

Care UK Community Partnerships Ltd

Colne View

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 ●

Summary of findings

Overall summary

About the service: is a care home providing accommodation, personal care and nursing for up to 70 people. At the time of our inspection there were 66 people using the service.

People's experience of using this service:

People received care from staff who knew them well. People told us staff were kind, caring in their approach and promoted their independence.

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

There was a registered manager who had been in post since July 2018. People, their relative's and staff were positive regarding the leadership of the service.

There were systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.

We received mixed views regarding the availability of staff, but we found sufficient staff available during our inspection. The registered manager used a dependency assessment tool to keep staffing levels under review.

Staff and the management team completed a variety of checks. These included the monitoring of people at risk of choking, pressure care and those at risk of inadequate food and fluid intake. The management team agreed to review their approach to the planning of people's oral and eye care needs and make necessary changes.

Staff had received training relevant to their roles and responsibilities.

The management team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us leadership of the service had improved, and the management were approachable and that their views were listened to.

There were safe storage and systems in place to ensure medicines were managed safely. We recommended further work was needed to ensure transdermal pain relief medicines were administered as prescribed.

People had access to a variety of nutritious meals and snacks. People's weights were monitored and specialist advice sought to reduce the risk of malnutrition and swallowing difficulties.

Staff were aware of people's life history and preferences. They used this information to develop positive

relationships and deliver person centred care.

Care plans contained explanations of the control measures for staff to follow to keep people safe. We recommended further work was needed to ensure robust planning for oral and eye care.

There was a varied range of social activities on offer. Staff encouraged people to participate in group and one to one activities of interest to the individual.

Rating at last inspection: At the last inspection the service was rated Good. (The last inspection report was published on 13 July 2016.)

Why we inspected: This was a planned inspection to check that this service remained Good.

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 remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service improved to good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our Well-Led findings below.

Good ●

Colne View

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors, one of whom was a bank inspector, one specialist advisor, a specialist in end of life care. The inspection was also supported by an expert by experience with expertise in caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Colne View is a care home with nursing and can accommodate up to 70 people. People in care homes receive accommodation, nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The layout of the building consisted of three floors. The middle floor and top floor provided nursing care as well as support for people living with dementia.

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 was an unannounced inspection.

What we did:

We reviewed the information we had received about the service. This included details about incidents the provider must notify us about, such as abuse and serious injury. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with 14 people who used the service. Not everyone using the service was able to verbally express their views and we spent time observing care within the communal areas. We also spoke with 15 relatives, the registered manager, deputy manager, the regional director, head chef, reception staff, domestic staff, administrator and 11 staff including four nurses.

We reviewed a range of records including:

Notifications we received from the service, eight people's care records, records of accidents, incidents, complaints, surveys, staff meeting minutes, audits and quality assurance reports, four members of staff recruitment records, agency staff records, staff training and medicines management.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had been provided with training in safeguarding people from the risk of abuse and understood what they should do in response to safeguarding concerns. Contact information for the local safeguarding authority was available for staff should they need to refer concerns to them.
- The manager demonstrated their knowledge of local safeguarding protocols as they had managed previous incidents, reporting appropriately and carrying out investigations when required.
- At the time of this inspection the registered manager was waiting for a response from the local safeguarding authority in response to safeguarding concerns they were investigating. CQC will monitor the outcome of the investigations and actions the provider takes to keep people safe.
- People told us, "I feel safe. There aren't any of the staff I feel uncomfortable with. Some are more inclined to rush you, maybe a bit too efficient for my liking but on the whole, they are kind and some go at my pace." And, "I find all the staff satisfactory, I am not rushed, night staff are better than the day staff, they seem more adept, none of the staff are rude or aggressive"
- One person told us, "Staff are pretty good but I like to avoid one member of staff who is a bit rough. [Staff member] rushes me and lifts me, they don't always use the hoist when I need it." We discussed this person's comments with the registered manager who immediately carried out an investigation. They followed up with feedback to us and the person using the service as to their actions taken in response.

Assessing risk, safety monitoring and management

- People told us, "They make sure I don't fall over, they are keen on health and safety, I am not very tidy, they put my stuff away so I don't fall over things."
- People living with advanced dementia were at risk from access to unlocked bathrooms which contained designated drawers filled with people's personal toiletries. Items stored included razors, prescribed creams, bottles of liquid products and aerosols. We discussed this risk with the registered manager who took immediate action to ensure these rooms remained locked.
- Legionella and fire safety risks identified in the service fire risk assessment had been addressed. Cleaning products were securely stored to prevent accidental harm.
- Call bells were positioned appropriately to enable people to use them if required and appropriate assessments of people using bed rails had been conducted.
- Risk assessments included assessing the levels of risk to people such as falls, eating and drinking, choking, moving and handling and skin integrity.
- Where people had been assessed as at risk of falling, guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling. Laminated moving and handling plans with photos of equipment to be used were located in people's rooms for ease of access for staff.
- Where people had been assessed as being at risk of choking, advice had been received from appropriate

health care professionals and care plans recorded the support people needed from staff to ensure they could eat and drink safely.

- People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services as to the support they would need to evacuate from the service safely.
- Regular planned and preventative safety, maintenance checks and repairs were carried out. The records of these checks were up to date.

Staffing and recruitment

- People told us there was enough staff. One person said, "They answer when I call pretty promptly. Yes, of course they are busy at times, only to be expected in a place this big." A relative told us, "They have been very short of staff and far too many agency working, more than their own staff at times. I have to say this is much better than it was, they have taken on more staff and we have seen a big improvement since the new manager came, it is much more stable now."
- There were sufficient staff on duty to meet people's needs and a dependency tool was used to calculate the number of staff needed to support people safely and meet their needs and this was kept under review. People told us, "I feel safe in my room, the care call system works OK. I don't wait long so I think there is enough staff, I've not noticed any problems. Any problems someone would be here within two to three minutes."
- Staffing levels were achieved using regular bank and agency staff. Staff told us, whenever possible the same agency staff were used as they were familiar with people, their likes, dislikes and routines. The registered manager confirmed there had been a period of high agency usage due to staff shortages, but this had been steadily reducing following successful recruitment.
- Robust recruitment procedures were in place and ensured that only suitable staff were employed to work at the service.

Using medicines safely

- There were safe systems in place for the storage, administration, recording and disposal of medicine.
- All staff responsible for administering medicine had received medicines training and regularly competency assessed to administer medicines.
- Medicine audits were carried out on a regular basis. Outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon. However, audits had not identified where transdermal pain relief patches had not been administered to alternating sites on the body as prescribed to maintain people's safety. This was discussed with the deputy manager who told us they would rectify this and discuss with staff immediately.

Preventing and controlling infection

- One person told us, "My wheelchair should be cleaned every week, it gets missed sometimes and I complain to a senior and then it gets done." This comment was reflective of our findings in relation to several wheelchairs. Following feedback to the registered manager action was taken to rectify this.
- The laundry was well organised with systems in place to deal with laundry to avoid cross infection.
- Staff had completed infection control and food safety training. Guidance had been provided where risks of cross infection had been identified to keep people safe.
- We identified a risk of cross infection where the plastic coating on a bath was peeling and posed a risk of harbouring bacteria. The regional director responded to our feedback with evidence provided that the manufacturer had been contacted and would assess the bath the following day after our visit.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- There were systems for monitoring and investigating incidents and accidents. Incidents and accidents were

monitored to identify any trends.

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

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

- 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's care records contained information as to how staff should support them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, their needs had been assessed with guidance to ensure they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The registered manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority. A DoLS audit confirmed appropriate authorisations were in place to restrict people's freedom of movement for their own safety and was kept under review.
- Staff had completed MCA training. They described how they sought consent from people when supporting them and respected people's decisions.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff completed an induction training plan when they started working at the service.
- Staff received supervision and annual appraisal to enable them to review their practice and consider any training needs.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people with specific health conditions.
- Nursing staff had completed training with updates in clinical areas such as, wound care, syringe driver, catheter and end of life care.

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

- People were provided with a choice of food and drink.
- On the dementia units plated meals were presented to provide people with the opportunity to visualise the choices on offer.

- People were provided with a choice of drinks and snacks throughout the day and these were available for people to access in the lounges on each unit.
- People's comments about the food provided, included. "The food is excellent since the new chef came. We have plenty of choice and if you don't like what is on the menu they chat to you and we come to a decision about what to eat instead." And, "I am very fussy about my food. I like plain and simple food, not spicy. The head chef is very good they get me something else if I don't like what's on offer."
- Where people needed staff support to eat their meals, support was provided in a relaxed, manner, not rushed. There was plenty of staff to assist people when required and staff confirmed this level of support was also available at weekends.
- Where people needed specialist diets these were provided.

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

- Each person's room was personalised with their own belongings and style and families were encouraged to bring items that were important to them.
- The environment was purpose built and well laid out with sufficient communal space to meet people's needs.
- People had access to personal ensuite shower rooms as well communal bathrooms.
- Further work was needed to support people living with dementia to orientate around the building and create a less clinical and more dementia friendly environment. The registered manager and regional director told us this had been recognised as an area for improvement with plans in place to rectify this.

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

- People had access to a GP from a local surgery as well as community nursing support when needed.
- Staff worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service.
- People had regular access to chiropodists and opticians.
- Further work was needed to ensure people's oral health care needs were being met. Oral assessments had been carried out, but this information had not been transferred to people's care plans. Care plans did not evidence planning to enable people to have regular access for dental check-ups. Access to a dentist was reactive to pain and problems people experienced, rather than preventative. We discussed this with the registered manager. By the second day of our inspection work was in progress to review people's oral and eye health needs and update care plans.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People enjoyed good relationships with staff and looked comfortable in their company. Comments from people included, "The staff are lovely. The activities staff come and sit and talk to you. There are lots of positives here." And, "No one rushes me, they always knock before coming in, they ask to come in. I am respected. I've not had any problems, they are kind and helpful."
- There was a caring culture with positive interactions between people and the staff who supported them. One relative said, "There is very good care staff, it is much better now there is not so many agency staff. The care has improved, is of good quality and the food is good too." And another, "The care and the time the staff spend with [person's relative] is very good. We are happy as a family with the communication, we are always welcomed."

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

- People's likes, dislikes and preferences were considered and respected. People told us they were encouraged to spend their time where they chose to do so and their independence promoted. One person said, "They encourage me to do as much as I am able for myself. They know it's my choice to do things for myself even if this means my room gets messy. I think they respect this."
- Regular meetings and surveys were provided to enable people to air their views and shape the future planning of the service.
- Suggestion boxes with comment cards were displayed in the reception area for people to provide feedback on the quality of the care they received.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected by staff. One person told us, "They always knock on the door. They talk to me and tell me what they are doing when I have a bath. I am treated respectfully. The staff are ever so friendly." And another said, "I've never had any problems, they always knock, tell me a bit about what they are doing, and treat me with respect."
- Several people told us night checks were carried out to ensure people were safe. However, they also told us these checks sometimes impacted on their ability to sleep well as staff used torches which they shone into people's bedrooms. One person said, "They do respect my privacy and on the one hand I am pleased they check we are alright during the night, but I find the night staff shining their torches into my room a little disrespectful." We discussed our findings with the registered manager who acted to instruct night staff not to use torches in people's bedrooms.
- People were supported to maintain and develop relationships with those important to them. Relatives told us they were welcomed at any time and supported to visit their families.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

- People's needs were assessed prior to admission to ensure the service could meet individual needs and plan their care. Staff were aware of people's life history and preferences and used this information to develop positive relationships and deliver person centred care.
- Care plans had been reviewed and updated regularly to reflect people's changing needs. People and their relatives told us they were sometimes involved in the review process.
- Designated staff provided a range of activities. Activities were varied and person centred. A weekly plan of activities was distributed to people and were made available on notice boards.

People told us, "I really enjoy the pottery classes. They are so popular now we have to have two groups to fit everyone in." And, "I do enjoy the activities provided, the pottery, I like everything I do here to pass the time, it helps me being sociable. It is so easy to find someone to talk to, I like the flags, ball balancing and it helps keeps me fit."

- Regular social events were planned to celebrate special occasions such as, a recent celebration of Valentine's day where the head chef made heart shaped biscuits and presented roses to individuals. Birthdays were celebrated with a cake made for the occasion.
- The service had a cinema where regular showing of films was provided. A designated hair and beauty salon provided a space for access to regular hairdressing services.
- People had access to the local community with use of the minibus belonging to the service.
- Community groups such as, churches, a local nursery and schools visited the service. People told us how access to these groups enhanced their sense of wellbeing and reduced the risk of isolation from the outside world.

Improving care quality in response to complaints or concerns

- The complaints and feedback procedure was provided to people.
- Staff were aware of the procedure and what action to take if they received a complaint.
- The registered manager had a system in place for logging complaints with audit trail of responses and lessons learned recorded.

End of life care and support

- Some care plans showed consultation had taken place regarding people's preferences for end of life care.
- Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for people who had expressed a wish not to be resuscitated.
- There was access and support provided from a local hospice and community nurses when needed.
- Whilst staff had been provided with some training in meeting the needs of people at the end of life, we recommend consideration be given to implement the Gold Standards Framework (GSF). The GSF is used to

enable an integrated approach to planning care for people at the end of life with timely recognition of people with life limiting conditions, helping them to plan for their care and live as well as possible in the last days of life.

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

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

- There had been a change in registered manager since July 2018.
- People, their relative's and the majority of staff were positive about the registered manager and the changes they had made.
- Staff told us, "They [registered manager] is good. We have had five managers since the home opened, they don't stay long and then they are gone, it can be very unsettling for everyone. We hope this one stays." And, "They [registered manager] is very approachable. Changes have been made at a good pace. It is more stable, things are settling down with new staff and less agency which is good for everyone."
- There was effective leadership at all levels within the service. The regional director was present during the inspection and supported the management team with regular monitoring and support visits. Relative's told us, "Things were not very good for a while but now improving and settling down with the new manager." And, "The new manager has been lovely, always speaks, very energetic, friendly, a happy man, any problems I can knock on his door anytime."
- Staff described the culture of the service as; "We work well as a team, we really get on and I love it here." And, "The manager is lovely, any issues, new ideas. He is open, very down to earth, firm and gets things done. Morale has massively improved since he came, 100% better, he sorted staffing issues out, directed staff where they have potential and noticed people that are good with those people with dementia and put them on those floors, some staff who left have returned."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Planning with timescales for action were in place to address shortfalls identified in management audits.
- People and staff were positive about the changes made since the new registered manager had taken up their post.
- The management team positively encouraged feedback and acted on it to continuously improve the service, by seeking people's views in surveys and meetings.
- The culture of the service was open and transparent. Staff understood the provider's vision for the service and told us they worked cohesively as a team to deliver high standards. The provider also operated a staff recognition scheme called, 'GEM' which invited nominations from people, staff and relative's where staff had gone the extra mile to support and enhance people's wellbeing.

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

- People, relatives and visiting professionals completed a survey of their views and the feedback had been used to continuously improve the service.
- The activities team had forged good links for the benefit of people within the local community, such as church groups, a local nursery and school. This reflected the needs and preferences of people.

Continuous learning and improving care

- The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.
- Some of the areas we have noted as needing development as described within the safe and responsive section of this report were immediately action upon and rectified by the second day of our visit. The management team told us they were committed to reviewing their approach following the inspection.

Working in partnership with others

- Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence.
- The management team worked well with the local GP surgery to provide regular twice-weekly as well as "when required" visits.