

Colin Limited

# Colin Care Home

## Inspection report

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Date of inspection visit:  
12 September 2019  
13 September 2019

Date of publication:  
10 October 2019

### 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

Colin Care Home is a small residential care home providing personal care for up to four adults with mental health needs. At the time of our inspection four people were living in the service.

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

Risks to people were managed well. The provider supported people to take their medicines safely. People were supported to maintain a clean and tidy home.

People were supported to a range of healthcare appointments and staff contacted the necessary health professionals if there were concerns about people's health.

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

We observed positive interactions between people and staff throughout the inspection, with staff being knowledgeable about people's needs.

People were supported to take part in a range of events and activities, both within the home and within the local community. Some people had limited positive relationships and there was a risk of social isolation.

We have made a recommendation about supporting people to increase their opportunities for positive relationships.

The service was led by an experienced registered manager. There were a range of systems and processes in place to engage with people and get feedback about the care and support they received.

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 12 September 2018) and there were multiple 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.

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

## 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.

# Colin Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

The inspection was carried out by one inspector.

#### Service and service type

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

At our last inspection the service did not have a registered manager. The service now had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. The provider knew we would be returning on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with all four people who used the service. We spoke with four members of staff. This included the registered manager, the team leader and two support workers.

We reviewed a range of records. This included four people's care and medicines records and five staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance checks and minutes of team and residents' meetings.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, training and quality assurance processes. We spoke with two relatives of people who used the service. We also asked for feedback from three health and social care professionals but did not receive a response.

# 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 improved to Good. This meant the service was doing everything they could to protect people from avoidable harm.

### Staffing and recruitment

At our last inspection the service had failed to operate safer recruitment measures to ensure care workers were suitable for their roles. This was a breach of regulation 19 (fit and proper persons) 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 19.

- The service was now following safer recruitment processes to ensure suitable staff were employed. There was a system in place to ensure that all pre-employment checks were completed before staff started work.
- Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

At our last inspection the service had failed to deploy sufficient numbers of skilled and experienced staff to meet the needs of people receiving care. This was a breach of regulation 18 (staffing) 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 18.

- The service had reviewed the staffing levels and there were sufficient staff on duty in the daytime so people who needed support could attend activities of their choice. One staff member said, "There's always an extra person on so if someone wants to go out we can support them, and another staff will be in the house."

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

- Policies in relation to safeguarding were in place and staff received regular training in this area. Staff showed a good understanding of safeguarding procedures when we spoke with them, they knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves. A senior member of staff audited people's money records to identify any errors or concerns.

### Assessing risk, safety monitoring and management

- The service identified, assessed, and regularly reviewed risks to people and had developed strategies to mitigate these. For example, the service had identified that some people were at risk of hoarding and self-neglect and there were strategies in place for staff to follow such as daily checks on people's rooms so hazards could be identified and resolved quickly.

- The service had assessed the risk of fire and there were processes in place to manage these including personal evacuation plans for people. The service had recently been inspected by London Fire Brigade who found the fire safety systems were satisfactory.
- Relatives told us they were confident that the service was doing all that they could to mitigate risks to people. One relative said, "I know they do as much as they can to keep [my family member] safe. There is only so much they can do."

#### Using medicines safely

- People's medicines were stored, administered and recorded safely. People's ability to manage their medicines themselves was assessed and reviewed regularly and plans were in place to meet their needs.
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- Medicines were checked regularly by the team leader so that errors could be identified and investigated. The records we saw showed that there had been no recent errors.

#### Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy. Staff told us they had access to personal protective equipment to prevent the spread of infection, such as gloves and aprons. We saw that the service had a large stock of these.
- There was a cleaning rota in place to ensure the service was kept clean and tidy. Cleanliness and hygiene were discussed during staff and residents' meetings. The kitchen had acquired a rating of five (the highest rating) at the recent Food Standards inspection.

#### Learning lessons when things go wrong

- Staff understood their responsibility to report all accidents and incidents and a senior member of staff reviewed all incidents. The provider ensured all necessary steps were taken to maintain safety after incidents including updating support plans and risk assessments.



# 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 requires improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support: induction, training, skills and experience

At our last inspection staff did not receive appropriate support, training, supervision and appraisal to enable them to carry out their duties. This was a breach of regulation 18 (staffing) 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 18.

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with mental health needs and alcohol and drug addiction.
- The service offered a range of ongoing training to ensure staff continued to develop their skills and knowledge. Training was refreshed regularly so staff would be kept up to date with best practice and guidelines.
- Staff received regular supervision and appraisal to support them to fulfil their roles and develop their skills and knowledge. One staff member told us, "We get supervision with either the manager or the team leader every few months. It is useful to discuss what's going on and ask for help if you need it."

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

- People had been assessed before they used the service or when their health needs changed. There was information in place about people's background histories and health conditions, with information provided by relevant health and social care professionals.
- People's mental health needs were assessed, and guidelines were in place for staff to follow when people had behaviours that challenged.

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

- People were supported to eat and drink food of their choice and maintain a balanced diet. Nutritional risk assessments were in place to identify any risks of malnutrition. Staff monitored people's weight to identify any changes or weight loss.
- People told us they planned the menus with staff so that they got the food they wanted. One person said, "Yes the food is fine, I can make my own if I want but we all choose the meals together. I have no complaints."

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

- The service took steps to ensure that everyone had access to the appropriate healthcare professionals. We saw some people had regular appointments with their GP, optician, dentist and chiropodist.
- Some people declined to attend some healthcare appointments but we could see that the staff continued to offer support and guidance around their healthcare needs.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked with the relevant health and social care professionals when applications were made to deprive people of their liberty. Their related assessments and decisions had been properly taken to ensure that people's rights were protected.
- We checked whether the service was meeting all the conditions specified in authorisations. One person's authorisation stated the person should be referred to mental health services for additional support for their mental health needs. We saw that the service had supported the individual to pursue the necessary referrals.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. One staff member told us, "We need to make sure people have the right information, so they can make decisions for themselves. We present options and always ask them what they want to do."

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

- The home was accessible to people who used the service and they had their own bedrooms with two communal bathrooms, a communal lounge and kitchen and a smoking room.
- The kitchen contained aids and adaptations to help people be as independent as possible in preparing and cooking food. This included equipment to help people reach the work surfaces so they could prepare food safely.

# 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 requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well and with respect and we observed positive interactions between people using the service and staff.
- Support plans contained information about people's religious and cultural backgrounds. Records showed that one person was not choosing to prepare food of their culture, but it was not clear if this had been fully explored with them. Since the inspection, the staff have discussed this again and there is now a plan in place to support them to buy and prepare some traditional foods at least once a week.

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

- Records showed that people were involved in making decisions about their care and support. People had been consulted about their care plans and risk assessments and had signed them to show their consent.
- Staff had daily discussion with people receiving care to help them plan their day and ensure they had enough support to do the activities of their choice.
- One relative confirmed although they were not always able to attend review meetings they were satisfied that the service kept them up to date about any changes through emails and phone calls. Another person had support from an independent mental capacity advocate as they had been assessed as lacking the capacity to consent to their care and treatment.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was maintained, and their dignity and independence promoted. Staff explained how they maintained people's privacy and dignity when carrying out personal care tasks. One member of staff told us, "I always knock on people's doors before entering and if we support them with personal care I always make sure I am careful so that no one else can see."
- People were supported to be as independent as they wanted. Risk assessments and guidelines were in place for a range of activities that people wanted to do independently. This included cooking, managing their own finances and accessing the wider community on their own.

# 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 requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people well and understood their needs and preferences. People were allocated keyworkers who took more responsibility in keeping up to date with key areas of people's care and support needs and communicating these to their colleagues and other professionals and family members. We saw evidence that people had regular meetings with their keyworker so they could discuss how they were and raise any concerns they had.
- Despite the range of meetings being held for people, goals and targets were not clear and people told us they did not feel they were being supported to progress and move on. We discussed this with the registered manager and they told us that they had arranged review meetings with social workers, so progress could be reviewed, and new goals set.
- Since our inspection, all people using the service have had a review and plans are in place to help them achieve their goals and aspirations.

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.

- People's communication needs were assessed and documented, and staff had a good understanding of how to meet these. One staff told us, "Each person is different, and we communicate with them differently. I know some people can say things in ways that sound harsh, but that's just their way. I don't take offense."

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

- Most people could access their local community independently. As part of their care and support staff encouraged people to take part in activities to improve their health and wellbeing.
- People took part in a range of activities including volunteering roles, adult education classes and attending the local gym. One person was being supported to observe their religious needs as they were visited by some members of a local church every week.
- Despite being independent some people still lacked positive relationships with people outside of their day to day care and support. One relative told us, "I think [my family member] needs more people to talk to really, especially when they get depressed."

We recommend the service develops more opportunities for positive social interaction for people from outside of their existing support network.

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

- People and their relatives did not have any concerns or complaints about the service. One relative told us they would feel confident speaking with the staff if they ever had any concerns.
- The service kept a record of all complaints including details of what action had been taken and the outcome of investigations. We saw evidence of one complaint in the last 12 months which had been responded and resolved to the satisfaction of the person.

#### End of life care and support

- The service was not providing end of life care at the time of our inspection.
- The service had not discussed people's end of life wishes or preferences for funeral arrangements. We discussed this with the registered manager and they have now consulted with people and supported them to devise a funeral plan which fulfilled their spiritual and cultural wishes.

# 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 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.

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

At our last inspection the provider had failed to notify CQC of certain events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service sent us all the necessary statutory notifications when notifiable events had occurred.
- Staff told us they were supported to carry out their role and understood when they needed to seek advice from a more senior member of staff. There was an on-call system in place so staff could get support outside of office hours if they needed.

Continuous learning and improving care

At our last inspection, the provider did not establish or operate effectively systems to assess, monitor and improve the quality and safety of the services provided, the risks relating to the health safety and welfare of services users and others, or maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good governance) 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 17. (you might want to add this in for a consistent approach)

- Monitoring and quality assurance processes were in place. The registered manager conducted monthly audits of the service and made action plans to address shortfalls. Audits looked at all aspects of the service including care plans and risks assessments, maintenance of the building and staff training and supervision records.
- Staff had daily handovers and monthly meetings to enable discussion of people's needs and ensure everyone was aware of any changes or significant events.

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, the provider had failed to display the ratings of the most recent inspection at their registered location and on the website maintained by the provider. This was a breach of regulation 20A (Duty of Candour) 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 20A.

- The provider's website had not been active for some time and there is no requirement to have an active website for the purpose of displaying inspection ratings. The service appeared on websites that were maintained by external companies and the inspection ratings were clearly shown.
- The inspection ratings were displayed in the service at the time of the inspection.
- The provider was aware of their responsibilities of making sure they were open and honest with people and their relatives. A relative said, "The communication has definitely improved. The [registered] manager lets me know what's going and keeps me informed."

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

- We received positive feedback from people and their relatives. People told us that the service was helping them manage their addictions. We received comments such as "I've been in lots of different care settings and this one is the best so far" and "I've kept straight for longer here than anywhere else."
- People told us that they had seen improvements to the service. Previously there had been a high turnover of staff but we could see evidence that this had improved with recent recruitment and the staff team was now more stable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in regular resident meetings to discuss the service. Staff also engaged with people on a regular basis as part of their keyworking responsibilities.
- Staff were positive about the support they received and felt part of the organisation. One support worker said, "It's been very good here, the management are very supportive."
- The service worked with relatives, social workers and independent advocates to help people achieve positive outcomes. We saw evidence that staff had suggested making referrals to other agencies to get further support for people in managing their mental health and addictions, but in some cases people had declined additional input.