

Blue Mar Limited

# Colebrook Manor

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on the 3 and 4 and 6 July 2018 and was unannounced.

Colebrook Manor is a care home that can accommodate up to 40 people that require nursing or residential care. At the time of the inspection 33 people were living at the 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 registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we completed our previous inspection on 12 September 2017 we found concerns relating to people's end of life care recordings. At this time this topic area was included under the key question of Caring. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area was included under the key question of Responsive. Therefore, for this inspection, we have inspected this key question and also the previous key question of Caring to make sure all areas are inspected to validate the ratings.

During the last comprehensive inspection in September 2017 we found the areas of safe, caring, effective and responsive required improvement and well led was rated as inadequate with breaches of Regulation. We took enforcement action by imposing positive conditions on the provider's registration. This meant they needed to send us a monthly action plan of the progress of meeting the regulations.

At that inspection we found that people could not be confident that risks to their health and safety had been fully assessed and recorded, or that safe systems were in place to monitor the risks. We also found people's health, safety and well-being may be at risk due to lack of maintenance in some areas of the home at that time. Some aspects of medicine administration were not fully safe. Some staff had not received training on safeguarding procedures. People's end of life care was not fully planned with them. Care plans did not fully reflect people's needs or wishes. People were at risk because the provider's systems to monitor the quality of the service were not fully effective and had failed to identify or address areas where improvements were needed. At that time the leadership, governance and culture did not ensure staff had sufficient information to ensure people's needs were fully met and staff were not well supported to enable them to consistently and safely deliver good quality care.

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate in any of the key questions.

This inspection in July 2018 was a comprehensive inspection that looked at all areas of the service again to check the service had addressed the concerns from September 2017. We found people's care at Colebrook Manor had significantly improved in all areas. The service has been therefore rated as Good in effective, caring and responsive. There remained a rating of Requires Improvement in the responsive and well-led sections of the report. This is due to the need for the provider and house manager to demonstrate they can sustain the positive changes that have been made.

The registered manager and provider had put new systems in place to oversee the running of the service and check its quality. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff and professionals said the management team were approachable and had made many improvements since the last inspection. Staff said the management team were involved in the day to day running of the service.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the management team to help ensure its ongoing quality and safety. The provider's governance framework helped monitor the management and leadership of the service.

The manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were safe at the service. People, who were able to, said they felt safe living at the service. One person said; "They have nice staff here and I feel safe." Staff said people were safe; "We check people all the time and make sure they are safe." Healthcare professionals commented that the registered manager had put processes in place to care for people's individual needs and, "staff dealt with this safely."

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible. Robust systems were now in place to assess risks and ensure measures were put in place to further reduce those risks to protect people.

People received their medicines safely by suitably trained staff. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. People, relatives and staff agreed there were sufficient staff to keep people safe. Staff said they were able to meet people's needs and support them when needed.

People lived in an environment that was clean and hygienic. Parts of the environment had been refurbished, taking into account people's needs.

People received care from a staff team who had the skills and knowledge required to effectively support them. Staff had completed safeguarding training. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

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. People's

healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's capacity to make important decisions about their lives had been assessed in accordance with the Mental Capacity Act 2005 (MCA). The provider and staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and met them. People were not all able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans in their best interests. People's preferences were sought and respected. Care plans held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

The service was responsive to people's individual needs and provided personalised care and support. People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and met. People were able to make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

People had access to organised and informal activities which provided them with mental and social stimulation. We found some aspects of this that could be improved however the registered manager was already looking into this.

People's end of life wishes were documented. People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

All significant events and incidences were documented and analysed. The evaluation and analysis of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from other agencies and the staff team.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Many aspects of the service were safe. However the service has not had long enough to ensure they could demonstrate sustained improvement.

People's medicines were safely managed and administered.

People were supported to live safely at the service with risks identified, assessed and mitigated.

People were kept safe by clear systems to identify and report abuse.

There were sufficient staff to meet people's needs who were safely recruited.

People were protected by staff using safe infection control practices.

Lessons were learnt to improve the service overall.

People lived in a clean and odour free environment.

**Requires Improvement** 

### Is the service effective?

The service was now effective because;

People received care and support from staff who had undertaken relevant training to meet their needs.

People were assessed in line with the Mental Capacity Act 2005 as required.

People's needs and choices were assessed and met within current guidance.

People had plenty to eat and drink with any needs monitored and had care plans in place to help guide staff to deliver the correct support.

People's health needs were met by a range of health care staff as needed.

**Good** 

People now lived in a service which was adapted to meet their needs.

People's individual communication needs were known by staff.

### **Is the service caring?**

**Good** ●

The service was now caring because;

People were supported to be in control of their care and maintain their independence.

People's privacy and dignity were respected.

Staff ensured people's equality and diversity was respected and used the accessible information standard to ensure effective communication and choice.

People were actively involved whenever possible in making decisions about their own care and support.

### **Is the service responsive?**

**Good** ●

The service was now responsive;

People's care plans continued to be developed to ensure they were an accurate reflection of how their care needs should be met.

People's concerns and complaints were identified quickly.

People told us they felt able to raise a concern. People received feedback and staff checked they were happy.

Complaints and concerns were used as an opportunity to reflect on the quality of care for everyone.

People were supported at their end of life in a way that was special to them and to help ensure a pain free and comfortable death.

### **Is the service well-led?**

**Requires Improvement** ●

Many aspects of the service were well-led. However the service has not had long enough to ensure they could demonstrate sustained improvement.

There were now systems in place to monitor the safety and quality of the service. The quality assurance system operated to

help develop and drive improvement.

People, staff and professionals spoke highly of the current management team. People, family and staff were encouraged to give their feedback on the service.

People benefited from a management team who worked with external health and social care professionals in an open and transparent way.

There was an emphasis on learning from past mistakes and preventing them from happening again.

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# Colebrook Manor

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection completed on the 3, 4 and 6 July 2018 and was unannounced on day one. One adult social care inspector, a specialist advisor in nursing and an expert-by-experience completed this inspection. An expert by- experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the action plan and updates from the provider which were requested from us on a monthly basis. We also reviewed information we held on the service such as notifications. Notifications are specific events that registered people have to tell us about. We also reviewed the Provider Information Return (PIR). The PIR is 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.

During our inspection we met 15 people who used the service. We were supported throughout the inspection by the registered manager and the deputy manager. We also spoke with 13 staff members and six relatives. After the inspection we received feedback from three professionals involved with people at the service.

We looked at six records which related to people's individual care needs. We viewed four staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.



# Is the service safe?

## Our findings

At the last inspection in September 2017 we rated this key question as requires improvement with three breaches of regulation. At that time, we found people could not be confident that risks to their health and safety had been fully assessed and recorded, or that safe systems were in place to monitor the risks. We found people's health, safety and well-being may be at risk due to the lack of timely maintenance in some areas of the home. At that inspection some aspects of medicine administration were not fully safe. We also found people may be at risk of abuse because some staff had not received training on safeguarding procedures and may not recognise abuse or know how to report it.

We issued a positive condition which meant the provider had to send us a monthly action plan describing the action they had taken to improve the service and meet the regulations.

We found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address the breaches of regulation.

On this inspection in July 2018, we found the concerns of the last inspection had been mostly addressed. We have rated this area as Requires improvement. This is due to the need for the provider and registered manager to demonstrate they can sustain the positive changes that have been made. We also found a few areas that needed further improvement.

People said; "It feels safe, I've no doubt about that" and "I feel safe here and looked after" and another said; "It's not home but I do feel safe."

People staying permanently or for a short stay had their immediate risks now clearly identified. Following the last inspection, how people's risks were identified, assessed and reviewed was changed. Where possible, people or their family members were involved in identifying their own risk and in reviewing their own risk assessments with staff. Up to date risk assessments were in place to support people to live safely at the service. The registered manager ensured risk assessments were completed as soon as a risk was identified. These risks were reviewed regularly to help minimise issues for people and refine how staff could support them. This meant, the likelihood of the risk arising was reduced and well managed.

Staff then took time to get to know people to identify and mitigate the risks people faced. All risk assessments were clearly linked to people's care plans and the registered manager's review of staffing and staff training. For example, risks assessments were completed to monitor people's symptoms of a low or high blood sugar level and record how to prevent pressure wounds. One staff member was now responsible for checking all pressure relieving equipment in place to help minimise the risk of pressure damage. For example, they checked pressure relieving seat cushions and mattresses. People who had further risk of skin deterioration were referred to the tissue viability team for additional support. The previous inspection highlighted a lack of comprehensive recording of people's catheter care. This had now been addressed and the dates of catheter insertion or sizes used were clearly documented in people's care records.

Accidents and incidents were recorded, audited and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager informed other agencies, including safeguarding, of incidents and significant events as they occurred. This helped to ensure people continued to receive safe care and the provider had an oversight of the service.

However, one person was found to have had a fall and a body map completed showed the injuries sustained during this fall. The notes recorded that this person was meant to see the district nurse team to record an action plan and a referral to the safeguarding team. We could not establish if the district nurse team had visited this person or if any alert had been made. This placed the person at risk due to no record or follow up care provided to help keep them safe.

One person was receiving care for their skin integrity and others had their insulin administered by the district nurse team. However, the district nurse team did not have any established method of communicating, verbally or in writing, the care or treatment provided after each visit. For example one staff member said they did not know how much insulin had been administered to people that morning. Therefore, though the district nurses completed their own notes, the services care records or communication notes did not record or show the amount of insulin administered, any progress notes or treatment plans. For example, if a person's pressure ulcer was improving. This was discussed with the registered manager who took immediate action and introduced a communication format that the district nurse team could complete. Therefore the staff in the service would be up to date with the current needs of people.

At the previous inspection we identified that the provider had failed to ensure safe systems were in place to reduce the risk of financial abuse. For example, not all expenditure was checked by two staff members or monitored regularly to ensure people were protected. The registered manager confirmed the system had been changed and updated to help protect people and this included regular checks of monies held.

Since the last inspection the provider had put in place new systems to monitor the safe management of medicines which included several opportunities to identify issues that could be put right straight away. These meant errors were unlikely and when these did occur, immediate learning and changes in practice were made to prevent this happening again. This meant people's medicines were now administered and managed safely. People at risk due to blood thinning medicines had risk assessments in place guiding staff on what action to take if people injured themselves. Fluid thickening agents and prescribed creams were stored and recorded correctly. People prescribed medicines on an 'as required' basis had instructions to show staff when these medicines should be offered to people. Records showed these medicines were not routinely given to people but were only administered in accordance with the instructions in place. These protocols helped keep people safe.

People lived in an environment which the provider had assessed to be safe. The last inspection showed that not all of the premises had been properly maintained and there was a risk of poor hygiene standards. All staff had now completed infection control training and had access to a 'report of faults' book to record any issues of maintenance that the maintenance team checked and repaired as soon as possible. During this inspection we saw how the service was now regularly maintained to a good standard. This included the introduction of new check lists to ensure the environment was clean and free from hazards and monitoring forms to ensure all areas were safely maintained. We found the environment to be clean and well maintained and management carried out unannounced checks to check the service and people living there were safe. Staff had access to gloves, aprons and hand gel to help prevent the risks of cross infection. Hazardous substances such as cleaning materials were stored in a locked area.

People had personal evacuation plans in place, so their individual needs were known to staff and emergency services in the event of a fire. A fire risk assessment was in place, and regular checks were undertaken of fire safety equipment.

We spent time with people observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them.

People had sufficient numbers of staff employed to help keep them safe and make sure their needs were met. We observed staff meeting people's needs, supporting them and spending time socialising with them. People's risk of abuse was reduced as the company had suitable recruitment processes in place. This included checks carried out to make sure new staff were safe to work with vulnerable people.

People were protected from abuse and avoidable harm as staff understood the provider's safeguarding policy. All staff undertook training to help minimise the risk of abuse to people and staff knew how to recognise and report abuse. Staff were confident that any reported concerns would be taken seriously and investigated. Staff said they had received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse and they were able to identify different types of abuse.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the Care Certificate (a nationally recognised qualification for staff new to care) and this covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

## Is the service effective?

### Our findings

At the last inspection in September 2017 we rated this key question as requires improvement with two breaches of regulation. This was because people's capacity to make important decisions about their lives had not been fully assessed in accordance with the Mental Capacity Act 2005 (MCA). Staff also did not have sufficient information about people's health needs to ensure their health needs were delivered effectively at that time. In September 2017 people could not be sure that all staff had been trained to be able to effectively meet their needs.

Following our enforcement action after the inspection in September 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection in July 2018, we found the concerns we had from the previous inspection had been put right. We have now assessed this domain as Good.

People received care from staff who were trained well and competent. The registered manager ensured all staff received the training required to effectively care for people. Clear records were now kept to record training and track when it needed to be renewed. Staff training records showed staff had received up to date training for example in, moving and handling, health and safety, infection prevention and control, mental capacity, deprivation of liberty and safeguarding. All staff, including auxiliary staff, received training in understanding people's needs. For example, all staff were trained in safeguarding vulnerable adults and understanding the needs of people living with dementia. Staff confirmed they could ask for any additional training and support as needed.

Staff demonstrated their knowledge and skills in caring for people they looked after and they explained how they applied the knowledge gained through training in every day practice. Staff were encouraged to become champions so they could lead on key topics and keep other staff and policies up to date. This included infection control, end of life care, diabetes, health and well-being and wound care.

New staff completed the Care Certificate (A nationally recognised training course for staff new to care) that covered topics such as Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Staff were supported, received regular supervision and team meetings were held to keep them updated with current good practice models and guidance for caring for people. Staff said they received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided current effective support to people. Staff confirmed discussions were held about changes in people's needs as well as any important information in relation to care needs.

Staff had now completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff encouraged and supported people

to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed family and healthcare professionals had also been involved in making decisions. This showed the registered manager was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People, who were able, told us they received the care and treatment they needed to meet their needs and that respected their wishes. A possible new admission, visiting with relative said; "All the staff we've met have been great." Feedback from a professional told us they thought staff were very good at providing care and support to people.

People had a pre-admission assessment completed before moving into the service. People on residential care had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed that a variety of professionals were involved in their care, such as district nurses and GPs. People's health was monitored to ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, some people were currently receiving care from the district nurse team for change of dressings and the GP visited when required. This enabled people and staff to receive advice and support about how to maintain people's health. Staff consulted with external healthcare professionals when completing risk assessments for people.

People said they were able to make choices on the food offered. People identified at risk of future health problems through poor food choices had been referred to appropriate health care professionals. For example, speech and language therapists. The advice sought was clearly recorded and staff supported people with suggestions of suitable food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people received effective care and support. For example, some people had seen a speech and language therapist to assist them with eating the correct consistency of food while others had been prescribed a meal supplement.

People were encouraged to remain healthy, for example people did chair exercises while others went for walks around the building or made use of the secure gardens to help maintain a healthier lifestyle.

People had information on their communication needs recorded to assist staff in understanding how best to communicate with people. For example, a recently discharged person had not spoken English as their first language. Therefore an interpreter was arranged to assist this person during their transition home. Staff demonstrated they knew how to communicate with people and encouraged food choice when possible, including the use of plated meals to assist with visual choice. People also had electronic tablets available to assist with communication needs and choice as well as contacting relatives via the internet. Care records recorded what food people disliked or enjoyed. People who required support to eat were assisted in an unhurried and discreet manner which helped to preserve their dignity. One person said; "The food is good and the dining room is nice." Another said; "I'm fed and watered and the food is good."

People were not always able to give their verbal consent to care, however staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their care tasks. People were heard to answer or make gestures in response to staff.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained and planned updates to the environment were recorded. Bedrooms were clean, warm and had clean linen on each bed and decorated in a personalised, homely way. The registered manager had plans to improve the environment including making it more dementia friendly. They had plans to review the decoration and signage in line with best practice for people living with dementia. The registered manager was looking to obtain local accreditation for dementia care and would make the decoration as part of the plan in ensuring this was successful.

## Is the service caring?

### Our findings

At the inspection in September 2017 we rated this key question as requires improvement with one breach of Regulation. At that time, we found people's end of life care was not fully planned with them. This topic area relating to this concern was then reported under the key question of Caring, but was moved to the key question of Responsive when we subsequently reviewed and refined the framework.

Following our enforcement action after the inspection in September 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection in July 2018, we found the concerns we had from the previous inspection had been put right. We have now assessed this domain as Good.

People were supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. People were chatting with staff about plans for the day and the conversations were positive and we heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance. People were observed to become anxious at times so staff spent time listening and answering people even when the questions were repetitive and providing reassurance to people. One person said; "I wasn't sure at first as I didn't know anybody but I now know everybody and they're all doing a good job." A relative said; "I'm very happy with the care [person's name] receives here."

People and relatives told us people's privacy and dignity was respected. One person said; "[Staff are] polite and always knock on my door." Staff were observed to knock on peoples' doors and ask them if they would like to be supported. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. Staff respected people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff. Staff showed concern for people's wellbeing. People feeling unwell or under the weather were observed to be well cared for by staff with kindness and compassion while maintaining people's dignity.

Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff. Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The registered manager and staff said everyone would be treated as individuals, according to their needs.

People were supported to express their views whenever possible and be involved in any decisions about the care and support they received. Staff were seen communicating effectively with people. This helped to

ensure people were involved in any discussions and decisions as much as possible. Interactions we observed whilst staff supported people were good. When staff passed people, they always spoke to people and asked if they were OK or needed anything.

People had decisions about their care made with the involvement of their relatives, representatives and professionals. People's needs were reviewed regularly and staff who knew people well attended these reviews. Staff understood people's communication needs, for example if they were able to verbally respond or if they were distressed. People had information on their communication needs recorded in their care plans. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the regular staff team with little or no agency staff used. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.



## Is the service responsive?

### Our findings

At the inspection in September 2017 we rated this key question as requires improvement with a breach of Regulation because care plans did not fully reflect people's needs or wishes. We also found people's end of life care was not fully planned with them.

We have inspected this key question to follow up the concerns found during our previous inspection in September 2017. This topic area relating to this concern was under the key question of Caring in the previous assessment framework, but was moved to this key question when the framework was reviewed and refined.

Following our enforcement action after the inspection in September 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection in July 2018, we found the concerns we had from the previous inspection had been put right. We have now assessed this domain as Good.

People were supported by a staff team who were responsive to their needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager said this enabled them to determine if they were able to meet and respond to people's individual needs.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life. This would help ensure people wishes were respected.

People's care plans were person-centred, detailed how they wanted their needs to be met in line with their wishes and preferences. People's records also detailed their social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. For example, when any decreases in people's general health or dementia was identified, specialist advice was sought. Staff said they encouraged people to make choices as much as they were able to. Staff said some people were given verbal choices while others were shown visual cues to choose from in picture form.

People's care plans included clear and detailed information about people's health and social care needs. Each care plan described the person's skills, goals and support needed by staff and/or other agencies. The plans were personalised and detailed how each person needed and preferred care and support to be delivered. People's daily routines were documented and understood by staff.

In addition to full care plans there were brief profiles of people, particularly about people's care and any health care need. This information showed the service had liaised with other agencies to support people and enabled the staff to respond appropriately to people's needs. Staff had a good knowledge about people and were able to tell us how they responded to people and supported them in different situations. Staff knew how to respond appropriately to people's needs.

People had their pressure care responded to by either the nursing staff on duty or from the district nursing team. Care plans held information for staff on how to care for and respond to someone to protect their skin integrity. This included information on where the concerns were located on a person and a management plan for staff to follow. These management plans were drawn up with the input of a tissue viability nurse.

People received individual personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was provided to people in a format suitable to meet their individual needs. For example one person had a voice activated device which they were able to ask questions and received a response to, including an update of the news and weather.

The provider had a complaints procedure displayed in the service for people and visitors to access. Where complaints had been made, these had been investigated and responded to. The provider had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. People had advocates, for example family members, available to them to help ensure people who were unable to effectively communicate, had their voices heard and this information could be provided in a format of people's choice.

People took part in a range of activities. Some entertainers visited the service while other activities were arranged by a designated activities coordinator. However, some people felt more activities would benefit them. One person said; "It's good here, I'm happy. I wouldn't change anything, but more activities would be good" while another said; "We do have activities like sit down exercise class. We also had a cabaret." The service employed two activities co-ordinators who worked in the service most days they arranged in house daily activities with the support of the care staff. One person said; "I made a card for my sister's birthday for one activity." However the registered manager was already looking into increasing the activities within the service.

## Is the service well-led?

### Our findings

At the inspection in September 2017 we rated this key question as inadequate with a breach of Regulation. We found at that time people were at risk because the provider's systems to monitor the quality of the service were not fully effective and had failed to identify or address areas where improvements were needed. The leadership, governance and culture did not ensure staff had sufficient information to ensure people's needs were fully met. Staff were also not well supported to enable them to consistently and safely deliver good quality care.

Following our enforcement action after the inspection in September 2017, we found the provider and registered manager had taken our concerns seriously and worked with the local authority, people, families and us to address this.

On this inspection, we found the concerns of the last inspection had been mostly addressed. We have rated this area as Requires improvement. This is due to the need for the provider and registered manager to demonstrate they can sustain the positive changes that have been made. We also identified some areas for further improvement which the provider and manager had not identified themselves. For example, we identified, in safe, some records required further improvements. The new quality monitoring systems had not been effective in identifying these issues.

We identified that the provider and registered manager had reviewed their governance and leadership and had systematically approached all the concerns we had in our last inspection and had put new and updated systems in place. This demonstrated a willingness to learn from concerns and ensure that this service can sustain the changes that have been made. There were fortnightly visits from senior management from the company staff and the provider visited. Any areas for improvement were identified and reviewed at the next visit.

Since the last inspection, the registered manager had put in place effective quality assurance systems to help ensure standards were maintained and constantly looked at for ways to improve practice. For example, when any pressure ulcer was identified the registered manager took action by contacting other professionals and making sure appropriate equipment was in place. Other audits developed since the last inspection included checking of the management of medicines, infection control, and the safety of the environment and care plans. Audits were reflected on with staff and to ensure continued improvement and the ability to respond to changes in need. For example, whether there were enough staff throughout the day to meet people's needs.

At this inspection we found additional systems and audits put into place included monthly spot checks carried out on all audits completed including medicines. The registered manager and provider now had effective quality assurance and governance arrangements. Current checks and audits carried out were effective in giving the provider and registered manager a clear oversight of the service. The management of the service had produced additional audit forms to monitor the continued improvement of these issues and ensure they become embedded into the service.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental, care planning and nutrition audits. These helped to promptly highlight when improvements were required. For example, all falls which occurred in the home were audited and the registered manager took action such as contacting other professionals and making sure appropriate equipment was in place.

The management team had an excellent knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable. One relative said; "Registered manager's name] showed us round. She was so understanding and kind, she made us feel very welcome. We also felt that she was interested in [person's name] and what was best for her." A professional said of the registered manager that over the nine months of support they have offered, the registered manager has; "Demonstrated enthusiasm in engaging in the support offered. Overall the feeling from commissioners is that progress has been made regarding Colebrook being well-led and achieving improvements since last inspection." While others commented that there had been improvements with, "More open and inclusive approach by the leadership team" and went on to say that they were; "Open to new ideas, involvement of other agencies and support from experiences individuals." Another professional involved stated that the management in place had made improvements in the communication between them and other agencies involved and previous issues were being sorted for all concerned.

People lived in a service whereby the provider's caring values were embedded into the leadership, culture and staff practice. The registered manager was open and transparent. They were committed to the service and the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. People benefited from a management team who kept their practice up to date with regular training and worked with external agencies in an open and transparent way fostering positive relationships.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice.

The current management team were respected by the staff team. Staff told us they were approachable and always available to offer support and guidance. Staff spoke fondly of the people they cared for and stated they were happy working for the company but mostly with the people they supported. Management monitored the culture, quality and safety of the service by visiting to speak with people and staff to make sure they were happy.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The provider and registered manager were aware of, and had started to implement the Care Quality Commission (CQC) changes to the Key Lines of Enquiry (KLOE), and were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. This was to ensure the service fully met people's information and communication needs, in line with the Health and Social Care Act 2012.

The registered provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

