

Highpoint Care Limited

Colliers Croft Care Home

Inspection report

161 Clipsley Lane
Haydock
St Helens
Merseyside
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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

Colliers Croft is a modern purpose-built care home situated in the residential area of Haydock. The service provides residential care for up to 60 people including people who live with dementia. There are three floors accessed via stairways and passenger lift. All rooms are for single occupancy and have a wet room ensuite facility. At the time of our visit there were 59 people living at the service.

At the last inspection in December 2014 the service was rated good. At this inspection we found the service remained good.

People told us they felt safe living at Colliers Croft and were well supported by staff. One visiting relative told us "There's plenty of staff about, the doors are locked and people's rooms are secure".

The registered provider had appropriate systems in place for the management of safeguarding concerns. Staff had received training and understood their responsibilities to report abuse and unsafe care practices.

Staff were safely recruited, they had received appropriate training and told us they were well supported. Staff demonstrated a good knowledge and understanding of the people they supported. Our observations and discussions with staff, people living at the service and their relatives confirmed sufficient staff were on duty.

Medicines were safely stored and administered by competent staff.

People and their relatives where appropriate were fully involved in the development of their care plans and risk assessments. These documents were individualised and reviewed and updated regularly.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were offered a variety and choice of meals and had access to regular snacks and drinks throughout the day.

Found the building was well maintained, clean and free from unpleasant odours. All equipment was well maintained and regularly serviced.

People living at the service and their relatives knew how to raise a concern or complaint. People and their relatives were regularly invited to give feedback about various areas of the service.

The registered provider undertook regular audits to assess and monitor the quality of the service. Staff and people's views were sought through staff and residents meetings.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Colliers Croft 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 was a comprehensive inspection.

The inspection took place on 2 and 3 August 2017 and was unannounced on the first day and announced on the second.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert by experience had experience of dementia care.

Before the inspection we reviewed information we held on Colliers Croft Care Home. This included notifications received from the registered provider. Notifications inform the Care Quality Commission (CQC) of incidents that have occurred at a service that affect the health, safety and welfare of people that live at the home. We also reviewed the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service including areas for development and improvement as well as what the service does well. We also contacted the local authority for any information they held about the service.

We spoke with a range of people about the service. This included 16 people who lived at the home, three relatives and six staff members. In addition we spoke with the registered provider, registered manager, deputy manager and finance manager.

We reviewed five people's care records that included care plans and risk assessments. We looked at staff recruitment, training and supervision records for six staff. We reviewed other documents relating to the management of the service and we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

All the people we spoke to confirmed they felt safe living at Colliers Croft. One person commented "Up until now I have felt safe because I'm being looked after" and another said "The whole environment is safe". A visiting relative told us "The staff are just lovely, and they keep popping in, they're very safety conscious".

The staff had received training in the areas of safeguarding and whistleblowing procedures and demonstrated a good understanding of this. The registered manager understood the local authority safeguarding procedures.

Accidents and incidents were clearly documented by staff. The registered manager reviewed these regularly to identify any emerging trends or patterns. Records showed actions had been taken to refer people to the falls clinic or to occupational therapy services for equipment assessment.

Risk assessments were in place that had identified areas of risk that included moving and handling, falls, skin integrity and nutrition. Where a potential risk of been identified actions were put in place and guidance was available for staff. All risk assessments were reviewed regularly and updated as required.

Records demonstrated that staff had been recruited safely. The registered manager regularly reviewed the staffing levels to ensure that sufficient staff were available to meet the needs of the people supported. Comments from people included "I've no concerns, someone always comes straightaway" and "There are always staff in the lounge area". A visiting relative told us "Whenever I visit there's always been plenty of staff".

Appropriate systems were in place for the management of medicines. Records showed medicines were ordered, stored, administered and disposed of safely. Medicine administration records (MARs) for four people were reviewed and found to be fully completed. The registered manager undertook regular audits to monitor the medicines procedures.

The building was clean and free from any offensive odours. Staff had access to personal protective equipment that included disposable gloves and aprons. Records showed appropriate checks were regularly undertaken for the management of health and safety at the service. We found all equipment had been adequately maintained and serviced regularly.

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to effectively meet their needs. People told us staff knew them well and understood their needs. Staff we spoke to demonstrated a good understanding of the people they supported.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to describe how they gave people choice and control regarding decisions and how they supported them in the least restrictive way possible. Records confirmed that a person's capacity to make decisions or take risks was considered. There was a MCA assessment in place when it was thought that a person may lack in capacity and decisions were made in their best interest.

We observed lunch being served throughout the service. People's comments included "The food is very good, I eat what I want and I get enough", "The food is better than it was but I'd like more cups of tea. You can have your meals in your room if you choose to or if you are unwell." and "The food is lovely, I've no complaints, I like eating in the dining room because I like being with people". The staff we spoke to understood the importance of people being encouraged to take regular drinks to maintain their hydration and to eat their meals. We saw snacks and drinks being offered to people throughout the day. Alternative choices were available to people who did not like what was on the menu. One person had a jacket potato with cheese and another person had scrambled egg on toast. Special dietary needs were met and these included people who had diabetes controlled through their diet or soft diets for people that experienced swallowing difficulties. People's care plans clearly reflected their dietary needs and preferences.

Records showed clearly when people had been visited by their GP along with other healthcare professionals. The records were informative and included the reason for the visit as well as any follow-up actions required. We saw one person had experienced swelling to their right hand resulting in a diagnosis of arthritis. Records clearly evidenced the referral to the GP, tests undertaken and subsequent changes the person's care plans.

We saw that people who lived at the service had access to safe and enclosed gardens with seating areas. The building was appropriate for the care and support provided. The layout included wide corridors, a selection of lounges including quiet areas. People told us they could choose where to spend their time including in their bedroom.

Is the service caring?

Our findings

People spoke positively about the staff and their comments included "They're very nice and kind", "They are kind and caring and they sit and have a chat with me" and "They are always very good, I've no complaints whatsoever". Relative's comments included "Staff are really lovely and they seem very fond of [Name] and "They [staff] have always been very friendly, kind and respectful".

Staff were observed throughout our inspection to be kind and caring. We saw staff interacting with people in a familiar and relaxed manner, using people's names of choice. We saw staff demonstrating patience when working with a person living with dementia.

People's privacy and dignity was maintained throughout our visit. For example, we saw staff knock on people's bedroom doors and wait for an answer before entering. We observed staff speaking to people in a respectful way and always giving them time to respond to questions asked.

We spoke the registered manager about advocacy services available to people living at the service. The registered provider had information available that was provided to people and their families if it were required. This ensured people's interests would be represented and they had access to appropriate services to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people who had been supported to remain living at the home where possible as they headed towards end of life care. Relatives told us they were free to visit at any time and stated this was really important to them. This allowed people to remain comfortable in their familiar, homely surroundings supported by familiar staff.

Compliments recently received by the service included "The family appreciates all the tender loving care given to [Name] over the past two years", "Many thanks to you all for everything you have done for [Name] during her time at Colliers Croft" and "You are all special people who do a great job"

Is the service responsive?

Our findings

People who lived at the home and their relatives told us they received individualised care. They also said the staff and management team were responsive to their care needs. Comments included "Staff have always been very good, I've no complaints whatsoever" and "I enjoy having a choice of things to do. Sometimes I read in my room, sometimes I join in the activities and on occasions I just watch".

We looked at care records for five people and found their needs had been assessed; care plans prepared and these were regularly reviewed. There was evidence of people being involved in the preparation of their own care plans. We saw within the care plans that people's independence was promoted. For example, when a person could independently undertake their own personal care including showering. Each person had a 'My memory book' that reflected on their life history including family, school, holidays, routines, occupation and likes/dislikes. It also included a section titled 'My life now' that included 'what makes me laugh, cry, angry and embarrassed'. This document provided an insight in to a person's life prior to living at the service.

There were a range of risk assessments in place that considered people's abilities and the level of support they required. These included information relating to people's mobility, memory and understanding, communication, weight and nutrition as well as hygiene and personal appearance. We found that all care records were personalised to each person who lived at Colliers Croft. There was evidence of all care records being reviewed every month and updated as required.

Every person had a health passport in place that held essential information about them. Health passports are documents that promote communication between health professionals and people who cannot always communicate for themselves. They contain information relating to a person's mobility, skin integrity, dietary needs and medication. They also contain information about whether a person has a DoLS in place or has a do not resuscitate order (DNA) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

The registered provider had a policy and procedure in place for the recording and investigation of complaints. The procedure was clear in explaining how a complaint should be made and reassured people these would-be responded to appropriately. We spoke with people who lived at the service and their relatives who told us they knew how to make a complaint if they were unhappy. They told us they would speak to the manager or a senior member of staff. One person who lived at the service told us "I'd talk to the staff in charge if I had any problems or concerns, I'm not frightened of doing that".

The registered provider recognised that people were at risk of social isolation and loneliness. Staff understood the importance of companionship and social contact. People were encouraged to maintain hobbies and interests. Notification of activities and events were clearly displayed within the service and were also available in a pictorial format. An indoor garden area had been created and encouraged the use of the people's senses including sight and smell. A café was also available at specific times throughout the week and included areas of reminiscence as well as a jukebox playing.

Is the service well-led?

Our findings

People told us they knew who the registered manager was and felt they could speak to her as she was approachable.

There was a registered manager who had been at the service since August 2013. 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.

There was a structured management team in place at the service that had clear lines of responsibility and accountability. The management team demonstrated a good understanding of the people they supported. They were clear about their individual roles and between them had the skills and knowledge to support the running of the service.

The registered provider had developed comprehensive quality auditing systems. These included medication, care plans, environment, infection control and accidents/incidents. Any actions identified were completed in a timely manner.

The minutes of resident and staff meetings were reviewed. People and staff were invited to give feedback on all aspects of the service and new ideas were welcomed. Suggestions for activities and outings had been suggested and acted upon.

The registered provider had developed community links with local churches and schools. Local schools perform shows and Christmas nativities for the residents. Students also visited the service to undertake outdoor games with the residents under the supervision of teachers and staff. One local school had presented a resident with a hundred birthday cards to mark their hundredth birthday.

Regular staff, resident and relatives surveys were undertaken throughout the year. Care surveys were undertaken monthly and recent comments included "The services provided wonderful" and "Family are very happy with care being given". There were also monthly surveys that sought feedback on different topics including cleanliness and social activities. A recent comment included "Excellent level of cleaning. Domestic staff do a thorough job and everywhere is spotlessly clean".

The registered provider had up-to-date policies and procedures in place that were reviewed and updated regularly.

The previous CQC rating was displayed within the service and on the registered provider's website in line with CQC requirements.