CareQuality Commission

Mr & Mrs K Taylor

Collyhurst

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Collyhurst is a care home, providing support, personal care and accommodation for up to 34 people, there are 30 bedrooms in the main house and a further four bedrooms in the bungalow annex. Collyhurst provides care to older people, some of whom are frail and living with health care conditions. Care is provided over three floors in the main house and the bungalow, located in the garden. The basement and ground floor, in the main house, each has a dining area and a kitchenette. A large communal lounge is located on the ground floor. At the time of our inspection visit 27 people lived at the home.

What life is like for people using this service:
Individual risks to people's safety and well-being were assessed, recorded and reviewed. Overall, actions were taken to mitigate risks of harm and injury to people. However, some environmental risks had not been identified or actions taken to mitigate risks. When we pointed these out to the provider during our inspection, immediate actions were taken to reduce risks of potential harm or injury.
There were sufficient care staff on shift. However, there were insufficient hours allocated to housekeeping staff. This impacted on the overall cleanliness of the home and we found some areas where dirt, grime and spillages had not been cleaned. There were unpleasant odours in parts of the home.
People had their prescribed medicines available to them and were supported with these by trained staff.
Staff received an induction, training and support from within the staff team and providers.
People had their needs assessed before they moved into the home. People's plans of care were task focused and the provider told us about their plans to update care plans.
Staff were suitably skilled to meet people's day to day needs and protect people from the risks of abuse.
People had opportunities to engage in group activities, which reduced risks of social isolation.
People had access to healthcare when required.
People were offered enough food and drink to meet their dietary requirements. However, the lack of staff's organisation at lunchtime meant the mealtime was not a relaxed experience and people did not always receive support from staff in a person-centred way.
People made decisions about their care and were supported by staff who worked within the principles of the Mental Capacity Act 2005.
People and relatives described staff as kind and caring and 'Collyhurst' being a family home where they were happy.
The provider's quality assurance system did not consistently identify where improvements were needed, and did not always ensure people received a quality and safe service.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:
Regulation 17 Regulated Activities Regulations 2014 – Good Governance

Rating at last inspection: At the last inspection the areas of Safe, Effective and Well Led required improvements. Caring and Responsive were rated good. This gave the service an overall rating of Requires

Improvement. (The last report was published on 9 May 2018).

Why we inspected: This was a planned inspection based on the rating of the last inspection. The service continues to be rated as 'Requires Improvement' overall.

Enforcement: Action provider needs to take (refer to end of report).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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? The service was not consistently safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not consistently effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not consistently well led. Details are in our Well Led findings below.	**Requires Improvement**

Care Quality Commission

Collyhurst

Detailed findings

Background to this inspection

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

Inspection Team: One inspector carried out this inspection on 3 June 2019 and continued the inspection on 4 June 2019, when they were joined by 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.

Service and service type: Collyhurst is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did have a manager registered with the Care Quality Commission (CQC). The registered manager and deputy manager were husband and wife and were the providers of the home. They are legally responsible for how the service is run and for the quality and safety of the care provided. Throughout the report we refer to the owner managers as the provider.

Notice of inspection: The inspection visit took place on 3 June 2019 and was unannounced. We informed the registered manager we would return on 4 June 2019 to complete our inspection. We provided our contact details for night staff to send us their feedback if they wished to.

What we did when preparing for and carrying out this inspection:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we spoke with ten people and four relatives. We spent time with people in communal

area to see how staff supported them. We spoke with four care staff, the activities staff member, the cook, the housekeeper and the registered providers who are also the registered manager and deputy manager.

We reviewed a range of records. This included three people's care records, multiple medication records, food and drink and repositioning recording charts. We also looked at records relating to the management of the home. These included systems for managing complaints, checks undertaken on the health and safety of the home and staff training records.

We gave night staff the opportunity to give us feedback, which they did.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: People were not consistently safe or protected from risks of avoidable harm or cross infection. Regulations were met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
• People's needs had been assessed to identify any risks to their health and wellbeing, and staff knew people well and how to safely meet their care needs.
• The provider had not consistently identified environmental risks. For example, whilst most designated fire exits were fully accessible to exit in the event of an emergency, we found two exits were not because they had key coded locks. When we asked the provider to enter the key code to open the fire exit, the mechanism did not work, and the fire exit could not be opened. On the first day of our inspection visit, the provider took immediate action to ensure all designated fire exits were accessible to exit.
• One person was at risk of choking and staff followed the person's risk management plan, to ensure the person's fluids were thickened and their food was pureed. They sat the person upright to eat and observed them closely.
• Some people had been identified as at risk of developing sore skin. There was a low incidence of people's skin becoming damaged because staff acted to reposition people and used special equipment, such as airflow mattresses to relieve pressure. Daily checks were completed by staff to ensure mattress airflow pumps were set correctly so people received the desired pressure relief.
• Where people were at risk of falls, actions had been taken to reduce those risks.
• People had Personal Emergency Evacuation Plans (PEEPS) so staff and emergency services knew what level of support people required in the event of an emergency evacuation. A few people had changed needs and the provider had ordered evacuation mats and was in the process of updating their PEEPS.

Preventing and controlling infection:
• Care staff wore Personal Protective Equipment (PPE) such as plastic aprons and gloves when needed. However, the housekeeper who had cleaned toilets and later tidied a kitchenette did so without wearing protective aprons. They explained plastic aprons were too hot to work in, which we discussed with the provider who took immediate action to order tabards.
• The home was not consistently clean and odour free. A few bedrooms had a foul-smelling odour and some communal areas were dusty and had cobwebs. The housekeeper told us, "I do my best and work non-stop, but the home is too big for me to clean on my own, I can't always do the bedroom deep cleans." On the housekeeper's days off, care staff told us they did the basics such as "emptying the bins" but did not have time to deep clean the home.
• We found there were insufficient hours allocated to cleaning the home. We discussed the allocated cleaning hours of six hours for five days each week with the provider and they told us improvement would be made and more housekeeping staff recruited. The provider added that as a temporary measure, existing staff would be offered additional hours to support the housekeeper.

Using medicines safely:
• People had their prescribed medicines available to them and were supported to take them by trained staff.

• Since our last inspection, improvements had been made to the safe storage of people's topical creams, and records had been signed to say these had been applied to people's skin.

Staffing and recruitment:
• There were enough care staff on shift to safely meet people's needs. One senior care staff told us, "A few months ago, I spoke with [provider's name] and said we needed an extra carer on the morning shift because 11 people now need two staff to support them with some tasks. We had the extra staff member and since then it has been much better."
• Night staff gave us feedback, telling us they felt there were sufficient staff on the night shift.
• The provider's system for recruiting staff ensured staff's suitability to work there. Two staff files looked at showed required checks had been completed and one new member of staff confirmed they had to wait for their references and police check before they could start working at the home.

Systems and processes to safeguard people from the risk of abuse:
• Staff were trained and knew about different types of abuse. They knew how to protect people from abuse and were confident to raise any concerns with the provider. One staff member told us, "I would report it straightaway" and added that if no action was taken, "I would go to CQC or the local authority."
• The registered manager understood their responsibilities in reporting specific incidents to us and the local authority.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People had pre-admission assessments completed before they moved in, so the provider could be assured they could meet the needs of people who were new to the service.
• People had individual plans of care, which, overall gave staff the information they needed to meet people's care and support needs.
• Care plans were task based, however, staff knew people well and how people liked their needs to be met. The provider told us about their plans to review their care plan paperwork and hoped revised care plans would embed a holistic care approach with outcomes for people.

Staff support: induction, training, skills and experience:
• Staff received an induction and training appropriate to their roles.
• Following our last inspection, staff had completed training in diabetes and demonstrated a good knowledge of this and how to administer insulin injections safely.
• Overall, we saw staff used knowledge and skills from their training to do their job confidently and competently.
• Staff had regular opportunities to meet with the provider and discuss their training and development needs.
Supporting people to eat and drink enough with choice in a balanced diet:
• People were offered choices about what they ate and drank. The cook told us, "During the morning, I go and ask people what they'd like to have for lunch. I always do a bit extra of each choice in case people change their mind."
• We saw people were offered regular drinks and snacks, and people told us they had enough to eat and drink.
• People's weight was monitored, and the provider acted, for example, making referrals to dieticians when concerns were identified. Further plans to fortify milk added to people's drinks and cereals meant opportunities were taken to increase people's calorie intake when needed.
• Whilst staff supported people with their meal, this was not in a person-centred way. For example, one staff member moved from one person to another to give support rather than focus on one person at a time.
• Staff's organisation of lunchtime on both the ground and basement floor dining rooms meant people's lunchtime experience was not consistently relaxed or enjoyable. For example, staff called out loudly to people from the kitchenette rather than go to ask them if, for example, they would like gravy on their meal.
• We discussed people's mealtime experience with the provider who told us this did not meet their expectations. They assured us staff would be spoken with and guidance given about one to one assistance with meals and to ensure people's dining experience was more positive. The provider told us they would

observe and have greater oversight at mealtimes to staff focused on people's needs and not on tasks, such as washing up.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:
• People were supported to access healthcare professionals. One person told us, "I have my own doctor, the chiropodist comes every six weeks, I had my eyes tested last year and the dentist came a few weeks ago."
• Relatives felt they were kept informed about any changes in their family member's health. For example, one relative told us, "My family member was very ill and staff spotted [health condition] very quickly and got them straight to hospital. Their quick action was vital, my family member is back here now and well again."
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 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.

• Overall, people's capacity to make specific decisions had been assessed. For example, one person chose to smoke cigarettes and their capacity around this had been assessed and linked to a risk assessment.
• The provider told us about their plans to "update care plan paper work" and this would include more detail about what decisions people were able to make and when they needed staff support.
• Staff worked within the principles of the Mental Capacity Act and understood the importance of gaining consent from people. We heard staff explain to people what was happening, for example, when using equipment to transfer them.
• Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.

Adapting service, design, decoration to meet people's needs:
•The home was not purpose-built but had been adapted, and extended, to meet people's needs. A large area of first -floor corridor flooring had recently been replaced and gave a spacious feel. Further plans were in place to replace bedroom flooring. Some other areas of the home were worn and in need of refurbishment. For example, paint work was chipped and some communal tables were worn.
• The provider shared their refurbishment plans with us, telling us about plans to add a conservatory on to the communal lounge during 2019. The provider said redecoration would then be completed and people would be included in selecting colour schemes.
• On the first day of our inspection we saw one person eating their breakfast in the dining room surrounded by 11 empty wheelchairs. The provider explained storage space was limited and whilst people sat in lounge armchairs, there was little space to put their wheelchair. We discussed storage arrangements with the provider who suggested they designate an empty bedroom for equipment until they added a suitable storage area to the lounge. On the second day of our inspection, all equipment was stored in the unoccupied bedroom.
• There was limited signage in the home to help people find their way around. We discussed this with the provider, who suggested they would put people's names on their bedroom doors and add written and pictorial signage to support people to independently find their bedrooms.

Good

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

Good: People were well-supported, cared for and treated with dignity and respect. Regulations were met.

Ensuring people are well treated and supported; equality and diversity
• People and relatives made positive comments to us about the staff and described them as "caring and kind". People described themselves as being "happy" living at Collyhurst. One person told us, "I couldn't be happier." One relative told us, "The staff laugh and joke with residents, the staff are brilliant." Another relative said, "The interaction with residents is pretty good."
• We observed positive interactions between staff and people in the communal lounge and reassurances given to people when needed.
• When one person had pulled up their top because they were hot, a staff member gently encouraged them to pull this back down and offered them a cold drink, which the person said made them "feel better."

Supporting people to express their views and be involved in making decisions about their care:
• People had choices about where they spent their time and when they wished to go to bed.
• Relatives told us the providers and care staff kept them informed about their family member. One relative said, "They always phone us and let us know what is happening."
• The provider had introduced 'resident and relative' meetings during Autumn 2018 and showed us minutes from these. However, most relatives were not aware of these. The provider assured us they would display information about planned meetings, so people and their relatives could participate if they wished to.
• Staff understood their role to advocate on behalf of people. One staff member told us, "I'd speak up for residents if needed, if they needed something or something was upsetting them, I'd tell the providers."
Respecting and promoting people's privacy, dignity and independence:
• Staff supported people to maintain their appearance which promoted their dignity.
• Staff knocked on people's bedroom door and encouraged people to do what they could for themselves, promoting people to retain their skills.
• Staff ensured people had their walking aids close by so they could independently move about the home.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• People had individual care plans which provided basic information to enable staff to meet people's needs. The providers told us of their plans to "update" their care plans during 2019, so they were more detailed. The provider's explained this was in response to advisory feedback from the local authority's March 2019 visit.
• Staff knew people well and how to respond to their needs. One staff member told us, "I've worked here for years and many of the residents have been here a long time, so we know each other really well. It's like a family really. If I was unsure about anything, I'd check in their care plan or ask [Provider's Name]."
• People's pastoral care needs were met. The provider had developed links with local ministers and priests who visited regularly for those people who wished to follow their faith. People told us they enjoyed visits from the Salvation Army.
• Activities took place to reduce risks of social isolation. Most people told us the planned group activities met their needs because they also occupied themselves with their own hobbies. One person told us, "I knit, do my puzzles, read and do crosswords." Another person showed us their aircraft book collection and said they were happy to read, watch television, chat to others or join in when "a singer or entertainment was laid on." On the second day of our inspection, people joined in with a visiting singer. A few people felt, "There was not enough to do and more activities would be good." The provider told us they would look at ways to offer more, especially to cover the two days when the activities staff member was not on shift.
• A few people were cared for in bed due to their frailty and some chose to spend time in their bedrooms. Staff gave us examples of how they reduced risks of these people becoming isolated. One staff member told us, "I go and see [name] in their bedroom, they can't talk with me, so I chat about what song is playing on their radio. I hold their hand and just chat and they listen." One person who spent time in their bedroom said, "I don't want to join in the activities or go to the lounge, I prefer to stay in my bedroom."

Improving care quality in response to complaints or concerns:
• People and relatives had no complaints about the services they received. They felt the providers were approachable and felt able to raise concerns following the provider's complaints policy which was displayed.
• The provider's recognised they did not have an easy read pictorial complaints policy and assured us this would be put into place.

End of life care and support:
• Collyhurst did not offer nursing care for people reaching the end of their life. However, when people had lived at the home long-term and wished to remain there for end of life care, the provider met their wishes whenever possible. At the time of our inspection, two people were in receipt of end of life. Staff were supported in delivering end of life care by visiting healthcare professionals. Many people had decisions in

place as to whether they should be resuscitated in the event of a cardiac arrest. 'Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) records showed people's and their relative's involvement in decisions.

Requires Improvement

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

Requires improvement: Service management and leadership was inconsistent. Managerial oversight did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

• At our last inspection in May 2018, we found improvements were required in the provider's quality assurance systems. At this inspection, we found some improvements had been made. For example, the provider had implemented a Deprivation of Liberty tracking tool to alert them when renewals should be applied for. Systems to gain peoples' feedback had been implemented and positive feedback had been received about the food, following the provider acting to purchase a new oven.
• However, there had been insufficient improvements to ensure people consistently received a safe and quality service.
• The provider's environmental and health and safety checks had not identified issues we found to be of concern. For example, the exit of two designated fire doors were restricted by key code pads. No code was displayed, and the fire exits were not interlinked to the home's fire alarm system. The provider's checks and their external consultant who had undertaken a health and safety check during April 2019, had not identified these issues.
• In the ground floor open-plan kitchenette, a catering style open-rack toaster was located directly next to a dining table which people used for mealtimes. The provider had not identified the potential risk of burns posed to people sitting next to the toaster. During our inspection, the provider took immediate action to relocate the catering style toaster.
• We found rock grit salt was stored in an insecure, open container in the garden and no risk assessment had been undertaken to determine if this was safe storage for the people living at the home, a few of whom had some memory loss and may not have realised the potential hazards. The provider told us they would move the rock grit salt to secure storage.
• The provider's infection prevention and control audits had not identified issues we found. For example, we found grime and dirt in areas of the ground floor open-plan kitchenette. Spillages had not been cleaned and posed risks of cross infection to unsealed containers of biscuits, teabags and sugar which was stored on an open shelf under the sink unit. We showed this to the provider who disposed of items and requested staff clean the area. Consumable items were relocated away from the sink unit. A lack of designated time for staff to clean, increased the issue.
• A few bedrooms and communal corridor and toilet areas had a foul-smelling odour. This had been brought to the provider's attention in March 2019 during a quality monitoring visit from the local authority, however, the issues had not been resolved to ensure the home was odour-free.
• The provider had ensured individual actions were taken when falls occurred or when people had lost

weight, however, there was no overall analysis undertaken by them to give managerial oversight to monitor or take actions to reduce risks of reoccurrence.

The above concerns demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the above serious concerns related to fire exits with the provider on the first day of our inspection and they took immediate action. The provider arranged for an electrician to attend and undertake work to ensure the two fire doors were interlinked with the fire alarm system. This meant in the event of the fire alarm being triggered, the safety lock on the exits would fail and enable a safe exit outside. We observed this work was started on the afternoon of the first day of our inspection and completed on the second day of our inspection.

• Following our inspection feedback, the provider sent us a plan detailing what actions they had taken and also changes they planned to implement to ensure quality monitoring systems were more robust. The provider told us they were increasing hours allocated to housekeeping and cleaning to ensure the cleanliness of the home was maintained. The provider informed us they would not take any more admissions to the home until they were satisfied the required improvements had been made.

• Medication audits were undertaken and identified where improvements were required and these were implemented.

• People and relatives knew the providers, who were also the registered manager and deputy managers, and worked 'hands-on, in the home on a day to day basis. We saw people and relatives knew the names of the providers' and had relaxed conversations with them during our inspection.
• People and their relatives felt at ease with the providers. One relative told us, "They are very approachable and whenever I've raised anything, they have addressed it straight away, and it's not happened again."
• Staff were supported through team and one to one meetings. Staff said they felt well supported by the providers who worked at the home "nearly every day" and "didn't shut themselves in the office" but supported people as well. The cook gave us an example of a new oven recently installed and told us, "[Name] has worked with me so I got used to how it worked, it's digital and self-washing so quite different. Much better, but took time to get used to, I was well supported."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The providers both attended local provider forums where learning was shared.
• The provider offered opportunities to people and their relatives to give feedback and positive feedback had been received from the March 2019 feedback survey.
• The provider was in the process of establishing a 'Resident and Relative Committee' with a view to it being a means of sharing feedback. One relative told us they had been approached by the provider to ask if they would be involved in this.
• The rating from the provider's last inspection was displayed, as required, on the notice board in the entrance corridor of the home.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance **The provider did not consistently assess, monitor and improve the quality and safety of services provided. Risks relating to the health, safety and welfare of service users were not always identified or mitigated.**