotion of people's safety were in place, which included information about advocacy services, a policy on safeguarding people from abuse, a fire policy and procedure, which included individual risk assessments for the evacuation of the service in an emergency, known as a personal emergency evacuation plan(PEEP).

We looked at staff records and found people's safety was supported by the provider's recruitment processes. Staff records contained a completed application form, a record of their interview and two written references. A criminal record check had been carried out by the Disclosure and Barring Service (DBS). The DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record. This meant we could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them.

We found there were sufficient staff on duty to meet the persons gender and cultural needs and keep them safe. The registered manager told us that staffing numbers would be re-assessed if additional support was required.

We looked at the medicines and medication records. We found that medication had been stored and administered safely. This meant the person's health was supported by the safe administration of their medicine. Audits were undertaken by the staff to ensure medicine management was undertaken safely. People's plans of care included information about the medication they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received medication consistently. Staff had received training reflective of people's individual needs. For example, where PRN medicine was to be administered to promote people's health and welfare needs.

Policies and procedures were in place to minimise the risk of financial abuse where the provider had involvement with people's finances. Records were kept for any expenditure which included the receipts for items purchased and financial records signed by two members of staff involved. Records we looked at showed that people had an appointee responsible for their financial affairs that were independent and not employed by the provider. The provider had a system for auditing people's monies and records this helped to safeguard people from potential financial abuse.

There had been no incidents or accidents. The registered manager said they if there was they would inform staff of any lessons learnt and use this to update any staff development.

Domiciliary care

Staff were trained in safeguarding as part of their training induction so they knew how to protect people from abuse and avoidable harm. When we spoke with staff about the safeguarding procedure they were

knowledgeable about their role and responsibilities in raising concerns with the management team and the role of external agencies. This meant people using the service could be confident that the welfare and safety of people was understood by staff.

People's records included risk assessments, which identified potential risk and the measures to reduce the risk. The manager and staff we spoke with had a good understanding as to the needs of people and how to support them, which recognised the need to promote people's safety with consideration to their rights and choices. For example, one person had been identified at potential risk as they accessed the wider community independently. Systems had been put into place to promote their safety by the use of a mobile telephone, which could be tracked and used to locate the person if they had not returned to the supported living complex at the time they had indicated.

People's assessments in some instances had identified that they required continuous support to keep them safe. This service was a commissioned serviced which meant the provider employed staff to support people on a continuous basis, which meant during the night staff slept within a dedicated room of the person's home to promote their safety and welfare. In addition, 24 hour support was provided within the apartment complex, which people could access in an emergency.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included providing receipts for items purchased. This meant people were protected from financial abuse.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all staff had an enhanced Disclosure and Barring Service (DBS) check and two valid references. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record. This meant people could be confident that staff had undergone a robust recruitment process to ensure staff were suitable to work with them. Staff were provided with a rota which identified the people they were to support. People told us they were happy with the support provided by the staff.

People were prompted with their medicines but did not administer them as none of the people using the service needed that level of support. One person said, "I look after my own medicine, but I know if it gets too much they will take over."

Staff were trained in the safe management of medicines and the registered manager checked they were competent before allowing them to support people with their medicines. One staff member told us, "We do a lot of on line training. We are just prompting medicines at the moment but if we need to administer them [medicines] the training is there to support us."

Staff were trained in infection control and wore personal protective equipment (PPE) to reduce the risk of the spread of infection. Staff confirmed they followed the service's policies and procedures on this. The registered manager told us PPE was kept in people's homes so there was a ready supply and staff also kept spare PPE.

There had been no reported incidents or accidents, the registered manager said if there was any in the future they would inform staff of any lessons learnt and inform any staff development.

Good

Is the service effective?

Our findings

Residential Home

The person's needs had been assessed prior to moving into the home. Assessments were undertaken by the registered manager to ensure staff could meet the person's individual needs and had the staff with the right skills mix to provide the care and support. Where possible people were included in the assessment process.

We spoke with staff who told us about their training induction when they commenced working at the service. They said it had included working alongside experienced staff, becoming aware of the provider's policies and procedures and reading the plans of care for people. A member of staff told us, "I visited people along with other staff and did a shadow shift on everyone before I went out on my own."

A programme of induction, which included training, was in place. Staff new to the field of caring for people were enrolled to undertake The Care Certificate. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. The registered manager provided us with records that showed there was a programme of training for all staff, this included ancillary staff.

The provider was committed to staff development and training and had a programme of training in place for staff. Records showed staff had received training in a range of topics to support the health, safety and well-being of people, which included some staff attaining qualifications in health and social care. One staff member said, "I am doing an NVQ (national vocational qualification) in care, but its hard balancing that and family life."

Staff were supervised and had an annual appraisal with the registered manager or provider. Staff had their competency to provide care and support assessed to ensure the care and support people received was of a good quality and reflective of staff training and the policy and procedures of the provider.

Regular staff meetings took place, which provided an opportunity for the management team and staff to share information, enabling them to provide an effective service to meet the person's needs.

Meals are flexible in content and time of serving which took account of time spent out of the home. There is no set menu, staff assist the person on the day to choose a suitable meal. We asked the person for their views about the meals they said, "Yes there's lots of [choices] of food I like it."

The diet offered to the person was culturally appropriate and had been adjusted to take into consideration their specific dietary needs. Discussions between the staff and the person were used as an opportunity to explore their views about the meals being provided. However, these were informal and not recorded. The registered manager said these would be recorded in the future.

The person chose to eat all their meals in the lounge as they prefer to watch the television at the same time.

The dining room in the home is also used to store documents policies procedures and people's care plans. There is a table in the only other ground floor room however, this forms part of the office for the Domiciliary care provision.

People's records contained information about specific health care related conditions. The information provided staff with an insight and awareness on how specific health issues affected people's health and welfare.

There was a 'health action plan', which held information about people's health needs, the professionals involved in their support, along with a record of appointments attended for the promotion of their health and well-being. Information about the persons medicine and the need to monitor their condition were documented. A quick reference 'accident and emergency grab sheet' was in place that contained essential information to be shared should they have to access health care services in an emergency.

Records showed the person had access to a range of health care professionals, which included doctors, nurses, dentists and dieticians. Records showed the person was supported to attend routine health appointments. Where health care professions had identified concerns, action was taken to support the person in the maintenance of their health.

The persons consent to care and treatment was sought in line with current legislation. 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the conditions were being met by the provider, which required the promotion of the person's hygiene and recording of certain incidents.

The person had the involvement of a 'paid person's representative' (PPR). The PPR's role was to monitor the implementation of the DoLS and as part of their role they spoke with the person, the staff and viewed the person's records which recorded how staff implemented the DoLS.

Domiciliary care

People's needs were assessed prior to them commencing with the service. Assessments were undertaken by the registered manager prior to the care package commencing. This enabled the provider to be assured that they could meet the person's needs and had the staff with the right skills mix to provide the care and support. People were included in the assessment process.

Staff had received adequate training to support people safely and effectively. When we asked people if they felt the staff that visited were trained to meet their needs, one person said, "Yes, they trained but with a lot of them [staff] it's getting to know your routine."

Staff we spoke with felt that they received enough training to support people safely. One staff member said, "I was given access to the policies and procedures when I started my training."

Records confirmed that staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. The training was based around current legislation and best practice guidance. Staff confirmed they completed induction training when employed initially which had equipped them to carry out their role.

Staff were supervised and had an annual appraisal with the registered manager or provider. Staff had their competency to provide care and support assessed to ensure the care and support people received was of a good quality and reflective of staff training and the policy and procedures of the provider. Staff told us the registered manager or provider did 'spot checks' to ensure they were on time, followed the persons care plan and provided care in line with the company policies and procedures. One staff member said, "They have surprised me a few times."

The staff team said they felt supported by the registered manager and received regular supervisions and an annual appraisal. Supervision is one way to develop consistent staff practice and ensure training is personalised for each member of staffs' needs. A member of staff said, "We get supervision three or four times a year but can ring [named] anytime."

The registered manager explained that staff were encouraged to visit a second office where they would complete administration tasks and could share any experiences about people's care.

People were supported to have enough to eat, drink and to stay healthy. Staff provided meals which met people's cultural and dietary requirements. People confirmed they were happy with the meals staff produced.

We saw there was information in the care plan which provided the process to go through to ensure the person's health remained good and the procedure they were required to take if they were concerned about them.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

All the people we spoke with had capacity, so made an informed choice about the care they received. We checked whether the service was working with the MCA principles. Assessments took account of people's capacity and their consent had been sought about their care and support. One person told us, "They [staff] check and confirm first before offering any care."

Good

Is the service caring?

Our findings

Residential Home

The person was supported by staff that had worked with them since their admission, which meant staff knew the person well and had the chance to build up and develop a positive relationship with them. We asked the person if staff were kind and caring. They replied, "Yes, they do care for me."

We saw that there was information regarding independent advocates available at the service. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives. We discussed advocacy with the registered manager who was aware of the person had accessed this service and was also the personal paid representative (PPR) who visited the person on behalf of their DoLS restrictions. We attempted to contact the PPR but was unable to.

The registered manager told us contact with the person's relatives was promoted. This included relatives visiting the service and the person going to their relatives' homes, supported by staff.

People's records contained information about their lives prior to moving into the service, which included information about their relatives and friends, as well as information about their hobbies and interests. This information was used to develop a care plan to support the persons likes and dislikes.

We asked the registered manager how the person was supported to express their views about the care and support they received. The registered manager told us the advocate (paid representative) and social worker had regular involvement in reviewing the persons care plan.

The persons bedroom was respected as their own space and the décor and furnishing reflected their individual tastes and interests. We noted staff did not enter a person's bedroom until they had knocked on the door and introduced themselves.

The registered manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that related to how people's personal information held by the provider is managed. A confidentiality policy was in place and staff were trained and regularly reminded to use the confidentiality process. The registered manager added the agency had moved toward electronic care plans and recording system and explained how this information was secured when the office was unmanned.

Domiciliary care

People told us the staff team were kind, caring and treated them with respect. Nobody we spoke with raised any concerns about the staff team and described them delivering care to meet their individual needs and preferences. When we asked people if staff were kind and patient one person said, "I am happy and settled with the staff."

People were included and enabled to make decisions about their care and these decisions were documented and reviewed regularly. The registered manager had a good understanding when people may have needed additional independent support from an advocate. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. Currently no one required that type of support.

Staff understood the importance of promoting equality and diversity, respecting people's religious and cultural beliefs and their personal preferences and choices. One person told us that staff always made sure their home was tidy before leaving the person's home.

Staff were able to describe people's needs and preferences, which showed they understood people and had been supplied with the information and care plan. Care plans were detailed with information about the peoples wishes and preferences, their life history and included their preferred means of communication. Care plans also included people's preferred communication means and this was met by culturally aware staff who could communicate in people's first language. This helped staff ensure they had the information to support people's individual needs and choices.

People's privacy and dignity was respected by staff who understood that they supported people within their own homes. One person told us, "The staff are good, none overstep the mark." A second person said, "I am very happy with them [staff]."

Staff told us about how they cared for people and respected their privacy by closing doors and curtains and using well placed towels to preserve people's dignity. The language and descriptions used in people's care plans referred to them in a dignified and respectful manner. We asked staff how they promoted people's privacy and dignity.

People using the service were provided with a 'service user guide'. This provided information about the service. This clearly described the aims and values of the service which centred around respect, trust and a person-centred approach to care. The registered manager said staff go through the document with people and their relatives when they commence the service and a copy is left in the property.

The registered manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that related to how people's personal information held by the provider is managed. A confidentiality policy was in place and staff were trained and regularly reminded to use the confidentiality process. The registered manager added the agency had moved toward electronic care plans and recording system and explained how this information was secured when the office was unmanned.

Good

Is the service responsive?

Our findings

Residential Home

The person receives personalised care that responds to the social and cultural needs. We observed the person at the home and if they made choices about their day to day life.

Information gathered about the person had been used to develop an initial care plan, which had been reviewed and updated to reflect the person's needs. The person's relatives, along with health and social care professionals had attended a number of reviews of their needs. This showed the registered manager was able to respond effectively to review the person's needs. This ensured the person's support and care reflected changes as the person became more familiar with their surroundings and the staff supporting them. The person's records contained a 'communication passport' which described how people could communicate with them effectively, there was also a hospital grab sheet which again informed staff.

We saw that the person was involved in a range of activities both in and out of the home. The person told us, "We [staff and I] go out to get food [groceries]."

This included going out to access the wider community where they undertook regular arts and crafts classes three times per week. The person exercised their right and kept up to date with current affairs through a culturally appropriate television channel which catered for their language needs.

The person's views about their care were being sought though these were not recorded. The registered manager and staff supported the person to maintain relationships with their close family.

The registered manager was aware of the accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided information about ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). Where necessary care plans included information about people's communication needs and a plan to support the person.

The registered manager told us they tried to provide a good service so people would not need to complain. They had not had any complaints since the service commenced. They added they would use the company's complaints system to log and record the action taken to resolve any complaints that may be made in the future.

The provider said they would support people to prepare for the end of their life. The provider had a policy to enable staff to intervene if required, that could be used in the final stages of a person's life, to assist them to have a dignified and pain free death. The registered manager said the person and their close family would be involved in any funeral arrangements and decisions about their care.

Domiciliary care.

Information gathered prior to the service commencing had been used to develop detailed and personalised care plans. Care plans detailed achievable goals which people agreed to and recognised this was to maintain their independence. Care plans were regularly reviewed and updated in response to people's changing needs. This showed the registered manager was responsive in reviewing the care plans to reflect the people's needs.

A relative told us that on one occasion they required an extra call due to a personal care emergency. Two staff came out immediately and made the person comfortable. A second relative said, "The manager goes out of her way to ensure (person's name) has all the care they need." This showed the registered manager and staff provided a responsive service.

Records showed that for each call there was a set routine for staff to follow so they knew what was expected of them. This had been agreed with people in advance and helped to ensure that care and support was personalised and responsive to people's needs. People told us staff knew their preferred routine, and this helped them accept the care offered.

People's relatives were enthusiastic about the support provided by the Coleridge House care agency. One relative told us their relation had a service from Coleridge House care agency prior to being admitted to hospital. To complete their discharge back home support had been arranged from another care provider, however the service had not commenced. The family member called the registered manager at Coleridge house who arranged for an immediate re-commencement of the person's care.

Most people's relatives were positive about calls being on time however, some relatives said staff were late occasionally. We spoke with the registered manager about this and they said they tried to minimise any disruption of late calls, but where staff had no personal transport that complicated matters. They had attempted to get in touch with people to inform them, but this was not always possible out of hours if the office staff were engaged in supporting care staff in an emergency.

People and their relative's felt the care, nutrition and drinks provided by staff was, in line with the care plan and was responsive to their or their relations' needs. People told us they had choices when food was prepared, and drinks and snacks were left for times when there was no planned call or between calls.

Records showed most staff took a flexible and responsive approach to the people they worked with. Some people told us that staff were flexible, and if time allowed they would assist with any additional tasks, such as tidying their room, putting out the rubbish or just sitting down for a chat.

The registered manager was aware of the accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided information about ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). Where necessary care plans included information about people's communication needs and a plan to support the person.

People's relatives told us they were happy to raise concerns with the office staff. They told us they were aware about the complaints process. One relative said, "We've had a few issues, nothing we could say was a complaint as such." The person stated these were resolved with a telephone call to the registered manager.

People were aware of the contact details of the office and had access to a copy of the complaints procedure. One person told us, "Any issues and I will call [named]or the registered manager anything raised is done straight away." A second person said, "I trust them completely."

The registered manager said all the people that used the service and their relatives or representatives were given a copy of this when the service commenced. They also said they were active in dealing with minor complaints before they 'got out of hand' which is demonstrated in the quote above.

People felt confident that they could make a complaint or raise any issues should they need to. The provider had procedures in place to record and respond to people's concerns. There were no formal complaints for us to review at the time of our inspection.

The management team had recorded complaints in the past and had an open and responsive approach to complaints. The registered manager told us they tried to provide a good service so people would not need to complain. They added they would use the company's complaints system to log and record the action taken to resolve any that may be made in the future.

Though no people had required support to a dignified pain free death, the registered manager told us they could consider providing support for people who were terminally ill.

Requires Improvement

Is the service well-led?

Our findings

Residential Home

Coleridge House has a registered manager in post for the regulated activity accommodation for persons who require nursing or personal care.

There was no clearly defined system of internal audits and checks to ensure the safety and quality of service was maintained. The provider had not completed a thorough infection control audit. There were infection control issues as the kitchen area was unable to be cleaned or disinfected properly.
There were areas of the home that were not secure and cleaning chemicals were accessible by anyone in the home. These areas could have been revealed and addressed had a thorough audit of the environment and infection control audit been undertaken.

There were no regular or consistent checks on the environment. There was no available plan of redecoration or refurbishment of the property. There were areas both inside and outside the home which had not been properly risk assessed, which resulted in a significant danger to anyone accessing the outside area if unescorted. The outside of the home was unkempt, and the grass required cutting before anyone could safely go into the garden. There were various pieces of garden furniture that required to be repaired or replaced, and the fence was broken which resulted in a danger to anyone in the garden.

There was a lack of regular and consistent health and safety checks performed to ensure a safe environment. Temperature checks of cooked food, fridge and freezers and hot water were recorded irregularly. However, there was no oversight of these by the nominated individual.

We asked to see the latest safety certificates to ensure systems were safe. The gas and electrical test of appliances was up to date. However, the main electrical test certificate was not completed correctly where the paperwork related to a domestic property. The provider had this amended following the inspection. There was no asbestos report on the fabric of the building.

There was a clear management structure in place which included the nominated individual (provider) and registered manager. The nominated individual is 'hands on' and spends time at residential home.

We spoke with the provider and registered manager about the systems used to assess monitor and improve the quality of services provided in the home.

The policies and procedures provided limited guidance and instruction to keep people safe or operate processes in the home, there was a lack of procedures for staff to follow. For example, cleaning disinfection and infection control protocols.

These were a serious failure by the provider to use any adequate governance processes which could have revealed these errors and omissions.

The provider lacked the insight into ensuring the safe and effective running of the home, which impacted on the quality and safety of the service offered. Quality assurance and governance were not used effectively to drive continuous improvement in the home.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about the provider's vision and values. They said they were unsure about the vision and values but directed us to the statement of purpose which provided some information. The registered manager explained there had been a recent staff meeting which were used to communicate changes to people's care and support. This does not support a culture where there is a clear vision from consistent and effective leadership which achieves good outcomes for people.

The registered manager told us they were not aware of any quality assurance questionnaires that had been provided to the person who used the service or their relatives. They said they operated an open-door policy, where they would speak with anyone who had any issues.

We saw that the registered manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason. The registered manager told us where there was such an event the management staff would work from home.

Policies and procedures were displayed and available to any staff in the home.

External agencies responsible for commissioning care for the person using service had not yet assessed the service against their outcome criteria reflective of their contract with the provider. They will use this report as an indicator to whether the service is meeting its contract expectations.

Domiciliary care.

A registered manager is in post in Coleridge House and is responsible for the day to day running of the domiciliary care agency. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There was a strong and visible leadership at the service. There was a clear vision to provide good quality compassionate and culturally appropriate care. The company values were distributed to staff in the 'team handbook' when they commenced employment.

People who used the service were engaged in suggesting changes and improvements to the service. There was a questionnaire sent to people in June 2018 there had been no suggestions received that resulted in any changes to the service.

When we asked if the service could be improved one person said, "No, they have their finger on the pulse."

At this inspection, records showed that the registered manager carried out audits to ensure people were cared for safely and the staff were performing their duties efficiently and safely. The registered manager arranged spot checks on staff and telephone calls to the people who received a service. That meant the provider checked with people to ensure staff performed their duties in line with the care plan.

Checks included the staff's time keeping, if they were wearing the proper uniform and used their personal protective equipment appropriately. They said there was also an opportunity to look at the care notes made by the staff. This meant they could directly oversee the quality of information recorded and the level of service provided. However, the provider left all the notes at people's homes, and so could not ensure that staff were completing these properly all of the time.

Staff had regular supervision meetings. Staff supervision can be used to advance staff knowledge, training and development with meetings between the management and staff group. That benefited people who used the service as it helped to ensure staff were well-informed and able to care and support people's cultural needs. The registered manager had a plan of supervision meetings for the staff. Supervision and staff meetings took place at the residential home on Coleridge Street. Staff could access policies and procedures at this time.

Staff told us they liked working for the service and felt supported by the registered manager. Staff we spoke with told us that they would recommend the service if a relative of theirs needed domiciliary care, as they rated the care provided as very good.

We saw the registered manager communicated with the staff regularly. This was done through individual meetings, memos and regular staff meetings. These were all used to inform staff of changes to the service and ensured the information was provided consistently.

We saw that the registered manager had a business continuity plan in place. That ensured the business would continue to operate if, for example, staff could not use the current office premises for any reason. The registered manager told us where there was such an event the management staff would work from home.

The registered manager told us that they were aware of their responsibilities and circumstances under which to submit notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law, and in a timely way.

The service current did not contract with either the local authority or healthcare to provide care for people. The registered manager indicated staff had access to specialist information and advice. For example, we found some policies referred to best practice guidance such as National Institute for Health and Care Excellence (NICE). This ensured policies and procedures used the latest guidance.

The registered manager understood their role and was aware of the legal requirement to display the rating from this first rating and all subsequent inspections.

Staff when asked about the management team and whether they were confident in the managers, told us. "If there was a problem I'd talk to [named] and I am sure they would do something."

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 There were inadequate systems and processes to enable staff to ensure the safety of people and guard against cross infection and cross contamination in the home. There were inadequate systems and processes to enable staff to ensure the safety of people by having in place risk assessments to reduce and mitigate the risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of governance to ensure people were provided quality care.