

Changing Lives UK Quality Care Limited

Coleridge House

Inspection report

116 Coleridge Street
Derby
Derbyshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Coleridge House provides a residential care home for up to two people in one adapted building. At the time of the inspection one person was living there.

The residential care home has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Coleridge House also provides a domiciliary care service that supports people in their own homes. Not everyone who used the domiciliary care service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Nine people were receiving personal care support at the time of the inspection.

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

Improvements had been made to the infection control measures in place at the residential home. We saw good standards of hygiene were in place and monitored to ensure these were maintained.

The systems in place to assess, monitor and improve the quality of care had improved. We saw health and safety checks were regularly completed to ensure risks to people's safety were minimised. The systems in place to monitor the quality of the service were used effectively to enable the provider to drive improvement.

People were supported by staff that understood their responsibilities to safeguard them from abuse and report any concerns. Where people needed support to take their prescribed medicines, this was done in a safe way. Checks were undertaken before staff commenced employment, to protect people that used the service.

People were supported to do what they wanted to do, as enough trained staff were available to support them. People's preferences and dietary needs were met. Healthcare services were accessible to people with staff support as needed, and people received coordinated support, to ensure their preferences and needs were met.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; People were supported to take reasonable risks which enabled them with opportunities to lead a full life. People spent their day as they preferred and were supported to take part in social activities of their choice to enhance their well-being.

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. Staff understood the support people needed to make decisions when they were unable to make specific decisions independently. Mental capacity assessments and best interest decisions were undertaken where people needed support to make specific decisions. This demonstrated that people's rights were upheld, and they were supported in the least restrictive way possible.

People and their representatives were encouraged to give their views about the service. This included raising any concerns they had. People and their representatives were involved in their care to enable them to receive support in their preferred way.

Staff felt supported by the management team and their performance was monitored to ensure any development and training needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update). The last rating for this service was requires improvement (published 1 February 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Coleridge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Coleridge House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service also included a domiciliary care agency that provides personal care to people living in their own homes.

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

Notice of inspection

We gave a short period notice of the inspection because we needed to arrange to speak to people who used the domiciliary care service, their relatives and the staff who supported people.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the person living at the residential home and three people who used the domiciliary care service and two people's relatives. We spoke with five members of staff, including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the records held regarding four people's care and support and we checked how medicines were managed. We also looked at three staff recruitment and training records and other documents to review how the provider monitored the support people received.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people living at the residential home, as inadequate infection control measures were in place. Risks within the home and garden had not been assessed to ensure people's safety was maintained. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- All of the improvements identified at the last inspection had been addressed. This included a new kitchen window, door and kitchen flooring. The worktops and flooring had been sealed to allow for adequate cleaning to take place.
- Records were maintained of bath water temperatures, fridge and freezer temperatures and hot food temperatures.
- Cleaning products were stored securely and cleaning equipment such as mops were colour coded to ensure they were only used in designated areas to prevent cross infection.
- Improvements had been made to the garden to ensure it was safe for people to access.
- A maintenance log and service improvement plan were in place to ensure repairs and renovations were undertaken as needed.
- People were supported to keep safe as individual risk assessments were in place and regularly reviewed.
- Emergency plans were in place within people's homes to ensure staff had guidance to ensure people were supported in a safe way in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff. One person said, "The staff are all very nice." Another person told us, "I like the staff, they make sure I am safe." A relative said, "The staff are very good; [Name] gets on well with all of them. If anything bothered them they would tell me."
- Staff understood their responsibilities to report any concerns and were provided with training on safeguarding people. Staff understood the safeguarding procedure to follow. One said, "I would contact the manager if I had any concerns."
- The registered manager understood their responsibilities to report concerns to the local authority

safeguarding team to protect people from the risk of abuse.

- Staff had a good understanding of people's needs and preferences. We saw they responded well to support people when they experienced periods of distress or anxiety.

Staffing and recruitment

- We saw enough staff were available to support people according to their preferences and needs. No one raised any concerns regarding the staffing levels in place. One person using the domiciliary care service told us said, 'The staff, call round twice a day. They are regular staff and always arrive on time.'
- Staff confirmed they had enough time at each call to support people. One member of staff told us, "There is enough staff and we're not rushing to get everything done. We have enough time to sit with people when the tasks are done and have a chat."
- We saw that when staff were recruited the appropriate references and checks were completed in line with current guidance.

Using medicines safely; Learning lessons when things go wrong

- People told us they were supported to take their medicine at the right time.
- Staff received medicine training and had their knowledge and practice assessed to ensure people received them safely.
- Medicines were managed safely, and audits were undertaken, to enable the management team to identify and address any errors promptly
- A system was in place to record accidents or incidents, so that lessons could be learnt. At the time of the inspection no incidents had occurred.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they started to use the service. This was to ensure their needs could be met. Assessments included sufficient detail to ensure outcomes were identified. We saw people's support plans and risk assessments were regularly reviewed.
- Support plans contained information to help staff understand specific health conditions, dietary requirements and mental health support.
- People were supported to make choices to promote their wellbeing. For example, one person we spoke with told us they decided how they spent their day on a day to day basis. They told us that they liked to go out most days. Another person told us they enjoyed visiting their local library and their family members.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People and their representatives were confident that staff had the skills and knowledge required to support them.
- New staff received induction training in the areas the provider identified as relevant to their roles and were supported through shadowing experienced staff.
- Staff confirmed the training provided supported them in their role, and confirmed they were provided with supervision on a regular basis by the registered manager. One member of staff told us, "I get all the training I need to do my job and the support is there whenever I need it; not just when I have supervisions."

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

- People were supported to have a balanced diet, that met their cultural needs and preferences. The staff team knew people well, this enabled them to ensure people received food that they enjoyed.
- The service predominantly supported people from Asian communities and they confirmed their cultural and faith needs were met regarding meals that were prepared for them.
- Some people were supported to plan, shop for and cook their own meals. One person told us how they went shopping with staff.
- Staff were aware of any specialist diets that people had and ensured they were supported to follow their required diet.

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

- People confirmed, and records showed, they were supported to access relevant health professionals when they needed to.
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Staff were clear on people's health care needs and the support they needed to manage them.
- Staff followed the guidance of health professionals to ensure people's care was effective and met best practice.

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

- The design of the residential home enabled people to access the home and garden independently.
- Risk assessments were in place to ensure the person living at the home was supported to keep safe in their home environment.
- The residential home was a small two bedroomed house and the person living there did not require any signage to support them in moving around the home. They told us, " I like it here, it's very nice and I have everything I want. The person showed us their bedroom and it was clear they were very happy with their accommodation.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met in their best interests.
- Staff understood how to support people with decisions and the principles of least restrictive practice.
- The person living at the residential home had restrictions in place that had been authorised by the Deprivation of Liberty Safeguards. No conditions were attached to these restrictions.

Is the service caring?

Our findings

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

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

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

- People had caring and supportive relationships with the staff who supported them.
- One relative told us, "My relative sees the staff as extended family. They like the people that come to support them because they have got to know them and trust them."
- Staff spoke positively about the people they supported. One member of staff said, "It's a fabulous job. The people I support are all different, but I enjoy working with all of them, I feel I have got to know them all really well because we are a small service."

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

- People were enabled to make choices about the care they received. Some people liked to go out and about during the day; others liked to spend some time at home. Although we saw staff encouraged people to experience varying opportunities, they respected people's wishes if they didn't wish to.
- All the people that used the service could verbally communicate and express their wishes and needs.
- People's preferred language was used to communicate with them. The staff that supported them were fluent in their preferred language.
- The person with restrictions placed upon them were supported by an Independent Mental Capacity Advocate's (IMCA). This was to ensure they were appropriately protected, and any restrictions were carried out lawfully.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their dignity was promoted by staff when they supported them with their personal care needs. One person said, "The staff close the bathroom door."
- Some people were supported by staff of the same gender when receiving support with their hygiene needs. This ensured their cultural requirements were respected. The registered manager confirmed that everyone was asked for their preference in staff gender, regardless of their cultural needs. We saw that some men that used the service preferred female staff to support them and their wishes were respected.
- Staff told us how they supported people to maintain their dignity and this reflected what we read in care plans.
- We saw that at the office base, confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were supported by staff who knew them well and helped them to plan for things they wanted to do.
- The support each person received was individualised to meet their needs and preferences and comply with any authorised restrictions placed upon them.
- We saw that where restrictions meant a person was unable to access the community independently; staff supported the person to do so. This was in line with their ongoing risk assessments to promote their independence and choice.

Meeting people's communication needs

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

- The registered manager was aware of the AIS and ensured information was provided to people in a way they understood, to enable them to make decisions and choices.

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

- The person living at the care home was supported to maintain contact with their family.
- Staff supported people's family members to be involved in their relative's care. We saw and were told that positive relationships were in place with relatives and the staff and management team.
- The person living at the care home was supported to access the community and participate in activities they enjoyed. They told us they liked baking and did some voluntary work with staff support.
- The person living at the care home was supported to be included in religious celebrations with their family. This demonstrated that their cultural heritage was acknowledged and celebrated with them.

Improving care quality in response to complaints or concerns

- Staff knew the people they supported well, this enabled them to identify if a person was not happy. One member of staff said, "I would be able to tell if a person was unhappy or not their usual self and I would report it to the manager."
- Relatives knew how to make a complaint and were confident that they would be listened to. One relative told us, "I have regular contact with the manager and care coordinator, I don't have any complaints."

- A complaints policy and procedure was in place. The registered manager told us that no complaints had been received, they attributed this to the ongoing contact they had with people that used the service and their representatives.

End of life care and support

- At the time of the inspection no one was receiving end of life care. We saw people's representatives were encouraged to express their views regarding care towards the end of their life; this was to ensure their protected characteristics, culture and spiritual needs could be met.
- The registered manager confirmed that policies and procedures were in place to guide staff on supporting people with end of life care and training would be provided to staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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, improving care and understanding quality performance; Managers and staff being clear about their roles, and understanding risks and regulatory requirements; ; 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

At our last inspection quality assurance and governance were not used effectively to drive continuous improvement in the residential home. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Internal audits were in place to ensure the safety and quality of the service was maintained. This included infection control audits and health and safety audits.
- Reviews were undertaken of care plans and risk assessments, to ensure they were up to date and reflective of the support people required.
- Checks were undertaken to ensure the safety of equipment and premises were up to date, such as firefighting and fire detection equipment, gas and electrical safety certificates and legionella testing. An asbestos report on the fabric of the building confirmed no asbestos was present.
- Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the residential home, which was also the registered office for the domiciliary care service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a registered manager in post and people and their representatives were clear who the registered manager was. The nominated individual also supported people at the service on a day to day basis.
- There was a clear management structure in place and staff told us they were supported well. One member

of staff told us, " I love the job, love the people I work with and I feel supported very well."

- Staff confirmed that team meetings were held to keep them up to date with any changes in the service.
- The views of people and their representatives were sought, both at the residential home and the domiciliary care service. This enabled the provider to drive improvement.
- We looked at some of the comments made by people and saw these were very positive. One person had written that they had and will continue to recommend the service. They said the service provided outstanding care and that the staff were truly amazing and provided an excellent service. Another person wrote that having changing lives on board had given them 'peace of mind' and enabled their relative to stay in their own home where they were happy and content.
- People were supported as needed to access links in the community, such as with local religious leaders and specialist food shops.
- There were good relationships with local health and social care professionals to enable people's holistic needs to be met.