

Blue Mar Limited

Colebrook Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Colebrook Manor is a care home that is registered to accommodate up to 48 people who required nursing or residential care. The service supported people of different ages who may have physical disabilities and conditions such as dementia, acquired brain injuries and mental health needs. At the time of the inspection 41 people were living at the service. A respite service was offered to people who may require a short term stay, or for people considering a move into a residential setting. The service also supported a local initiative with the NHS to provide assessment and short-term crisis intervention and rehabilitation to help prevent and minimise hospital admissions.

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

The home used an electronic medicines administration system to record when medicines were given to people. Not all nurses were trained or able to access this system. Some nurses recorded medicines administration on paper records. Although we found no negative impact on people in relation to medicines, the inconsistency in recording could increase the risks of mistakes being made. We have made a recommendation about the management of medicines. Immediately following the inspection, the registered provider sent us assurances that they had an action plan in place to address these concerns as a matter of priority.

People told us they felt safe living at Colebrook Manor. Risks associated with people's health, care and lifestyle were understood by staff and managed well. Staff were employed in sufficient numbers and had the skills needed to provide safe care. People were protected from discrimination and abuse because staff understood how to safeguard people. Systems were in place to ensure the environment was safe, clean and well maintained.

Staff had a good understanding of people's needs and were trained and supported to deliver skilled, effective care. People's healthcare needs were met, and people were provided with a balanced, nutritious diet. The registered manager and staff worked across other agencies to ensure people received effective care. Regular reviews with health and social care professionals took place. Feedback from healthcare professionals involved with the service were very positive. They said the registered manager and staff were very responsive ensuring good outcomes for people.

People were supported to have maximum choice and control over 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.

There was a relaxed and welcoming atmosphere between people and staff. Staff knew people well, and were kind, caring and attentive. People and their relatives said they felt listened to and made to feel part of a family. People told us their privacy and dignity was respected and they did not feel discriminated against in relation to their needs or lifestyle choices. People were supported to maintain and regain their

independence. Some people had been able to return home after a period of rehabilitation at Colebrook Manor.

The registered manager had worked hard to ensure concerns raised at previous inspections had been addressed and continued to improve. People and relatives were very positive about the management of the service and said they had seen a lot of improvement. Regular audits were undertaken by the provider and registered manager, and both had attended forums to discuss on-going improvement and compliance with the regulations.

Rating at last inspection

We inspected the service in September 2017 and at that time rated the service as Requires Improvement. At the inspection in 2017 the provider was in breach of regulations and we found the service was not always safe or well-led. The provider sent an action plan telling us how they would address the concerns and meet the regulations. Following the 2017 inspection we took enforcement action and placed a condition on the providers registration for them to send us monthly reports detailing their plan to improve and meet the regulations. We inspected the service again in July 2018 and found improvements had been made and the service was no longer in breach of the regulations. We rated the service as Requires Improvement in July 2018 as the provider still needed to evidence these improvements had been embedded and sustained into the running of the service.

This was a planned inspection based on the previous rating. At this inspection we found the provider had continued to make improvements and improvements had been embedded in the running and culture of the service. We have rated the service as Good overall. We did find some improvements were still needed in relation to medicines. We have made a recommendation about the management of some medicines. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Colebrook Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Colebrook Manor

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 carried out by one inspector, a member of the medicines team, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Service and service type

Colebrook Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality assurance team and clinical commissioning teams who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service, and ten relatives about their experiences of the service. We spoke with 11 members of staff including the registered manager, clinical lead, lead nurse, senior carers, administrator, care staff, kitchen and maintenance staff. We used the Short observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. We also spoke with two healthcare professionals who were visiting the home at the time of the inspection.

We reviewed a range of records. This included the medicines administration records of eight people, and ten care records. We looked at four staff files in relation to recruitment, staff supervision, induction and training. A variety of records relating to the management of the service including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four professionals who regularly visited the service.

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurances about safety. There was an increased risk that people could be harmed. The provider had continued to make improvements following the inspection undertaken in respect of the management of risk, the environment, people's rights and capacity and the leadership of the service. Some improvements were still required in the management of medicines to ensure people remained safe.

Using medicines safely

- Medicines were ordered and disposed of safely. Fridge medicines were not always stored securely, as the fridge was unlocked and kept in an office we found unoccupied on two occasions.
- Nurses gave people their medicines as prescribed. Protocols identified when medicines prescribed on a 'as required' basis should be offered to people. Nurses evaluated the outcome of giving an 'as required' medicines to make sure it was effective.
- Where people took their own medicines, they had been assessed to make sure they were safe. Nurses prepared a seven day medicines pack for one person. This meant they did not have the full information supplied by the pharmacy on the original pack. This process of secondary dispensing had not been risk assessed to ensure it was safe. However, no errors had been identified and the person wanted to continue to receive their medicines in this way. They told us "It means I can take my medicines when I need them, to help me keep moving".
- The home used an electronic medicines administration system to record when medicines were given to people. Not all nurses were trained or able to access this system. Some nurses recorded medicines administration on paper records. The clinical lead had arranged a meeting with the software company to ensure that all nurses would be able to use the electronic system fully.
- We recommend the service should work with all stakeholders to ensure that medicines administration is recorded safely and accurately. The provider should seek training and advice from a reputable source to ensure all staff are trained and competent in the systems used for medicines administration.

The registered manager responded immediately following the inspection. They confirmed all medicines were stored safely, and additional monitoring checks were in place to ensure this improvement was sustained. They had also liaised immediately following the inspection with the pharmacy and local authority medicines team for advice in relation to the electronic medicines system to ensure it was being used effectively and safely.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Colebrook Manor. Comments included, "I am safe here with the lovely staff" and "I feel safe because the staff are always here".
- Relatives said, "[person's name] is safe here, we were lucky to find this place" and "[person's name] is safe

here because the clinical practice is excellent".

- Staff said patient safety was paramount. One staff member said, "The registered manager always listens, and does the best for people, patient safety comes first".
- There were effective systems in place to protect people from abuse. Staff were aware of when and how to report concerns, and were confident they were dealt with. Information was available for staff, so they could easily refer to safeguarding processes and contact details if they needed to report a safeguarding concern.
- The registered manager had reported concerns appropriately to safeguard people if they felt people were at risk of harm or abuse.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk, whilst allowing people to remain as independent as possible.
- Where people were at risk of falls, staff liaised with professionals to minimise risk and considered equipment such as sensory mats, which alerted staff when people were moving. This meant staff could respond and support people safely.
- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration.
- People had safety devices, so they could call for help in an emergency, for example there were bells in bedrooms and bathrooms.
- When people went out of the home on their own, staff advised them about how to keep safe and acted promptly if people did not return or if they felt people may be unsafe.
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people. For example, window restrictors and radiator covers were fitted. Key pads were in place to protect people who might leave the building unsupported.
- People had individual plans in place to ensure they could be evacuated safely in the event of a fire.

Staffing and recruitment

- Staff were employed in sufficient numbers to meet people's needs and to keep them safe.
- The planning and organisation of staff meant people's daily needs were met and staff had time to spend with people.
- People, relatives and staff said they felt there were enough staff to keep them safe. Comments included, "Staff are often very busy, but I think there are always enough around to make sure people are safe".
- Staffing levels were regularly reviewed and an on-call system was in place to ensure staff could call for support at any time.
- A robust and detailed recruitment process was followed to help ensure staff employed were suitable to work with vulnerable people. Background checks were completed before new staff started working in the home to check staff were safe to work with people and of good character.
- Nurses professional registration was checked to ensure it was up to date.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Cleaning staff were employed, and cleaning schedules were in place to ensure standards were maintained. Personal protective equipment, such as aprons and gloves were available for use. Hand-gel dispensers were available around the home for staff and visitors to use when providing personal care and visiting the home.
- People, relatives and other agencies said the home was always clean and fresh smelling. One person said, "The whole place is spotless, they Hoover around everyday". Relatives and visitors' comments included, "[Person's name] is always clean", and "The cleaner is constantly on duty, the laundry is always done to a high standard".

Learning lessons when things go wrong

- The provider and registered manager had taken action to address concerns raised at previous inspections. Throughout this inspection the registered manager was keen to discuss any ways people's care and experiences could be improved and acted promptly to address any practice issues raised.
- The provider and registered manager reflected on incidents that had occurred and made changes when necessary to ensure people's health, safety and well-being was maintained.
- When a person had a fall, or a medicines error occurred the registered manager investigated and met with staff to consider how to prevent incidents occurring in the future.
- It was noted that some incidents had been documented in people's daily records and not as part of an incident report. This could mean that it would be harder to have an oversight of all incidents and to analyse patterns and trends. This was discussed with the registered manager at the time of the inspection. Following the inspection, the registered manager advised us they had updated the incident reporting system to ensure all incidents were documented and dealt with consistently.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. The registered manager met with the person, their family and other agencies to find out as much about people before they moved in.
- Other agencies said the registered manager was always very thorough in their assessment of people and realistic about whether they could meet people's needs.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.
- People were not discriminated against in relation to the delivery or planning of care. One person said, "I have never felt judged, I am sure all staff treat people the same".
- Equipment was available to support people's needs and to promote safety and independence. For example, people had access to an assisted bath and other equipment such as moving and handling equipment to support people safely. The registered manager had introduced a voice activated electronic device which supported people to make choices about music they wanted playing and to ask questions, such as the time and weather for the day.

Staff support: induction, training, skills and experience

- People said staff were well trained. One person said, "The staff really know me, they know my likes and dislikes. Relatives said, "The staff are skilled here at what they do", and "The nursing care is excellent."
- Before starting work at the service new staff completed an induction. Staff new to the health and social care sector were required to complete the Care Certificate during the induction period. The Care Certificate is an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff said the induction and a period of shadowing more experienced staff helped prepare them for their role in the home.
- Staff training covered areas identified by the provider as essential and included safeguarding, infection control, moving and handling and fire safety.
- Staff also had opportunities to training specific to the needs of people they supported. For example, staff had received training from staff who supported people living with 'Huntington's disease. This helped ensure they had skills and knowledge needed to support people they cared for.
- Staff said they felt supported by management and their colleagues and had time to discuss their role and reflect on practice.
- The Providers Information Return (PIR) stated, "We have health and well-being champions identified and will develop our staff team further by on-going training programmes".

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

- People and relatives were positive about the quality of food. People said, "I enjoy the food, today's quiche was tasty" and "We had bubble and squeak yesterday and I really enjoyed it." Relatives' comments included, "[person's name] has put on weight since coming here, which is very reassuring, [person's name] was underweight before".
- We observed people enjoying their lunchtime meal in a relaxed and comfortable environment. Staff were available to support people and did so in an attentive and unrushed manner.
- People were provided with specialist cutlery, plates and drinking cups to help them eat independently and safely.
- We saw drinks and snacks were available to people regularly throughout the day.
- People's nutritional risk was assessed. Risks in relation to people's diet were understood and managed well.
- People's weight was monitored when required and advice sought from dietitians and speech and language therapists if possible risks were identified.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff worked across other agencies to ensure people received effective care. Regular reviews with health and social care professionals were held.
- The service provided short-term care and support to people to help them remain living in their own home. This included people who had been in hospital as well as people who had become unwell at home and prevented a hospital admission. Feedback from healthcare agencies involved with these people was very positive. They told us the registered manager had an ethos of ensuring people maintained their independence and continued living in their own homes as long as possible. We heard a number of examples of people who had stayed at the home for a period of treatment and rehabilitation and then returned home.
- Healthcare professionals said the registered manager and staff knew people well and followed guidance from them to ensure people's needs were met consistently and effectively. One person had been receiving treatment for a severe skin infection. A healthcare professional said as a result of staff following guidelines and working with healthcare professionals the person's wound had healed quickly and well.
- People had routine health checks and were supported to attend hospital and other healthcare appointments.

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

- People and relatives said the quality of the environment had recently improved. Some people said they would like the outdoor space, particularly the rear garden to be better maintained and useable for people. We discussed this with the registered manager at the time of the inspection. They told us there were plans to improve the rear garden for people and quotes for work were provided to us.
- People's bedrooms and bathrooms were well maintained, personalised and contained equipment to meet individual needs.
- A lift was available between the basement and first and second floors of the building. On the first day of the inspection the lift was not working. It was noted that there had been previous occasions in the last year when the lift was broken meaning people would not be able to access parts of the building and facilities during this time. The registered manager provided assurances that a major repair had recently taken place, which would prevent further problems. They said they would continue to monitor the situation and take further action if necessary.

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 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We saw people were supported to make choices and day-to-day decisions about their care and lifestyle.
- The registered manager and staff had a good understanding about people's rights and checked people understood and were happy before care and support were provided.
- People's capacity was taken into account when planning and delivering care. When people had been assessed by the service as lacking the capacity to make decisions about their care and support best interest discussions had been held and applications made to the local authority as required.
- The registered manager had been a strong advocate for people and recognised when people's capacity to understand may fluctuate, or when decisions may not be in their best interest.
- Any restrictions placed on people in relation to their care had been regularly reviewed to ensure they remained appropriate. For example. Some people had bedrails in place due to the risks of them falling from their bed and injuring themselves. The registered manager recognised people did not always have the capacity to make decisions about this restrictive practice. Therefore, we saw assessments and best interest discussions had taken place to ensure this was the least restrictive option and reviews held to ensure the practice remained appropriate and safe.

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 remained the same. This meant 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 provided with sensitive, compassionate support by a kind, committed and caring staff team. The Providers Information Return (PIR) stated, "Staff are required to treat residents and each other with kindness and compassion, ensuring that people are treated with privacy and dignity and display a working respect for the service and all that enter it."
- People said, "Everyone is nice and kind", and "The staff are respectful here".
- Relatives said, "There is a culture of real kindness and compassion and meaningful relationships here".
- We observed staff treated people with patience and kindness. All of the staff working in the home knew people well and took time to make sure they greeted and spoke to people as they worked. For example, two members of the maintenance team were doing some electrical repairs in one of the sitting rooms. They knew people by their first names and stopped to talk to people while they worked. The laughter, smiles and friendly conversations we observed showed people were valued and that they enjoyed these interactions.
- Staff told us they enjoyed their work and "loved" supporting people. Staff spoke about people affectionately and showed a genuine interest in people's support arrangements and longer-term goals.
- Staff undertook training in equality and diversity and the registered manager said there was a diverse staff team who welcomed and respected people's differences. The way the provider advertised their service helped ensure people knew they would be respected and valued regardless of their lifestyle choices and differences.
- People's religious needs were understood and met. Religious clergy from different denominations visited the home to deliver mass and communion, and people were supported to attend different churches in the local community.

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

- People were encouraged to make decisions about their day-to-day routines and express their preferences.
- Questionnaires, newsletters and meetings with people and relatives were used to gather people's views.
- People and relatives where possible, were involved in the planning and review of care arrangements.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said their privacy and dignity was respected. Comments included, "I like the way I'm asked what I would like to wear today", and "Yes, I am respected, they always knock on my door and ask if I need anything".

- Staff were mindful of people's privacy and dignity. We saw staff knocking on people's doors and waiting before entering and closing doors or speaking quietly when sharing private, sensitive information. When we asked if we could meet particular people, staff asked the person first and were mindful of people who were still in bed or not wanting to be disturbed.
- People were supported to maintain their independence, for example choosing what to wear, and how to occupy their time. People who were able to eat independently or able to manage their medicines were supported to do so.
- Some of the people living in the home were young and had particular ways they wanted to spend their time, such as when they got up, how they organised their day and activities they wanted to partake in. Staff respected people's lifestyle choices and adjusted the way support was delivered to meet their individual needs.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was flexible and responsive to their needs. Staff knew people well and were able to tell us about their preferences and how they liked their care and support to be delivered.
- The service supported people for a period of rehabilitation either when they had been in hospital or if they had become unwell at home. People's care arrangements were supported during this time by a range of healthcare professionals including Occupations Therapists and Physiotherapists. We heard about people who after a period of rehabilitation had regained their independence and returned home.
- People had care plans, which provided staff with information about people's needs and how care should be delivered. It was noted that some plans did not reflect the level of care being provided or the outcomes expected or achieved. There was no evidence that the absence of this information had impacted on the outcomes and care of people, however, the development of care plans would help further ensure personalised care was delivered at all times. The registered manager contacted us immediately after the inspection to say they would start to review all care plans to ensure they included the detail required to deliver consistent personalised care. The local authority said they would provide support to the service if needed.
- People's care arrangements were reviewed regularly.
- Other agencies said the staff at Colebrook Manor were responsive to people's specific needs. Feedback included, "The manager of Colebrook Manor is always very approachable and supportive of intermediate care and reablement and this reflects in the message she delivers to her staff. Placing clients in intermediate care is not always straight forward, but Colebrook have been keen to support by identifying a mobile number for referrals which is particularly helpful for out of hours placements. Colebrook demonstrates being responsive to the needs of those who require intermediate care".

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.

- The service identified and documented people's individual communication needs. Some people were unable to communicate verbally, or had other communication needs due to particular conditions such as sight loss and dementia. We saw clear signage was placed around the home to help people orientate themselves. Some people made choices and communicated with the assistance of pictures, signs and symbols.
- The activities coordinator told us that following some recent feedback from people they had increased the

font size of information such as activity plans so people would find the information easier to read. Staff also ensured people who were unable to read were given verbal information daily, about events and activities happening in the home.

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 said they enjoyed the activities available to them. Comments included, "I enjoy playing table tennis, quizzes and the games".
- Thought had been given to ensuring activities met people's individual needs. Staff had supported one person who had been unwell and had plans in place to move to a more independent setting. They had started to engage with this person by focusing on their particular interest and hobbies. During these activities they had introduced making a meal and preparing drinks to encourage independent living skills.
- Relatives were positive about the activities available to their loved ones. One relative said, "The one to one activities organised by the activity ladies has encouraged [person's name] to start socialising again".
- We saw people occupying their time during the inspection. Some people went out on their own or with family. Other people joined in group activities or sat relaxing in their rooms or in the communal areas. We saw some people enjoying a group activity. Activity staff were engaging and enthusiastic, ensuring everyone felt involved and part of the group.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint and felt able to raise concerns if they were unhappy.
- There was a complaints policy and process in place. This was available to people who used or visited the service.
- The registered manager responded positively to all concerns raised to help ensure people felt listened to in relation to their care and the service.
- During the inspection the registered manager spoke with us about the best ways of dealing with individual complaints. These discussions demonstrated a passion and willingness to do the best for people and ensure their views and experiences were listened to and acted on.

End of life care and support

- Senior staff had undertaken training in end of life care. The registered manager said there was a plan in place to roll this training out to all staff.
- At the time of the inspection staff were supporting some people at the end of life. We received very positive feedback from people's relatives who praised the staff about the skilled, dignified and compassionate care provided. These included, "At the end of [person's name] life she was treated with compassion and respect and provided with support and sensitivity she needed to ensure that in their final days they were able to pass on in peace and without distress, and for that we will be forever grateful".

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently well-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

- The Provider Information Return (PIR) stated, "My managers are positive leaders who assure delivery of high-quality patient centred care in a skilled, open, fair, transparent and encouraging manner".
- People and relatives were positive about the management of the service. One person said, "The manager often pops in to say hello and to see how we are getting on." A relative said, "The managers door is always open, and they make time for proper discussion", and "There is strong leadership here, the manager has created a good team with a caring ethos."
- People received care and support that was flexible and responsive to their needs. Staff knew people well and were able to tell us about their preferences and how they liked to be cared for.
- Other agencies said the registered manager and staff worked hard to achieve good outcomes for people. One healthcare professional said they felt they could always rely on Colebrook Manor to provide good care and support to people with complex health and social care needs.
- The culture and atmosphere of the service was warm, welcoming and inclusive. Staff were happy to speak to the inspection team and were honest and open with their views. Staff said they felt valued and believed this ultimately impacted positively on the people they supported.
- The registered manager and other senior staff were visible and known to people, professionals and staff. A staff member said, "The manager is always around the building, always interacting with people, not just in the office."

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 provider and registered manager had recognised when mistakes had been made. We saw the registered manager had listened to people, respected their views, and apologised to people when they had experienced care, which they believed was not appropriate or met their needs.
- When we passed any concerns raised by people during the inspection the registered manager acted promptly to help ensure their concerns were listened to addressed.

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported on a day to day basis by a deputy manager, nursing staff, senior care staff and care staff. In addition they also received support from the registered provider who visited the service regularly and was available to talk

to when needed.

- Systems were in place to ensure performance and quality remained good and continued to improve. For example, there were regular audits of the environment, medicines and care records. Training and supervision of staff was monitored and overseen by the registered manager and specific members of the care team.
- The registered provider completed regular audits with action plans and timescales of any action needed. Improved audits were in place and the provider had increased their oversight of the service to ensure improvements were fully embedded and maintained.
- The registered manager was aware of their regulatory responsibilities. For example, action plans had been completed and submitted within agreed timescales, notifications were submitted promptly, and the provider information return had been sent on time.

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

- People, relatives and staff views were sought. This helped ensure on-going improvement of the service.
- Meetings were held with people and relatives to discuss issues such as the environment, activities and meals. We heard examples of changes that had been made as a result of these discussions.
- People and relatives said they felt involved in issues relating to the service and their loved one's care.
- People said they were made to feel part of a family. One person said, "I have never felt judged for who I am or how I have chosen to live my life."

Continuous learning and improving care

- The provider and registered manager had worked hard to address concerns raised at previous inspections and to ensure improvements were embedded in the running and culture of the service. For example, the registered manager had met with the district nursing team to consider how communication could be improved to further ensure effective care to people they supported.
- The provider had continued to send monthly action plans to CQC detailing these improvements with timescales.
- People said they felt improvements had been made particularly to the environment. Several people commented they hope these improvements would extend into the outside areas particularly the garden areas.
- Following this inspection, the provider acted promptly to address improvements needed in relation to the safe management of medicines.

Working in partnership with others

- The service had good working relationships with the local primary care services.
- Feedback from other agencies was very positive. The local authority said the provider and registered manager had shown willingness to learn and act on concerns raised at previous inspections. They had worked closely with the local authority quality team and attended meetings specifically designed to discuss and encourage improvement.
- The provider had been involved in a local healthcare scheme providing crisis support to people and preventing hospital admissions. Healthcare professionals involved in the pilot said staff at Colebrook Manor had been keen to host a workshop for other care homes in the pilot project. They told us, "Colebrook have been involved in the development of the flowchart to identify the unwell or deteriorating resident early. Staff at Colebrook are responsive in recognising and taking appropriate clinical action in relation to the unwell or deteriorating resident."