

Ms K A Rogers

# Coldwells House

## Inspection report

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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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection was carried out on 13 and 14 January 2016 and was unannounced.

Coldwells provides accommodation and personal care for up to 33 people. At the time of our inspection there were 29 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People were treated with dignity and respect and had good positive relationships with the staff that supported them. They were supported by staff who were motivated and well trained. They said that staff were kind, knew their health needs and they received support when they needed it. There were staff who took the lead for various

# Summary of findings

aspects of the care and support that people received. This included areas such as dementia and nutrition. Medicines were managed safely and people received their medicines in line with their prescription.

People felt safe and knew how to raise concerns. Staff felt comfortable to raise any concerns about people's safety and understood about how to keep people safe.

People said that they were able to make choices about the food they wanted to eat. They told us that they enjoyed the food. Where additional monitoring and support was needed this was provided.

People had access to other health professionals and were referred to them by the registered manager if there were any concerns about their health needs.

People told us the registered manager, provider and staff were approachable, willing to listen to their views and opinions.

People were encouraged to be actively involved in the running of the home through regular meetings. They felt that if they had any concerns they were able to speak with the registered manager or provider.

Staff were well supported and had access to regular training and supervision. Staff felt that they were able to contact the registered manager or provider at any time if they had a concern.

There were a range of audits and checks to make sure that good standards of care and support were maintained. Feedback from the people and relatives was gathered on a regular basis and where any actions were identified these were actioned quickly.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were kept safe because staff knew how to keep people safe.

There were sufficient staff to meet people's health needs.

People were involved in managing the risks around their care and treatment.

People received their medicines safely and medicines were stored securely.

Good



### Is the service effective?

The service was effective.

People were supported to access different health professionals when needed. People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

Good



### Is the service caring?

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support. They felt they could make suggestions about their care at any time with the staff and the registered manager.

People were supported to have choice and to be involved in all aspects of their care.

Outstanding



### Is the service responsive?

The service was responsive.

People said that staff responded to their needs and if they had any concerns were quick to involve other professionals.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Good



### Is the service well-led?

The service was well led

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families.

Good



# Coldwells 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.

This unannounced visit took place 20 and 21 January 2016 by one inspector.

Before our visit we reviewed information we held about the provider including statutory notifications and enquiries relating to the service. Statutory notifications include

information about important events which the provider is required to send us. We also asked the local authority for any concerns or information relating to Coldwells. We did not receive any information of concern.

During the visit we spoke with eight people who lived at the home, seven relatives, ten members of staff who consisted of one activities co-ordinator, five care assistants, two team leaders, the registered manager and also the provider. We observed staff supporting people throughout the home. We looked at a care plan for nutrition, a falls risk assessment and an anxiety management plan.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I feel very safe here." A relative said, "I have never known a home that fills me with so much confidence that people are safe." People said that they were able to raise any concerns about their or other people's safety with the manager or provider and felt that they would be listened to. The people that lived there, relatives and staff all had the contact details of the registered manager, provider, CQC and the local authority and felt comfortable to contact them if they had concerns about people's safety. We found this information was also displayed around the home so that visitors would also know who to contact. Staff were able to tell us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. We could see that there were comprehensive systems in place to protect the people that lived in the home and to make sure that the relevant authorities were informed and swift action taken to keep people safe.

The people we spoke with told us that staff gave them the help and support they needed to keep safe. Upon admission people were allocated an initial contact member of staff who provided support in the early days before they were allocated a key worker. This aimed to help people feel safe and know who to talk to if they have any concerns. One person told us how staff had supported them to improve their mobility after some previous falls. They told us, "Staff have supported me and now I can walk around safely." We spoke with staff about this person and they showed that they had knowledge about the care plans and risk assessments for this person's mobility. What we saw matched what was written in the care plans. They were able to tell us about what support people needed to promote their safety. Staff told us that they helped and enabled people to maintain their independence rather than doing everything for them. Risks to people's safety had been routinely assessed, managed and reviewed.

People told us that there were enough staff to give them the support they needed. One relative told us, "The staff are very attentive and you never see anyone waiting for anything." Another relative told us how the staff were able to respond quickly if a call bell was pressed. We saw that this happen during our visit and we observed that staff were quick to respond and offer support. Staff were regularly spending time with people in communal areas of the home and we saw discussions taking place about how people were feeling, also other topics such as the day's news and general conversation. One staff member said, "This is a really important part of what we do here. Spending time with people gives you a chance to make sure people are safe and well." The registered manager and the provider told us that all shifts were covered by existing staff in the event of unexpected sickness and this meant they did not use agency staff. This ensured continuity of support at all times.

Staff told us that checks were made to make sure they were suitable to work with people before they started to work at the home. These included references, and a satisfactory Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions by preventing unsuitable people from working in care. Staff told us they undertook a structured induction programme, including shadowing experienced staff members, until they were confident and able. The provider told us that people met with new staff and were asked for their feedback on the suitability of the staff which was documented as part of the interview process. They told us that this helped to make sure people were right for the job.

People told us the staff supported them with their medicines. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

# Is the service effective?

## Our findings

People told us that they felt confident that staff had the skills and knowledge to meet their health needs. One person told us, “They [staff] are very good.” Another person said, “They [staff] are very brainy.” Relatives also told us that they were happy with the knowledge that staff had. One relative said, “Staff are very skilled and very professional.” A doctor also told us that they were confident that staff knew how to care for people and were able to pick up and follow any additional instructions or changes regarding a person’s support swiftly and accurately.

Staff told us that they had lots of training and they felt that the training was useful to the roles they did. We saw that the home had adopted a number of champion leads. These were staff who had been assigned to take the lead for a particular area of care. There were champion leads for continence, dementia, end of life care, infection control, nutrition, oral health and hospitality. We asked staff what this meant in practice and how it improved the care and support for people. They told us that the champion roles meant that they were able to attend additional training and workshops around the identified area of care and also to develop closer links with other professionals. Also they took the lead with staff and when needed provided additional training and support to staff. The staff we spoke with were positive about the champion roles and told us that if they had any concerns or questions they used them as a point of contact. We spoke with relatives about this and they felt that the lead roles had meant an improvement in communication and coordination in keeping up to date with what was happening regarding their relatives health and also meant better communication with external health professionals. We spoke with the dementia champion about the work they did. They told us how they had taken the lead in specific individualised work with people who were living with dementia. One example they talked about was a person who had become fixated on a particular colour. They told us that by working with the family they had identified that the colour had significance because it was linked to the person’s previous occupation. They had then put in place changes to the décor and colour of objects that the person used for both personal care and any activities and they found that this had improved how the person engaged with

their support. We spoke with the family about this and they told us that they felt that this had improved their relative’s quality of life and had meant that they were now doing more things than they had previously been doing.

The provider told us that they were always looking for ways to improve the care they provided and some staff had just been accepted to take further training to become approved practitioners. This was an initiative supported by the Skills for Care organisation that provides national standards based training in the health and social care fields. The role in Coldwells was being developed to support team leaders to have further training to enable them to do areas of care such as changing dressings that would ordinarily need the input of a district nurse. The provider told us that this would mean that care would be delivered more quickly as people would not have to wait for a district nurse to attend. Staff we spoke with were positive about this new role. It is currently in the early stages, so we were unable to comment on its’ effectiveness.

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 told us that they were able to make choices and that staff respected their wishes. One relative said, “There is no question that people do not get choice.” All the relatives we spoke with told us that they felt that staff gave time to make sure that people’s wishes were respected. We saw examples where people chose what they wanted to eat and drink and when they wanted it. People were able to express what they wanted to do and staff provided the support people needed to enable them to do it. For example some people had chosen to do some crafts. Staff were quick to make sure that people had the materials and support to do this. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and

## Is the service effective?

legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented including the involvement of the person themselves in this process. At the time of inspection no DoL applications had been made.

People told us that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Menus were available in large print written format and also as pictorial menus. Where people needed extra support with their meals this was offered. We found that mealtimes were a relaxed and positive time with staff laughing and chatting with people. Where needed we found that the nutrition champion had placed additional nutrition monitoring in place for people where there were concerns about weight loss. When we looked at one person's care

records relating to their nutrition we found that following close monitoring, liaison with the doctor and the use of nutritional build up drinks, the person had gained weight and their health had improved.

People told us that they felt involved and up to date with their health needs. They told us that they were supported by staff to maintain good health and access to other health care services. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example a relative told us about how their family members health had deteriorated, and how staff had supported the person with appointments with doctors and nurses. They told us that they had been kept up to date with all of the changes to the care and support and how as a result the person's health had shown signs of improvement. They told us, "All of the staff, the manager and the owner all pull together to do what's needed to keep people healthy." Other people that we spoke with told us that if they needed to see a doctor and appointment would be quickly arranged. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.





# Is the service caring?

## Our findings

The people that we spoke with were very positive about the staff and told us that they were all kind and helpful. One person said, "They [staff] are so lovely." The environment was relaxed with conversations between staff and the people we saw and heard lots of laughter and friendly banter. We saw that people were happy when talking with staff. A doctor that we spoke with told us about how kind and caring they had found the staff. They went on to tell us that the service is a, "Cut above anything else that is out there." Relatives told us how they found staff were approachable and had good relationships with the people that lived there.

A relative told us about their family member who had just spent their first Christmas in the home. They told us that when they told the provider that the person was always the main host of a large family meal at Christmas. The person was supported to develop a menu and make invitations for over 20 family members to the meal and to decorate the dining room. Some staff stayed extra time to help and a special Christmas meal just for the person and family was arranged. They told us that the provider had, "Gone out of her way to make it special experience." The provider told us that following the success of this they had already done other meals and special lunches for people and their families and were planning more.

People felt that staff showed an interest in them as individuals, and felt that their interests and views were respected by staff. They felt empowered and encouraged to express their views and to be actively involved in shaping the care and support that they received. There were regular meetings between the people and their key workers. One person told us, "We can moan if we want to. They will always listen, but for me it is a chance to say if I want anything." One staff member told us, "We [staff] all try our best to make sure that people have choice and control of their care." Staff told us they did this by spending time with the person and understanding the way that they communicated individually. One example a staff member

gave us was a person who would become anxious if a person went straight up to them and gave them lots of different choices and options. They told us that by knowing the person they would take time to sit with them and explain what choices they had. The staff member said this had meant that the person was able to be involved and make choices regarding the support they had. All of the staff that we observed and spoke with demonstrated that they were motivated to do the best that they could for people. We saw that at all times staff listened to and involved people in their care.

We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before going into their room and that they addressed people by their preferred name. Where care was given this was done in a way that ensured the person's privacy was respected. For example we saw that when people asked for help with their personal care, staff were discreet with their assistance. Staff told us that they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting. Staff told us that they attended frequent training and workshops around promoting dignity and respect and also about equality. There were regular meetings for the people that lived there and different people took turns to be a dignity lead. In this role they would meet with staff and with the residents to make sure there were no issue regarding dignity and respect in the home. The people that we spoke with were positive about the regular meetings. We could see that some of the things that had been raised by people and actioned had included people having do not disturb signs that people could put onto their doors and also we could see where staff had been reminded to ensure that curtains were closed in people's rooms at times of care being given. A relative told us that when their family member had become unwell the provider had cared for the whole family. Relatives who had to travel were provided with accommodation and food while they were visiting. They said that the provider had treated the family with dignity and respect and given continual support throughout their family members illness.



# Is the service responsive?

## Our findings

People told us that they felt that their care and support was tailored around their individual needs. We saw an example where staff had identified that a person who was visually impaired liked audio books. We spoke with this person and they told us that staff regularly got audiobooks from local shops and the library for them. We spoke with the family and they told us, "Staff gear the support totally to the individuals." They then told us how staff had changed the timings and routine of care and support to reflect what they had previously been used to. We found that staff took time to get to know people's individual likes, dislikes and support needs. Staff had completed life story books with people that lived there. Although there was already information in the care records about what people liked or disliked and what interests they had, staff told us that the life books meant that by spending time with the person themselves as well as their family a more complete picture of the person could be gained. We looked at one life book and saw that information about the person's history had started to be gathered. Staff told us that they had already started to do some reminisce with the person about her past occupation. The relatives of this person told us, "This work is really important and has been so nice for [person]. All of the staff see the people there as people first rather than someone who just has dementia."

People were doing various activities during the days that we visited. Some people were doing a quiz that was hosted by a member of staff. One person said, "I look forward to the weekly quiz, it keeps me thinking." We saw that other people were doing arts and crafts and some people were sat with staff talking about families and current events. One person told us, "There is always something to do or someone to talk with." Staff told us how the registered manager placed importance on keeping people's minds active, and how spending time with individuals was encouraged. The provider told us how this approach kept people well for longer and slowed the deterioration of a person's health.

People told us that they felt they were able to express their views. There were regular meetings inviting people to discuss any concerns and also to provide ideas and suggestions to the registered manager. Often these meetings were chaired by the people that lived there. These meetings included discussions about what people would like to do, food, and any comments or concerns regarding their care and support. One of the actions that had come from a meeting was the updating of the information on who to contact and how to make a complaint, this included the contact details of the manager and provider and also details on who and how to make a complaint. This had been re-written to reflect the suggestions that people had made. One member of staff told us, "People are fully involved in their care and support."

People said that they would raise any concerns with the staff or the registered manager and felt that they would be listened to. One person told us, "Any worries you can speak to the staff." A relative told us, "I've had no complaints but I know [registered manager] would listen and put it right straight away." We saw that the provider had a system in place for dealing with complaints but there had not been any recent concerns raised.

People told us that if they became unwell or if their health needs started to change staff were quick to respond. We also found that staff monitored people's health if they had any concerns and took appropriate action. For example by regularly monitoring the amount of falls individuals were having, any concerns triggered referrals and appointments with other health professionals. One person had seven falls in one month, as a result the registered manager had contacted the doctor. After a review a specialist chair and pressure mat had been put in place. This had reduced the number of falls this person had to one the following month. For people that had difficulty sleeping the home had a night time lounge which provided dimmed lighting, footstools, blankets, calming music and aromatherapy.

# Is the service well-led?

## Our findings

The registered manager told us that the vision for the care was to, "Provide people with the opportunity to live a fulfilled life." All the staff that we spoke with were motivated to provide the best level of care that they could. The provider told us that their approach to providing high quality care and support had gained national recognition through them being awarded the Outstanding Contribution Award at the Great British Care Awards 2015 for their contribution to care.

People that we spoke with were positive about the service. One relative said, "This home is run in the best way that I have come across." A doctor that we spoke with said, "Without question the care surpasses any other home in the area."

People told us that they could talk to the registered manager at any time and also to the provider if they felt they needed to. The provider told us that their contact details are made available for all staff and the people. Messages could also be sent anonymously to the provider to alert them if there were concerns. Staff told us that they did not have any concerns at present but felt sure that if they did the registered manager and provider would listen and respond straight away. Staff were aware of the whistleblowing policy and said that they would feel supported by the provider if they ever had to whistle blow. The registered manager told us that the provider took a very active part in the running of the service and would take swift and direct action if concerns were identified.

Staff told us that they had regular supervision and felt well supported both by the registered manager and also by the provider. There were also regular staff meetings. Staff told us that these meetings were useful as it gave the

opportunity to talk openly with the registered manager and where any actions were identified or suggestions made these were listened to. They told us that there was an open door culture where they were able to speak with the manager straight away if they had any concerns. One staff member said, "You really get a sense of teamwork working here."

The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role. They told us that there were a training manager, Hospitality manager, quality manager as well as team leader roles. The registered manager told us that regular meetings ensured that they could be kept up to date with what was happening in the service.

The provider and registered manager had a comprehensive quality assurance system in place. This included regular feedback from relatives and the people that lived there and regular checks and audits. Audits were carried out each month which included gathering information about the amount of falls, weight changes and pressure area care. The provider and registered manager also did unannounced night visits. They said that the purpose of these visits were not to catch staff out, but to check with residents and staff whether there were any concerns. We could see where actions had been taken as a result of the checks and audits.

The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.