

Althea Healthcare Properties Limited

Colne House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Colne House is a residential care home providing personal care and accommodation for up to 38 older people, some of whom may have mental health needs and or may be living with dementia. The premises is set in extensive grounds is made up of one large adapted building, and an annex which accommodated five people. At the time of our inspection 30 people were living in the service.

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

There was a homely atmosphere, and people told us they were happy with the support provided and liked the staff. One person told us, "All the staff got a general sense of humour...can have a laugh and a joke and affection." Another described the staff as, "Very nice," and smiled as staff approached them.

Staff supported people to keep well and safe, and ensure they received their medicines as prescribed. One person told us, "If you're not well they will get you into hospital."

Improved infection control and risk management systems were in place to support people to live in a clean, safe environment. People told us they were supported in a clean environment. One person told us, "My room is spotless, it's always fine."

Risks were assessed and preventative action taken to reduce any risks of harm. We have made a recommendation about including the risk, where people used flammable skin creams in their fire risk assessments.

Staff were recruited safely to ensure they were able to work with vulnerable people. The management kept staffing levels under review to ensure there were enough to meet people's needs.

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; the policies and systems in the service supported this practice.

People and staff had confidence in the newly promoted manager, who they knew well.

The provider had systems in place to check on the safety and quality of the service people received and act on the information to drive continuous improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 April 2021). At that inspection, breaches of legal requirements were found in safe care and treatment and good governance. Following the

inspection, the provider completed an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Colne House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Colne 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Colne House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Colne House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, as they had retired on 18 January 2022. The deputy manager, who has worked in the service for 10 years, had been promoted to manager and had just put in their application with the Commission to be registered.

Notice of inspection

The inspection activity started on 5 April 2022 with an unannounced visit to the service, and finished on the

12 April 2022, when we gave feedback to the Manager.

What we did before inspection

We reviewed the provider's action plan and information we had received about the service since the last inspection and sought feedback from the local authority. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven members of staff, including the manager, operations manager, administrator, domestic and care staff. We gained feedback from five people living in the service, and observed staff interaction, as they supported people during the day.

We reviewed a range of records. This included two people's care records, medicine records and two staff's recruitment and training records. We also reviewed records relating to the quality assurance of the service, including audits, survey feedback and minutes of meetings.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to have in place robust oversight and management of infection control. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely. Although staff had received training in PPE, not all were ensuring their masks were fitted correctly over their nose. The manager said they would carry out checks on all staff to ensure the masks were correctly fitted.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's electronic care plans held risk assessments which provided staff with updated guidance on supporting people to keep safe. This included risks associated with a person's mobility, nutrition and

hydration.

- The manager demonstrated the handheld devices staff used to access care records, which enabled staff to review and update care given at any time. For example, choices of drinks provided to reduce to risks of dehydration.
- Staff received yearly training in supporting people to move and transfer safely. As part of safety and infection control measures, people had their own individual 'hoist slings' and slide sheets; plus, spares in case they become soiled or damaged.
- Systems were in place to ensure people are provide with a safe, homely, well maintained environment, and any shortfalls acted on.
- Each person had a personal emergency evacuation plan (PEEP) in place. The PEEP included information that in the event of a fire, the level of assistance they would require to reach a place of safety. However, the PEEP did not alert staff, where people may be at higher risk associated where some skin creams, can make clothing and bedding flammable. We brought this to the attention of the manager, who confirmed they would review and add the information.

We recommend the provider consider current guidance on emollients and the risk of severe burns and take action to update their fire risk assessments accordingly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. One person told us, "I feel very safe living here," and if they were worried about a situation, they would, "Report it to the staff."
- Staff received safeguarding training as part of their induction, followed by yearly refresher training to keep their knowledge updated.
- The manager was aware of their responsibility in reporting any concerns to the local authority safeguarding team, and where applicable, working with, and acting on any findings.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff received training in MCA and DOLS, and throughout the inspection we heard staff offering choices, and acting on the person's answer. One person told us, "I have been included," in any decision making.

Staffing and recruitment

- The manager used a dependency tool to help establish required staffing numbers based on the level of support people needed.
- During the inspection, we observed staff responding to call bells in a timely manner.
- All nine people who had so far completed the provider's March 2022 feedback survey had given a 'thumbs up', when asked if they felt there were enough staff on duty to keep them safe.
- To complement the current staff group, the manager said they were in the process of recruiting a

decorator, as well as care bank staff to cover any sickness an annual leave.

- Staff had been recruited safely. Pre-employment checks had been carried out to reduce the risks of recruiting unsuitable staff.

Using medicines safely

- Medicines were managed safely, by trained staff who had their competency checked.
- People told us they received their medicines as prescribed. One person said staff, "Come to give it to me every time and I take it, they are good like that, bring it to you wherever you are."
- Where people were receiving end of life care, anticipatory medicines had been prescribed in case they were needed. This enabled community nurses to have quick access to relieve any pain and symptoms such as nausea and anxiety to keep the person comfortable.
- A staff member showed us how the electronic medicines monitoring system was used. The systems had safety measures to ensure the medicines were being given at the right time, and if stocks were running low.
- Where an oxygen cylinder was stored in the medicines room, it had not been secured to prevent it falling over. Once pointed out to the manager, action was taken straight away to ensure it was secured.

Visiting in care homes

- Flexible, safe, visiting arrangements were in place to support people to keep in contact with their friends and relatives. One person told us, "Visiting has been fine, they [staff] have coped beautifully."

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learnt.
- The improvements we found at this inspection in risk management and infection control showed the provider had acted on the findings of our last inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found management systems were not robust enough to demonstrate effective quality monitoring or to recognise, identify and mitigate risks to people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- One person told us they were happy to be a Colne House, "Amazing place, if I've got to be anywhere," They praised the new manager who they described as being, "Very sympathetic," and a good organiser.
- Staff said they felt listened to and there was a good team spirit. One staff member told us the manager, "Puts residents first...we feel we're getting somewhere, have purpose."
- The manager spoke positively about the level of support they received, both from staff and senior management, which enabled them to carry out their role effectively.
- The provider-maintained oversight of the service. On our arrival the operation manager was on site, as part of their weekly support visits.
- Auditing systems and processes were used to identify where improvements were required. The 'First impressions' audit carried out, which included checking the cleanliness and décor, identified areas of paint work which needed refreshing. This was going to be addressed by recruiting a permanent decorator.
- The manager who had worked at Colne House for 10 years, having been promoted internally to their current post, said they kept themselves updated on current best practice in dementia care. Stating, "Everyone is different...one person's dementia is not the same as the next."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to be open with people and to apply the duty of candour principles appropriately.
- The manager was open that since taking up post, they had noted some staff had not received their refresher training and told us what action they had taken to address it.
- The manager understood their responsibilities to keep CQC informed of events which may affect people

and care delivery. This is so we can check appropriate action has been taken.

- The provider had displayed the last inspection rating within the service and on the provider's website as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service used a range of forums to engage and gain feedback about people's experiences and quality of the service. This included feedback surveys, meetings, and staff supervisions.
- The March 2022 provider feedback surveys for people living in the service, their visitors, stakeholders and staff, had just started to come back. The manager explained, once returned, they would be analysed, and they would act on the feedback.
- The November 2021 'You Said, we did' posters displayed in the service, showed action taken. This included in response to the feedback regarding staff not responding quickly to call bells, an extra member of staff had been put on duty during the day.
- The provider was looking to build an extension, to increase the number of beds and to provide nursing care. The service had formed close links with the community and was keeping them updated through 'flyers' and attending local meetings. This included people being able to visit the service to be shown / discuss the plans.

Working in partnership with others

- People received care and support from staff who worked in partnership with health and social care professionals to promote people's well-being. This included, GPs, Speech and Language Therapists, physiotherapist and dentist. One person told us, "My dentist is wonderful."
- People and staff spoke positively about the local cinema, who as part of the Essex 'Live well campaign,' put on free dementia friendly films, where tea and cakes were served. One person said they enjoyed attending and it enabled them to meet other people living in the community, "Absolutely excellent...Lovely bunch of people."
- The provider was also contributing to the local village planned Jubilee celebrations. People living in the village were usually invited to events at Colne House, it was identified it would be good to take people out to join in with the village festivities.