

Dignus Healthcare Limited

Colliers House

Inspection report

568 Woodway Lane
Coventry
Warwickshire
CV2 2AF

Tel: 02476617088

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Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Colliers House is a care home which provides support for up to 12 people. At the time of our visit, 11 people were using the service. These are young people with complex physical needs, learning disabilities and autism. Colliers House comprises of three adjacent large properties situated in a residential area and people live in flats within these.

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

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were caring in their approach and had good relationships with people. Promoting independence was a core goal of the service and people were encouraged to improve their daily life skills to develop further.

There were enough staff to ensure people were safe. Where risks associated with people's health and wellbeing had been identified, plans were in place to manage those risks whilst ensuring people could remain independent.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns. Systems were in place to ensure any potential safeguarding concerns were prevented.

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

People received care which was responsive to their individual needs. Staff knew people well and had a good understanding of how to support them. Care records provided staff with person centred information in relation to people's backgrounds, interests and individual health needs.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The provider and staff team worked with external healthcare professionals to ensure people's health and wellbeing was maintained.

A registered manager was in post. Positive feedback was received in relation to the management of the service and the improvements that had been made recently. People and staff were actively involved in, and had opportunities to feedback about, the running of the service.

Quality checks were carried out to monitor the service, and some identified where improvements could be made. However, some checks had not been completed correctly by staff which meant opportunities to improve care could be missed.

Medicines were administered correctly, and staff had received training in relation to this, however improvements were required around some of the systems and audits.

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

Rating at last inspection

The service was rated as Good (published 4 May 2017).

Why we inspected

The inspection was prompted in part due to concerns received about poor staff practices. A decision was made for us to inspect and examine those risks.

The inspection was also prompted by notification of a specific incident following which a person using the service died. The information CQC received about the incident indicated concerns about the management of choking risks. This inspection examined those risks for people currently using the service, however we found no evidence during this inspection that people were at risk of harm from these concerns.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

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 well-led

Details are in our well-led findings below.

Good ●

Colliers House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by three inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They had been registered since February 2019.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the 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 safeguarding concerns.

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 requested feedback from the Local Authority quality monitoring officers. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service, some people were able to tell us more about their experience of living at the home, than others. We also spoke with two relatives over the telephone and obtained feedback following our visit from one professional. We spoke with two support workers, a team leader, the deputy manager, the registered manager and the operations manager. We reviewed a range of records including all or part of six people's care records, two financial records and one medication record. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We looked at four staff files to ensure staff had been recruited safely.

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 Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk's associated with people's health and wellbeing had been identified, assessed and documented. One person tried to leave the property unsupervised at times and staff had worked with professionals to devise a risk assessment plan to support them, whilst keeping them safe.
- Staff had been trained in fire safety and regular fire alarm tests and drills took place. Personal emergency evacuation plans documented how people should be supported in the event of a fire and staff knew about people's needs in this situation.
- Staff told us people were safe. One staff member said, "People are safe, they are generally all happy to be here. There is always staff around in the flats, doors are coded, and we have a strong signing in policy for visitors. Staff are respectful of people." An on-call system ensured staff could contact managers for advice and support out of office hours.
- Safety checks were completed in relation to the environment. A lock was broken on the laundry door which meant there was a risk laundry products could be accessed by people. The registered manager asked a staff member to arrange for this to be repaired by the maintenance person during our visit.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at the service. One relative told us, "[Person] is very safe in Colliers House and I trust them."
- The provider's policies and procedures provided staff with guidance on how to keep people safe. Staff were confident of actions to take should any concerns be raised about possible abuse. One staff member told us, "If a situation occurs, we would document this and raise it with the team leader or go straight to the manager. I have reported issues here and I have been very happy with how they were dealt with." Another staff member told us should they have any concerns they would be confident to raise these externally to the local authority if required.

Staffing and recruitment

- People were supported by enough staff to meet their care needs. Some staff told us sickness could be an issue at times with staff absence, however they had bank staff, (staff employed as and when required) who could sometimes cover this.
- A call bell system was in place in flats for people to request staff support. Care was provided based on people's assessed needs and people received support from one or two members of staff as required.
- There were some staff vacancies, and recruitment was on-going. The management team accessed 'job shop' care events to ensure opportunities for staff recruitment were maximised.

- Staff recruitment included relevant checks to ensure all staff were suitable to work with vulnerable adults. Staff were unable to start work until these checks were completed.

Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. One person told us about the exact times they received their medicine each day.
- Some checks on medicines did not accurately identify issues. For example, we found one medicine stock count completed by staff was incorrect. The deputy manager identified where this had been totalled incorrectly and confirmed this would now be addressed.
- Medicines were stored correctly overall however some staff we spoke with were not clear about medicine storage temperatures. The registered manager confirmed staff would now receive further training in this and systems for recording temperatures would be improved.
- Protocols were in place for the administration of medicines taken on an 'as required' basis so staff were aware of how to manage these medicines safely.
- Staff were trained to administer medicines and competency checks were carried out to ensure they remained safe to do this.

Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks including wearing personal protective equipment such as gloves and aprons when providing care.

Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were analysed to identify any themes or trends and then action taken by staff to prevent reoccurrence. For example, it had been identified that a person's behaviours changed following their family visiting, so staff were now providing the person with further support at this time.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service.
- Staff completed the necessary training to enable them to carry out their roles, for example, first aid, epilepsy and autism awareness. Training was monitored by the management team.
- Staff were trained to support people safely if they displayed behaviours that challenged others. The registered manager also trained other staff across the group in intervention techniques.
- Staff were supported with health and social care qualifications and some staff had completed the Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A daily handover of important information took place between staff when shifts changed, so staff were up to date with any changes to people's care 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care. One staff member told us, "MCA is about if people are able to make their own decisions. For some people assessments are completed and a DoLS is in place." A system was in place to ensure that DoLS were correctly authorised and monitored.

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

- People's needs were complex, and care and support was provided in line with current guidance.

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

- People were supported to prepare meals and drinks in line with their needs and choices. One person told us, "I like the food, sometimes I get a Chinese takeaway." Another person was provided with a specialist cup for drinks.
- Specific dietary needs were catered for and staff were aware of these. One person had previously been at risk of weight loss, however, this had now improved since living at the service, so prescribed food supplements were no longer required.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated with other agencies such as the local authority and health professionals including dietitians, speech and language therapists and community learning disability nurses when required. Staff told us appointments were arranged for people as soon as possible, for example, if someone needed to see the GP.
- Advice given by professionals was documented by staff and followed. One professional told us, "They have been absolutely brilliant in meeting (person's) needs, they have been incredibly flexible and worked closely with us."
- Important information had been documented for staff to give this to the ambulance service should a person be admitted to hospital in an emergency.

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

- The premises was adapted to ensure people's safety. People had personalised their rooms to their individual tastes.
- People were involved in creating a themed display board in one kitchen area, and this was currently decorated for Halloween.

Supporting people to live healthier lives, access healthcare services and support

- Checks of people's weight and other health checks were completed to ensure people remained healthy.
- Care plans provided information of the support people needed to maintain good oral hygiene.
- Following a past incident, one person could feel unhappy at times and staff had helped them to access some support in relation to their emotional needs.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were happy living at the service and told us staff were caring. We observed some positive interactions between people and staff. One person told us how staff had helped them with kindness when they had a seizure.
- Staff supported some people to visit and stay with relatives to maintain family links. One professional particularly told us how staff had gone out of their way to keep up relationship with one person and their family.
- Relatives were all exceptionally happy with the service. One relative said, "[Person} always has what they need. They are good staff with a good knowledge and [Person] has come on in leaps and bounds since being there." Another relative told us, "Top to bottom everyone is supportive, though [deputy manager] deserves to be recognised for going over and above with [person]."
- Staff completed training in relation to equality and diversity. One staff member explained, "I feel everyone is treated equally regardless of race or religion, there is teamwork and respect for staff and service users." Celebrations were held for example for Eid (a religious holiday) and Christmas, and theme days were held with foods being tried from different cultures. The registered manager was developing some information for staff and people which showed the 'Frieda' principles to promote further understanding. This is a human rights-based approach, in that these can be protected by adhering to the core values of fairness, respect, equality, dignity and autonomy.
- People were supported by staff in relation to their sexual health, identify and relationships.

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

- Staff understood the importance of people's views, wishes and choices being respected. One staff member told us, "I think we try our best. The service users come first, and the care is person centred. We give people choices such as with food or clothes, we find out what they can do themselves and we learn from them."
- No one was supported by an advocate, however staff understood when this might be required.
- People had developed friendships with other people living at the service and some people chose to take meals and join in with activities together.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people with privacy. For example, one person had privacy film on their windows as standard curtains were not suitable. The registered manager explained suitable curtains were being made using Velcro, which would better suit their needs.

- People were supported to be independent. Some people were involved in preparing their own meals, doing laundry, cleaning and shopping. Others were being supported to be more independent in relation to some aspects of their personal care. For one person, their medicine needs had reduced with staff support and another person was considering a move to more independent living as their daily living skills had increased.
- Overall staff supported people with dignity and respect, however staff were seen to discuss personal information about people with other people present. We raised this with the registered manager who confirmed they would discuss this further with staff and about how information was communicated to ensuring people's confidentiality was maintained consistently. to ensuring people's confidentiality was maintained consistently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

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

- People, relatives and professionals had shared people's needs with staff before care started. Staff met people before moving to Colliers House, so they became familiar with them as part of the transition to the service. One person told us, "[Staff name] spoke to me about my likes and dislikes, and things that make me happy. Freedom (to do things) makes me happy, I feel staff understand my care needs."
- Staff knew people well and supported them in line with their wishes. One person told us they had recently come to live at the service and although they understood the reason why staff had to check on them during the night, felt this could disturb them. Staff were now looking at ways to reduce checks whilst still keeping them safe. A relative told us, "I feel [person] gets the right support for their needs and some staff go 'over and above' to ensure they are well cared for."
- A key worker and co-keyworker system had been introduced and staff were getting to know people further. One staff member told us, "We are trying to put every support we can in place for service users. I have got no concerns and I am happy that you are here to see how we are working."
- Care records were person centred and contained information which enabled staff to understand people's likes, dislikes and preferences. For example, people could state what a good or bad day was like for them. A system was in place for staff to identify updates required to care records. People's care and support plans had been reviewed and updated to reflect any changes to their needs and review meetings took place. One relative told us, "I attend the review meetings, and ensure [person] is getting everything they need."
- People had opportunities to follow their interests and hobbies. Events were held in the garden such as barbecues. Some people attended a day service, local disco and music sessions. One person told us, "I go swimming. I like going out and about. I like going bowling and to the cinema and I like going on holiday. Yes, I get a choice of activities." One relative joked about their family member, "They have a better social life than me." Another person enjoyed visiting a local shop to buy food and meeting people in there.

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 information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format they could understand for example, information about

the service was provided in a pictorial, easy read format. Other people used objects of reference to communicate, pictures, or Makaton (a form of sign language).

Improving care quality in response to complaints or concerns

- Staff were aware of the process to follow if a complaint was made. Where complaints or concerns had been received by the provider, they were followed up and information was used to make improvements if required. No complaints had been received at the time of our visit.
- A complaints policy was displayed in an easy read format with information about who people could complain to. One person said, "I talk about my worries or any concerns I have with my keyworker." A relative told us they knew how to raise concerns although had not had to.

End of life care and support

- No one at the service was receiving support with end of life care. However, care records detailed the support people required if they had chosen to document this.

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 Good. At this inspection this key question has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on their duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager, deputy manager and operations manager. The registered manager had been in post since January 2019. They told us they enjoyed working at the service and felt supported by the provider.
- Relatives gave positive feedback about the management team. One relative told us, "[Deputy manager and registered manager] are brilliant. I have a good rapport with [registered manager]. I never have to call them about concerns, they call us." Another relative told us they had good relationships with staff and management. One relative raised some concerns about staff working long hours at the service and we discussed this with the registered manager. They told us this had been the choice of some staff and had been discussed with them in one to one meetings.
- Staff were positive about management support. One staff member told us, "I think the service has improved quite a lot with [registered manager] being here. I know I can go to them for anything and [area manager] is also approachable." Several staff told us team work had improved at the service under the new management.
- Plans were in place to develop the service further with a community farm being developed on land belonging to the provider behind the service, where small animals such as guinea pigs could be kept. This would benefit the people living at Colliers House.
- The provider understood their responsibilities in relation to duty of candour and being open and honest and accepting responsibility when things went wrong. Following a recent incident, they had been actively working with other professionals and supporting staff further.

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

- Quality and safety checks were completed, but some had not been consistent in identifying areas for improvement and ensuring these were acted upon. For example, infection control audits showed some areas as 'not satisfactory' in May 2019. These had not been acted upon at the time of our visit. Some people's financial records had not been totalled correctly, so were not accurate. The registered manager told us they would review all of these to ensure suitable actions were taken and improve the current systems to ensure checks were effective.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed prominently at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Views of people and relatives were not currently gathered through surveys; however, plans were in place for these to be introduced.
- Staff meetings were held each month and staff were supported with one to one meeting's where they had opportunities to raise any issues, concerns or put forward suggestions. One staff member told us, "The meetings do get 'warm' sometimes (meaning that staff were able to be very honest in their feedback)."
- Staff had annual appraisals where their performance was reviewed.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.

Working in partnership with others

- Staff and the management team worked with a variety of professionals including psychologists and social workers to support the service in meeting people's needs.
- The registered manager linked in with other registered managers to gain further support and ideas to drive improvement within the service.
- Links were in place with local colleges and universities. Opportunities were offered for suitable students to work at the service on placements or volunteer to enable them to gain further experience.