

HC-One No.1 Limited

# Colton Lodges Care Home

## Inspection report

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Date of inspection visit:  
04 May 2023  
10 May 2023

Date of publication:  
19 June 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Colton Lodges Care Home is a care home providing personal care to 96 people aged 65 and over at the time of the inspection. The home provides support to older adults and people living with dementia. The home accommodates people on 4 separate units, including Newsam, Whitkirk, Elmet and Garforth.

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

Records were not always completed effectively. The registered manager and staff were open and honest. There was a positive staff and management culture that people living in the home and relatives had commented on. Staff were keen to learn and drive improvement to ensure people received the best possible care. Effective governance systems were in place to ensure oversight and monitoring of the home.

Systems were in place to safeguard people from the risk of abuse. Medicines were managed safely, and competency assessments carried out to monitor staff performances. Risks to people were managed by staff following appropriate risk assessments. The provider carried out assessments on the home to ensure people were safe to live there. We saw staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and staff were recruited safely. People were encouraged to visit the home and spend time with their loved ones.

People's preferences and choices were being upheld. People were offered choices during mealtimes and enjoyed the food provided in the home. The home ensured people had access to health care professionals when required.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 May 2020) and there was a breach of regulation 12 and 17.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had improved and they were no longer in breach of regulation 12 and 17.

### Why we inspected

We carried out an unannounced focused inspection of this service on 4 and 10 May 2023.

We received concerns in relation to the management of people's care needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

The overall rating for the service has remained requires improvement. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Colton Lodges Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Colton Lodges Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by 1 inspector, 1 assistant inspector, specialist advisors in medicines and governance and 1 expert by experience. 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

Colton Lodges Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Colton Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 4 May 2023 and ended on 11 May 2023. We visited the service on 4 and 10 May 2023.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 10 staff including the registered manager, area director, operations manager and care staff. We spoke with 10 people and 7 relatives about their views of the care provided. We reviewed the care records for 7 people, numerous medicines records, 4 staff recruitment and supervision files, records related to governance systems and processes and other documentation relevant to the running of 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection medicines were not managed safely. This was a breach of the Regulation 12 (Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At the last inspection the provider failed to ensure proper and safe management of medicines. At this inspection we found medicines were managed safely.
- Medicine training and competency assessments had been completed by all staff administering medicines.
- Some people needed 'as required' medicines and others had time sensitive medicines. We saw these being given at the right time or when needed.
- Medicine audits were effective and ensured medicines were managed safely.
- Medicines were kept safely, and storage facilities were clean and tidy.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes and procedures were followed to ensure people were protected from the risk of abuse.
- People living in the home and their relatives told us they felt safe in the home and with staff caring for them. Comments included, "Yes, I think [Name] is safe, so far, [Name] is 100% better here" and "I do feel [Name] is safe, they are all lovely, I have no complaints about any of the staff."
- Safeguarding training had been completed by staff who understood their responsibilities to protect people from possible harm or abuse. One staff member said, "Reporting safeguarding would go to unit manager, if nothing done I would go to the home manager, then area manager, then whistleblow if needed."

### Assessing risk, safety monitoring and management

- Risk assessments included relevant information and were reviewed on a monthly basis to mitigate potential risks.
- Staff were knowledgeable about people's risks and how these should be managed.
- People had personal emergency evacuation plans in place with information should they need evacuating from the home.
- A range of environmental risk assessments were in place to ensure the safety of the home and any equipment which was being used.

### Staffing and recruitment

- There were enough staff employed to ensure people's needs were being met daily.
- People and their relatives had mixed reviews about staffing levels. Comments included, "Yes, there are people around to talk to" and "They could do with a couple more (staff). They would be able to get to people better."
- We saw evidence of staffing levels being changed as result of staff's request to spend more time with residents. For example, one unit increased their staffing levels to accommodate this.
- The provider had recruitment checks in place to ensure staff were suitable to work in a care setting. This included identity checks, previous employment, references, their right to work in the UK and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The home supported visits for people living in the home in line with current guidance. One relative told us, "You can visit any time day or night. We take [Name] out once a week."

### Learning lessons when things go wrong

- There was evidence of incidences being recorded, investigated appropriately with clear links to safeguarding where appropriate and actions to mitigate risk or minimise reoccurrence.
- The registered manager had systems to ensure lessons were learned from incidents. Incidents were investigated and any learning shared with the staff team.



# Is the service effective?

## Our findings

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 our last inspection we rated this key question good. At this inspection the rating remains good.

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

- Colton Lodges Care Home carried out initial assessments prior to people coming to the home to ensure their needs could be met.
- People's care needs were assessed and reviewed regularly to ensure their care needs were relevant to them. People said, "They (staff) are nice people, they look after me" and "They give me what I need."
- Care plans recorded people's preferences and choices about their care. For example, one person required turning every 4 hours however, this was changed as the person asked to be moved when in pain and would call for staff when necessary.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction into their role to provide them with the skills and knowledge they needed to support people.
- Records showed staff had completed mandatory training. Staff were offered other training and development opportunities. One staff member told us they had been supported by the registered manager to complete their NVQ and another member of staff had been encouraged to take on a leadership role to progress their career.
- Staff told us they received regular supervisions and had annual appraisals. One staff member said, "The unit manager does my supervision and I have them often. We also have handovers on a morning. Everything is handed over then."

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

- Staff supported people to eat and drink enough to meet their needs. We observed the lunchtime service and people were offered choices of food and drinks throughout. Outside of mealtimes, people were offered drinks and snacks at regular intervals. However, one person said they would like to be offered more drinks.
- People were given choices at lunch as to what they wanted. One staff member said, "At lunchtime we have 'show plates.' One might be salad; one might be a hot meal. Sometimes people decide they don't like salad so switch to the hot meal if they want."
- People were mostly positive about the food provided. People told us, "The food isn't bad, there's a small choice. If you don't like it, you can ask for something different" and "It's alright and if you don't like it, you can have something different."
- Risks associated with people's food and drink, such as malnutrition and choking, were identified and guidance was in place for staff to support people.
- Where people required their food and drink intake monitoring, relevant charts were completed by staff.

Supporting people to live healthier lives, access healthcare services and support; staff working with other

agencies to provide consistent, effective, timely care

- Records confirmed people were supported to access external healthcare support. One person said, "Yes, if I want a doctor, I would get one."
- There was clear evidence in people's care records of professional involvement, including Speech and Language Therapy (SALT), GP and District nurses.

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

- At the time of our inspection the home was undergoing renovation work. All units were being painted and updated to provide a relaxing home environment.
- People's bedrooms had been individually furnished in line with their choices and preferences.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems were in place to assess people's capacity. If people lacked capacity to make specific decisions about their care, capacity assessments had been completed.
- DoLS applications to deprive people of their liberty had been properly made and authorised by the appropriate body.
- Staff had received training in the MCA and understood their responsibilities under this Act.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider did not have effective systems in place to assess, monitor and improve the quality. There was also a failure to maintain accurate and complete records. Audits were also not robust as they did not always identify shortfalls. This was a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Although governance systems were now more robust, we found recording issues in some areas of practice which needed embedding and to be sustained at the unit level.
- Some care records were not up to date or had not been completed. One person did not have a risk assessment in place for a lock placed on their bedroom door or a safer handling risk assessment. We also identified the persons falls assessment was inaccurate as it stated no recent falls however, the person had a fall.
- Some records were not clear. For example, one person's risk assessment stated for 2-3 people to support a person but did not record when 2 or 3 would be required and for what reason. These issues were rectified during our inspection.
- There was a clear management structure and staff showed a good understanding of their roles and responsibilities. The home had implemented managers for each unit with clear responsibilities for ensuring improvements were being made.
- The staff team worked together to ensure people received good care. One staff said, "I think we really have a good team, and the care staff are fully committed and hard working. The staff give there all to the care of the residents."
- The registered manager knew their legal responsibilities for sharing information with CQC and other bodies. Where the service had to tell us about significant incidents, statutory notifications had been sent to CQC.

Continuous learning and improving care

- The registered manager and staff spoke positively about their commitment to making improvements to the care people received. We observed improvements had been made since our last inspection.
- Staff meetings took place and staff told us the management team listened to concerns raised. One staff

member said, "The unit has a few challenges. Our residents have a high dependency and issues with staffing. This has been addressed with the managers and they listened to us. We used to have 5 care staff and now we have 6. This has allowed us to spend a bit more time with residents."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and staff promoted a positive culture in the home. People and relatives spoke positively about the care and support they received. Comments included, "I think they (staff) do marvellous, everything is good, they do their best" and "They (staff) know what they are doing, they help me if I need it."
- Staff were complimentary about the management team and said they were approachable and supportive. Comments included, "Senior managers are very visible on units, I feel the manager is approachable and has an open-door policy" and "The manager is friendly and will sort out any problems. The area director is approachable."
- The duty of candour was understood by the registered manager and throughout our inspection the registered manager and staff were honest and open.

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

- Regular care reviews were carried out with people and their relatives to gather feedback and to make any necessary changes to their care.
- Staff meetings took place and handovers helped staff to keep up to date.
- People and relatives told us they were asked to give feedback about the care received but were unsure what happened with this information.

Working in partnership with others

- We saw records relating to healthcare professionals who had input in peoples care when required to ensure their needs were being met.
- Staff ensured referrals had been made in a timely manner to enable people to access health and social services when needed. One person said, "Yes, if I want a doctor, I would get one."