

Mrs Jane Hart

# Colindale 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

This unannounced comprehensive inspection took place on 22 and 24 July 2015. At the last inspection completed in June 2013 we found the provider had met the regulations we reviewed.

Colindale Care Home provides accommodation, care and support for up to 14 people. At the time of the inspection there were 14 people living at the home. There was a registered manager at the home 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 told us they enjoyed living at the home, comments from people included, "It's wonderful" and, "The staff are all so good, they look after me very well". People told us they felt safe at the home. Staff knew how to prevent, identify and report abuse and the provider had a system in place to protect people from the risk of harm.

# Summary of findings

People's needs were assessed including areas of risk, and reviewed to ensure people's safety. Support was offered in accordance with people's wishes and their privacy was protected. Staff knew people well, understood their physical and personal care needs and treated them with dignity and respect. People and their relatives were involved in assessing and planning the care and support they received.

People received their prescribed medicine when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

Equipment such as hoists and pressure relieving mattresses and cushions were readily available, well maintained and used safely by staff in accordance with people's risk assessments.

There was a system in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received. Supervisions and appraisals were regularly completed with staff stating they found the supervision process, "Useful and helpful".

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. People were supported to make decisions and where people did not have the capacity; decisions were made in their best interest.

People were supported and provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. There was a system in place for people to raise concerns and complaints although no formal complaints had been made since the last inspection in June 2013.

People told us they felt the service was well led, with a clear management structure in place.

There were systems in place to monitor and improve the quality of the service provided

# 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. Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Medicines were managed safely, stored securely and records completed accurately.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Good



### Is the service effective?

The service was effective. Staff received on-going support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a choice of food and drink. Menu's offered variety and choice and provided a balanced diet for people.

People accessed the services of healthcare professionals as appropriate.

Good



### Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and there was a happy relaxed atmosphere.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People and told us that staff were kind, caring and compassionate.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans and records were kept up to date and reflected people's preferences and histories.

People knew how to raise a concern and felt confident that these would be addressed promptly.

Good



### Is the service well-led?

The service was well led.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a supportive, open culture.

Good



## Summary of findings

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

# Colindale 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 comprehensive inspection took place on 22 and 24 July 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met all of the people living there and spoke with the majority of them. We also spoke with the manager and three members of care staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked at three people's care, treatment and support records. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records and staff meeting minutes.

# Is the service safe?

## Our findings

The majority of the people who lived at the home were not able to tell us what it was like to live there because of their diagnosis of dementia. We did speak to three people in depth who were able to tell us about their experiences of living at Colindale. One person said, "It's wonderful here, my relatives are so pleased I can live here, they tell everyone how wonderful it is". Another person told us, "I'm very happy here; the staff are very kind and friendly and always help me". When we asked people if they felt safe living at Colindale people replied, "Oh yes" and "Of course".

We spoke with staff about their understanding of protecting vulnerable adults. Staff demonstrated a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they needed to report any form of abuse. The provider had a clear system in place for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities.

Records showed the provider had notified the local authority and CQC of safeguarding incidents and the manager had taken appropriate action when incidents had occurred in order to protect people and minimise the risk of further incidents.

There was a system in place to ensure risks to people were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of three people. This was so we could evaluate how people's care needs were assessed and care planned and delivered. We found people had their health needs assessed for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed if people's health was deteriorating the person was referred to a health care professional such as the district nursing team, occupational therapist or GP.

The provider had a system in place to ensure the premises were maintained safely. Regular checks were completed for fire safety equipment and fire panels, electrical testing, lighting systems and gas safety. The manager showed us records that confirmed a full water system check including legionella testing was booked for the following week. Legionella is a water borne bacteria that can be harmful to people's health.

There were enough staff employed to meet people's needs. The manager showed us the staff rotas for a two week

period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were enough staff on each shift to manage the needs of the people living at Colindale Care Home and they could always phone for additional support from the manager if needed. We observed care was given in a friendly manner and staff were attentive to people's needs and were able to spend time with people. Throughout the inspection we saw staff checked people were comfortable and made sure they had drinks and snacks available if they wanted them.

We reviewed three staff recruitment records, one of whom had been recently recruited and spoke with one member of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Colindale Care Home.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded.

The manager told us all staff had responsibility for administering medication and had received medication training to ensure they could administer medicines safely. The provider used a unit dosage system with medicines being supplied by the pharmacist. Staff told us they found this system safe and easy to use.

We reviewed a selection of medication administration records (MARs). We saw there was a photograph at the front of each person's records to assist staff incorrectly identifying people. MARs records were correctly completed, with no gaps in recording.

Some people had body maps in their bedrooms which helped ensure their prescribed creams would be applied in correctly. The majority of people living at Colindale Care Home had prescribed creams, but not all people had body maps completed in regard to the application of their

## Is the service safe?

prescribed creams. We discussed our findings with the manager who stated they would ensure all people had completed body maps for cream application as soon as possible.

# Is the service effective?

## Our findings

There was a clear programme of training in place, Staff commented positively about the training they had received and found members of the management team supportive. The provider was in the process of applying for accreditation with the “Gold Standards Framework”.

Gold Standards Framework is a process that helps providers achieve a recognised high level of training for staff providing end of life care.

The manager showed us the training schedule that was in place for all staff. Records showed staff received training in all the core subjects such as: The Mental Capacity Act 2005, infection control, safeguarding adults, basic life support, moving and handling and dementia awareness. We spoke to staff about the training they had received and they all stated they found it thorough, effective and commented that the practical nature of some of the courses was very useful.

Staff told us they received regular supervision meetings that were helpful. Staff told us they found the supervisions sessions to be supportive, and an effective method to ensure they were up to date with their training. They also told us they could discuss any issues on a one to one basis. Records showed staff received appraisals on an annual basis, these were a two way process that encouraged the staff to put forward ideas and suggestions for their own development.

We observed staff had an effective knowledge of how people preferred to be cared for and showed good understanding of how people living with dementia needed supporting. Staff understood that where people had the mental capacity to make their own decisions, these decisions would be respected. For example, one person wanted to make a telephone call and staff put arrangements in place for them to be supported to make the telephone call when they wished.

Where people lacked mental capacity to make a specific decision, staff followed the principles of The Mental Capacity Act 2005 including making best interests decisions.

Records showed staff had completed Mental Capacity Act 2005 training during their induction period and in refresher training as part of the safeguarding adult's session. Staff told us if they needed further guidance they would refer to their manager.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager told us they had completed DoLS assessments and sent these to the local authority for authorisation for seven people living at Colindale Care Home. There was a DoLS flowchart on display that gave clear guidance for the process staff were required to follow when referring people to the local authority for DoLS. Staff took it in turns to prepare and cook people's meals and snacks. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Snacks, biscuits and fruit were available during the day and staff encouraged people to drink regularly to reduce the risk of dehydration.

People's likes and dislikes were clearly written on a large wipe board in the kitchen for all staff to view. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating which was the highest grade. Staff told us kitchen equipment and fittings were well maintained and there was a daily, weekly and monthly cleaning rota for the kitchen and its equipment.

People could choose where they ate their meals, whether this was in the dining room with others, or in their bedrooms. We observed some of the lunchtime meal and saw staff supported people at their own pace and in a friendly way. Staff encouraged people to eat their meals, supporting them to eat as independently as possible. Staff had time to give support to people in a calm and unrushed manner, which created a relaxed and happy mealtime period. We observed staff worked well as a team during the lunchtime period, indicating to each other when a person needed particular support.



## Is the service effective?

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, opticians, district nurses, chiropodists and GP's.

The home had clear pictorial signage throughout directing people to the bathrooms, toilets, kitchen, lounge and dining room. The signs allowed people to move independently around the home and reduced the risk of them becoming disorientated. There were reminiscence boards in areas of the home that provided people with themes and pictures from their early adult life.

Handrails and support rails were placed along corridors and in bathrooms to assist people with their mobility and to encourage their independence. The garden was safely laid out to accommodate people so they could sit out in the garden if they wished. The manager told us they would be starting some additional work in the garden shortly to provide a flowered area for the people to enjoy and make improvements to the sun house so that people could have afternoon tea and cakes outside in the better weather.

# Is the service caring?

## Our findings

People who were able to tell us they found living at Colindale Care Home “Very enjoyable”. One person told us, “It’s marvellous here, everything is done for you, the staff are wonderful”. Another person told us, “The staff are lovely, always helpful and kind”.

Staff told us they felt confident people received good individual care. They gave good examples of kind, compassionate care and how people were treated as individuals. Colindale Care Home provided a person centred service and people received individual care that was tailored to their specific needs and preferences. Within people’s care plan was a section that covered their life histories and memories. This gave staff detailed information on what the person liked and disliked and gave useful and interesting topics for staff to discuss with the person during their one to one time in the afternoons.

Throughout our inspection visit we observed staff giving support to people with warmth and kindness, often stopping to have a quick chat or joke with people to make sure they were comfortable and had everything they needed.

We observed good interactions between staff and people during our inspection visit. Staff interacted with people in a caring and compassionate way. The majority of the staff had been employed at the home for many years and knew the people well. Staff spoke fondly of people and were able to describe what activities they liked to take part in; this showed staff knew the people well and provided support and care in an individualised manner. People responded well to staff and actively sought them out to talk to. Staff supported people patiently and kindly and did not appear rushed. If people became anxious or upset, staff responded promptly to assist and support them in a calm and natural way.

Staff were attentive to people’s needs. We observed staff encouraged people’s independence; staff offered assistance promptly when required and supported people discreetly when they needed assistance.

People were treated with consideration and respect by staff. We observed staff supporting people to move around the home and saw staff supported people patiently and gently, constantly offering re-assurance throughout the process. Staff told us they always made sure people had their dignity respected when they were being assisted to move from their bed or around the home. Staff told us they made sure people’s clothing was respectfully arranged to ensure their privacy was maintained. Staff were respectful of people’s wishes, knocking on bedroom doors before entering bedrooms and using people’s preferred names when speaking with them. We observed that people’s bedroom doors were closed when people were receiving personal care and people told us the staff were respectful of their wishes and made sure they were comfortable at all times.

People’s care records were kept securely in a lockable room and no personal information was on display. Records showed people and their relatives were involved in decisions about their care. Care plans were reviewed each month and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

People saw visiting healthcare professionals in their own bedrooms, so their dignity was maintained and privacy respected.

There was no set visiting times and visitors could come and go as they wished. One person told us, “My relatives love visiting me here, they always say how lovely the home is and how welcome they feel, it makes me feel so proud to be here”.

# Is the service responsive?

## Our findings

One person told us, “The staff come and help me when I need it...I don’t normally have to wait long”. People who were able to, told us they knew how to use the call bells, and said they rarely had to wait a long time for staff to come and help them.

People had their needs assessed before they moved into Colindale Care Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. Assessments covered areas including; medicines, weight, manual handling requirements and skin integrity. The assessments showed the relatives had been included and involved in the process wherever possible and were signed by all parties present.

Records showed the information was then used to complete a detailed care plan which gave staff information and guidance on how to deliver appropriate care. The provider used recognised risk assessments tools to assess the risk of skin integrity and malnutrition. People’s assessed needs were then recorded in their care plans that were person centred and provided staff with information regarding the person’s history and preferences. Care plans were reviewed on a monthly basis or more frequently if people’s care needs changed.

Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place. Where people required mobility aids these were left positioned so people could reach them easily.

We saw records relating to daily and personal care such as re-positioning charts for people that needed re-positioning frequently, to prevent pressure sores. At the time of our inspection visit the manager told us there was not any one in the home that needed their food or fluid monitored to ensure they were not at risk of malnutrition or dehydration. We saw the system the manager had in place should a person need to be monitored for dehydration or malnutrition. The system would ensure that staff would be made aware when people were at risk of dehydration or malnutrition and would be able to respond with the appropriate additional support.

Staff spoke knowledgeably about people’s specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people’s pain was managed effectively.

People’s weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. There were body maps in place to record any bruising or injuries sustained by a person.

The manager told us about the activities the home offered. They said they had independent entertainers who visited the home on a monthly basis and were looking to increase the level and type of entertainment for the future. People were supported to go out for afternoon trips if they wished but very often people preferred to stay at the home instead. One person told us, “I was going out but I don’t want to now”. We observed staff spent time in the afternoons with people on a one to one basis, chatting and talking with them and supporting them with activities within the home such as, looking through photographs, reminiscing and taking them for walks in the garden if they wanted to.

People knew how to make a complaint if they needed to and a poster stating how to complain was on display in the entrance hall. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. The manager confirmed the service had not received any formal complaints since the last inspection that was completed in June 2013. We reviewed the provider’s complaints process which gave clear instruction for staff to follow should a complaint be received.

There was a clear system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

# Is the service well-led?

## Our findings

People and staff expressed confidence in the homes management. One person said, “I can always talk to the manager, people always listen to me”. Staff stated they had confidence in the management team and felt the home was well led. Staff said, “There is always someone I can go to for help if I need it”.

Staff described the culture of the home as “open and homely” and stated they were confident to raise any concerns they may have with the management and they would be listened to. Staff were aware of their role within the team and told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there.

Staff spoke positively about the management team and said they were, “Very happy” to work at the home. We observed the service was person centred with a positive, caring approach to people’s support and care.

The manager told us a quality assurance questionnaire was sent to people and their relatives on a yearly basis to review what people thought of the service and care they received. The questionnaires were due to be sent out during July 2015. We saw the quality assurance audit the manager had completed in October 2014. Records showed 38 comment

cards had been issued and 21 completed cards had been returned. Questions asked included; are you able to visit in private, do you feel there are sufficient staff, are you aware of the homes’ complaints procedure and are you kept informed of significant changes? The manager told us the completed answers were analysed and improvements made if any weaknesses were found.

Staff told us they attended regular staff meetings which they found useful and informative. Records showed staff meetings were held regularly and were minuted for all staff to view. Subjects discussed at meetings included; cleaning schedules, machinery maintenance, people’s on-going health needs and welcoming new staff.

Accidents and incidents were recorded and monitored by the management team to ensure any trends or themes were identified and acted upon. The manager confirmed there had been no identifiable trends or patterns in the previous 12 months. Records showed the manager had reported safeguarding incidents to the local authority and Care Quality Commission as required.

There was a programme of regular audits in place to monitor the quality of service provided to ensure people’s care needs were met. These audits included, care plan reviews, medication, infection control and falls audits.