Colin Limited

Colin Care Home

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced inspection on 30 December 2015.

Colin Care Home provides accommodation and personal care for up to four people with mental health needs. Four people were using the service at the time of the inspection. The care home is a detached two-storey property located on a residential road, close to local amenities.

The service has a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service. People were protected by the provider's robust recruitment procedures. The service had enough staff to meet people's needs and keep them safe. Staff received safeguarding training and understood the procedures to follow should they suspect abuse.

People's risks were assessed and plans to manage risks were regularly updated.

Summary of findings

Medicines were stored safely, administered in line with care plans and recorded correctly. Medicines procedures, records and balances were subject to frequent audits. People were supported to access healthcare services.

Staff received the training, appraisal and supervision they required to meet people's needs effectively. People's needs were assessed prior to admission and reviewed with their participation. People's consent to care and treatment was sought in line with legislation.

People's dignity and privacy were respected and staff promoted independence through skills teaching. Care plans were detailed and reflected people's needs and aspirations. People's views and those of their relatives were actively sought and acted upon. People participated in activities of their own choice. The provider supported people to meet their cultural needs.

The registered manager provided staff with a clear vision of how to deliver care and support to people. The service had an open culture and staff were encouraged to share their ideas for driving up improvements.

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 told us they felt safe.

Risks to people were assessed and managed in a way that maintained independence.

Staff understood how to safeguard people and received training to do so.

People's medicines were stored, administered and recorded safely.

Good

Is the service effective?
The service was effective.

Staff received training and supervision to provide people with effective care and support.

People's consent was obtained in line with legislation. Staff understood their responsibilities in relation to the Mental Capacity Act 2005.

People were supported to meet their nutritional needs and had choices in the food they ate.

Good

Is the service caring?
The service was caring.

Staff knew people well and promoted their independence.

Staff treated people with dignity, kindness and respect.

People's cultures were recognised and staff supported people to participate in them.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed to ensure their needs were planned around and fully met.

People were involved in developing and reviewing their care plans which were detailed and personalised.

Good

Is the service well-led?
The service was well-led.

The service had a registered manager who provided good leadership and a clear vision for staff.

The staff felt well supported and encouraged to develop. An open culture existed within the service.

The provider maintained robust quality assurance processes to maintain standards and drive up improvements.

Good

Colin Care Home

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 inspection took place on 30 December 2015 and was carried out by one inspector.

Prior to the inspection we reviewed the information we held about Colin Care Home, including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information to plan the inspection.

During the inspection we spoke with three people, three staff and the registered manager. We reviewed documents relating to people's care and support. We read the care plans, risk assessments, medicines administration records and health records of each person. We looked at documents relating to staff and management. We read personnel files, training records, supervision notes, shift rotas and team meeting minutes.

We read the provider's quality assurance information and feedback from surveys of people, their relatives and staff. We undertook general observations of interactions between people and staff and we looked at the environment. This included the communal areas of the home and, with their permission, two people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe now I'm here. I know I wasn't before I came here and that was scary but I have been safe ever since I moved in and I am thankful." Another person told us, "I definitely feel safe."

People were protected because staff were knowledgeable about the types of abuse they were at risk from. They understood the providers safeguarding procedure and their responsibilities within it. One member of staff told us, "My role is simple if I suspect abuse I report it, even if I am not one hundred per cent sure." Another member of staff said, "I would immediately report suspected abuse to the manager and he would report it to the local authority and CQC."

Staff received both online and classroom based safeguarding training. Records showed that safeguarding was discussed in team meetings and supervision. For example, records showed one member of staff was enrolled onto an online safeguarding training course after they unsuccessfully responded to questions about safeguarding from the registered manager during a supervision meeting. This meant the provider took action to ensure all staff had the confidence and ability to keep people safe.

People were supported with a range of personalised risk assessments which encouraged independence and positive risk-taking. A member of staff told us, "When [person' name] experienced a number of falls they still wanted to go out unsupported. We worked with health colleagues and eventually came up with a solution". A number of risk assessments were completed with social workers and mental health professionals to ensure plans guided staff how to keep people safe.

People were supported to manage risks associated with their epilepsy by the use of specialist monitoring equipment. Staff received training in the management of epilepsy and the provider had clear guidelines on the maximum duration of seizures a person could experience before an ambulance was called. Care records showed a person was supported to go to hospital after experiencing a cluster of seizures in line with their care plan.

People told us there were enough staff available throughout the day to meet their needs. One person said, "If I plan an activity with the staff they always do it. When I want a chat with the staff we do it anytime." Another person said, "There are always staff around to support me." At the time of the inspection there were no staff vacancies. The manager told us, "We have a full complement of staff and we haven't used agency staff in two years." Staff explained how their numbers on shift were increased to support people to attend appointments and participate in activities.

People were protected against care and treatment being provided by unsuitable staff. The provider ensured that recruitment processes were robust. One member of staff told us, "I couldn't wait to start working here but I had to wait for all my checks to be done first." We reviewed staff records and found that each contained evidence of pre-employment checks, right to work permission, two references and detailed employment histories. Staff were also subject to screening by the Disclosure and Barring Service (DBS) prior to starting work. The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults. This had enabled the provider to make safe recruitment decisions.

People received medicines safely. Medicines were stored safely in a locked medicine cabinet in the staff office. Medicines for each person were stored on separate shelves and each monitored dosage system pack had the person's photograph on the front of the tray. Medicine administration record (MAR) sheets were completed by staff and audited by the registered manager each weekly. We reviewed MAR charts for each person and found no discrepancies. This meant people were receiving the right medicines at the right time.

Staff were aware of the procedures to follow in the event of an emergency to keep people safe. Each person had their own personal emergency evacuation plan (PEEP). One person's PEEP noted that they did not respond to fire alarm tests or cooperate with fire evacuation drills. The risk was managed by guidelines directing staff to inform the emergency services during an initial call and when they arrived on site.

The provider carried out frequent environmental, health and safety audits and acted when shortfalls were evident. Records detailed when staff identified and reported required repairs and the dates on which they were completed. One member of staff said "We are continuously looking at everything to make sure everyone is safe. We

Good

Is the service safe?

check the building and the water temperature. When we mop the floor we put up a sign so people can see the surface is slippery and don't have an accident." Another member of staff told us, "We are safety first. For example we are always checking the use by date of food in the fridge." A local authority food hygiene inspection report said, "There is a well-documented food safety management system [in the care home]".

Good

Is the service effective?

Our findings

People told us the staff supporting them had the skills to do so effectively. One person told us, "I have a lot of issues going on and it can be hard. But you know what? The staff are up to speed on all of them. So we can talk about what I'm going through whether it's operations or psychiatrists and they understand." Another person said, "They [staff] get training, they write reports and they go to meetings with me. It's obvious they know what they're doing."

New members of staff completed an induction programme before they worked directly with people. One member of staff told us, "The induction process was excellent. It covered everything from the specific life histories and needs of individual people to medicines, payroll and where the water cut-off was." This meant staff were familiar with the needs of people and the environment in which they were supporting them before becoming a full member of the team.

People were supported by staff who received on-going training to ensure their skills and knowledge were up-to-date. Training included mandatory sessions as well as developmental courses. One member of staff told us, "The NVQ Level 3 in Health and Social Care has been really helpful in giving me a solid base of knowledge. I think the manager helps me build on it with the courses I do. I recently did training on epilepsy and seizures which has given me a lot of confidence to support people. The medicine training was crucial because we are often lone workers."

Records showed the registered manager held regular one to one supervision sessions with staff to discuss how people's needs were meet. Staff told us supervision was used to discuss the delivery of care and support to people and the skills needed to do so. One member of staff said, "I told the manager that I didn't really have much knowledge about dementia. So he explained the basics to me and booked me onto a training course. That has given me a great insight into some aspects of people's care."

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). These are legal processes to ensure that people receive care and support in a way that does not inappropriately restrict their freedom. One person was supported to access the court of protection. This followed a mental capacity assessment to support them in an area in which they lacked capacity. All staff had received training around the MCA and DoLS. One member of staff told us, "Our starting point is we always assume people have capacity to make choices. If we think otherwise we refer to social services for a capacity assessment."

People had choice about what they ate and drank and when. People told us they were satisfied with the food they received. One person said, "The food is good. I can't complain." In one person's care plan we noted a recommendation from the dietician to reduce their intake of fatty foods and sugar. This was reflected in menu options. Another person was supported in their choice to abstain from eating pork for religious reasons. We observed people being offered a choice of lunches and one person making their lunch independently. Staff offered one person a fortifying drink supplement along with their meal in line with their care plan.

People were supported to access healthcare services as their needs required. Staff provided people with the level of support they wanted to facilitate appointments. One person told us, "Staff arrange appointments for me. They come with me to important ones but I go to the GP and the local ones by myself". Another person said, "Staff go with me to my health appointments and they ask the questions that I don't remember to". Care records showed people were accessing local community based services as well as specialist and hospital based services in a timely manner.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and supportive. One person told us, “This is the best place I’ve ever lived in. The staff are really good guys and they have encouraged me to come along such a long way.” Another person said, “The staff are trustworthy. That is important. They are good for their word. They never promise what they can’t deliver so you know where you stand.” The relative of a person told us, “The staff do seem caring and empathetic and genuinely want the best for [person’s name].”

People were treated with dignity and respect. We observed a person being asked if they would like to take their medicine and whether they would prefer to take it in the office or their bedroom. People told us they had choices and made decisions about the support they received. One person told us, “The staff ask me what I want to do and where I want to go and if I want them to come with me”. Another person said, “The staff make lots of suggestions to me but I only choose what I’m ready to do and they agree.”

People’s privacy was respected. One person told us, “I have my own room. I have my own key. I’m free. No one trouble’s me in my room.” Another person said, “I like my room . It’s my room and I have it just as I want it. No-one goes in without my say so.” We observed staff knock on people’s doors and wait to be asked to enter before doing so. We saw staff speaking with people in a polite and friendly manner.

Staff promoted people’s independence through self-advocacy and skills teaching. One person said “I am independent. I don’t need help. I need support. Staff provide that, so I’m moving in the right direction. I wouldn’t stand for people talking for me and staff here don’t try to.” A member of staff said, “We encourage and support people. Where people can’t do things for themselves we support them to develop their skills.” We read one person’s skills teaching programme for going to a local shop independently and how it was planned and achieved through gradual steps over a two month period.

People received support to maintain and participate in the aspects of their culture they chose to. Care records included social histories and cultural preferences. One person’s care plan explained the literal meaning of their name in the person’s first language, how to access television channels from their country of origin and traditional dishes they enjoyed eating.

Good

Is the service responsive?

Our findings

People received care and support specific to their individual needs. Care records detailed how staff should support people and what people's preferences were. People's needs were assessed prior to moving into the care home and were reviewed and updated regularly

People and their relatives told us they were involved in the development and review of care plans. One person told us, "I am very much involved in my care plan and risk assessment and I would definitely say a lot of good comes out of it. We change it up quite a bit. It's uplifting to see my successes and see how far I've come." A relative told us, "It is very positive to see so many contributing to support planning and setting goals." A member of staff told us, "People's care plans are crucial. We work with people, their families, social workers and mental health staff to ensure they are meeting people's needs and are accurate." This meant the provider was able to respond to people's changing needs and preferences for support.

People were supported to choose the activities they planned to participate in and this was reflected in their care records. One person attended floristry and IT classes at college initially with staff and eventually independently. Another person told us, "I prefer different things not planned things. So maybe I go to the cinema or I play dominos. I plan nearer the time and talk to staff." A staff member said, "People here enjoy doing various things and need varying levels of support. So a recent day trip to Brighton required staff assistance but to play on the homes' piano doesn't need any." Care records showed that when one person found a college course too challenging, staff supported them in meetings with their tutor and eventually to enrol on an alternative course.

People were asked for their views of the support and care they received. This was done in residents meetings, one to one meetings with staff and through a service user and advocate survey. One person told us, "We discussed the household food shopping list and proposed that it be much more detailed and specific. It's much better shopping now and the staff don't need to be involved as much." Another person said, "They [staff] asked me so I told them I wasn't happy with my room so they redecorated it. It's better. When I asked for more shelves I got them." This meant the provider acted on people's feedback.

People we spoke with told us they knew how to make a complaint. One person told us, "If I wasn't happy I would tell one of the staff or the manager. I can write it down too." Staff we spoke with understood how the complaints procedure worked. No complaints had been received by the service.

Good

Is the service well-led?

Our findings

At the time of the inspection the care home had a registered manager. People, their relatives and staff knew the manager and shared the view that he was open and approachable. One person told us, “He is friendly and makes the time to talk.” A relative said “He is always approachable and keen to share how things are going for [person’s relative].” A member of staff said, “He is open to suggestion and new ideas which is really very positive.”

Staff told us they felt informed and well supported by the manager. Notes from regular team meetings showed staff were provided with the opportunity to raise any concerns they had and contribute ideas about how the service could improve. One member of staff told us “The team meetings are very open. We all feel free to say what we think and that contributes to some good discussions and agreed decisions.” Another member of staff said, “We discuss topics in our meetings, like complaints and why they are a good and not a bad thing as they encourage us to think about what we do and do it better.” Minutes from team meetings were available for team members who had not attended the meeting.

The provider operated a robust quality assurance system to continuously improve the care and support people received. The registered manager told us, “We have regular planned auditing of documentation, the environment and care quality as well as spot checks. These highlight shortfalls which we can rectify early, training needs for staff and where good practice can be shared.” The manager shared his analysis of completed audits at team meetings. This meant the team was kept informed of people’s satisfaction and staff performance.

The manager monitored staff training to ensure their skills and knowledge were up to date. Their understanding of good practice was routinely tested in one to one meetings. The manager maintained a record of when staff training was undertaken and when refresher training would be required. Staff informed us the training they received enabled them to meet people’s needs.

Staff told us they were clear about their roles and responsibilities. One member of staff told us, “We provide support to help people stay safe, maintain good health and regain their independence”. Another member of staff said, “Whether I’m a shift leader or lone worker my priority is communication with people, colleagues and my manager. I write what I plan and I write what’s been done.” The manager said, “Our expectations of staff are made clear right from induction. We reinforce this in supervision and team meetings.” The manager demonstrated a clear understanding of their role and of the provider’s values and vision.

Staff maintained accurate records of people’s accidents and incidents. These were analysed by the manager who subsequently updated care records to reflect changes to people’s needs and risks. This meant action was taken to prevent the recurrence of events placing people at risk.

The service worked in partnership with health and social care professionals. The manager and staff regularly sought advice from social workers, psychiatrists, community psychiatric nurses and physiotherapists and arranged appointments for people to meet with them. The input of health and social care professionals was reflected in people’s care plans and positive.