

Colbury Care Limited

Colbury House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on 17, 18 and 19 December 2018 and was unannounced.

There was a registered manager in place. 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.

Colbury House Nursing and Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Colbury House is registered to provide accommodation and personal care for up to 58 people. At the time of our inspection 49 people were living at the home. The home provides a service for older people, people living with dementia and with a physical disability. Accommodation is provided over two floors, which can be accessed using stairs or passenger lifts.

At our last inspection in December 2017 we found the provider was in breach of three regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued requirement notices in respect of those breaches.

Following our inspection the provider sent us an action plan on 26 January 2018 to tell us about the actions they were going to take to meet these regulations.

During this inspection, we found that insufficient action had been taken to meet the requirements of two regulations the service had breached at the inspection in December 2017.

The provider did not have effective quality monitoring systems in place to ensure on-going compliance with the Regulation's.

The provider had failed to ensure that staff had received appropriate training as necessary to enable them to carry out the duties they are employed to perform.

The provider had a robust and effective recruitment procedure in place that ensured people they employed were of suitable character and background.

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

Medicines were managed in a safe way.

People, their relatives and staff told us the registered manager was supportive and approachable.

People were supported by staff who knew them well.

Staff understood the requirements of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives told us they enjoyed the food served which considered peoples individual dietary needs and preferences.

People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way, while promoting their independence. People told us they were treated with dignity and respect.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments.

There was a complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

Safety and maintenance checks for the premises and equipment were in place and up to date. We found two continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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. The provider had taken all reasonable steps to ensure the recruitment of staff were of suitable character to care for people.

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

Appropriate arrangements were in place in relation to the safe management and administration of medicines.

Good 

Is the service effective?

The service was not effective. Staff had not received appropriate support through training to enable them to carry out the duties they are employed to perform.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Requires Improvement 

Is the service caring?

The service remains Good.

Good 

Is the service responsive?

The service was responsive. Care plans were reviewed regularly to reflect any changes and ensure continuity of people's care and support.

Systems were in place to deal with any complaints received.

Good 

Is the service well-led?

The service was not consistently Well Led.

Oversight and actions of the registered provider had not been sufficient to support the registered manager and make the

Requires Improvement 

required improvements identified at the previous two inspections.

The registered manager worked in partnership with other organisations to make sure they were following current practice and to improve and ensure sustainability in the service.

Staff interacted with people positively, displaying understanding, kindness and sensitivity.

Colbury House Nursing and Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 17, 18 and 19 December 2018 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor [Nurse] and one 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.

Before this inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The acting manager at the time who is not the current registered manager completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

We also contacted 13 health and social care professionals before our inspection to seek feedback on the provision of care and received six responses.

During the inspection we spoke with eight people living at the home and four relatives. We also spoke with the registered manager, head of care, the provider's representative, six members of care staff, two agency nurses, head of housekeeping and one maintenance staff member. We also spoke with a visiting health and social care professional.

We looked at the provider's records. These included four people's care records, six staff files, training and supervision records, a sample of audits, satisfaction surveys, staff attendance rosters, and policies and

procedures. We also pathway tracked two people. This is when we follow a person's experience through the service and get their views on the care they receive. This allows us to gather and evaluate detailed information about the quality of care.

We also reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We last inspected the service in November 2017 and rated the service as Requires Improvement.

Is the service safe?

Our findings

At the last inspection in December 2017 the provider had failed to carry out a thorough cleaning process to protect people from the risk of infection and therefore put people at risk. The provider had also failed to investigate accidents and incidents to ensure peoples safety and to make sure that any causes were identified and action taken to minimise any risk of reoccurrence. We found the service was not always safe and awarded a rating of requires improvement. During this inspection, we found that sufficient action had been taken to address these concerns.

At this inspection, we found this section had improved to good.

The home was clean in all areas including the communal toilets and sluice rooms and daily living areas such as dining rooms and lounges. Appropriate personal protective (PPE) and hand washing facilities were available to staff and visitors. Antibacterial gel dispensers were located at the entrance to the home and at various locations throughout the home. Staff had completed infection control training and infection control procedures were being adhered to by staff. Infection control audits and cleaning schedules were up to date to ensure people lived in a clean and safe environment. One family member said "They [staff] clean the home the best they can but the communal areas need redecorating. However, my loved one's room is always clean". Another family member told us, "The home is in need of some TLC". The registered manager toured the home daily to ensure cleanliness was maintained in the home and completed infection control audits monthly.

The registered manager and staff responded appropriately to accidents or incidents. Staff recorded all accidents and incidents and the registered manager reviewed and took further actions where necessary to prevent incidents reoccurring. The registered manager told us that by reviewing these they could put measures in place to minimise future risk and to try to prevent the same thing happening again. Incident and accident records we viewed confirmed this. The registered manager knew which incidents and accidents needed to be reported to which regulatory bodies such as and Health and Safety Executive, the CQC and local safeguarding team. The provider had systems in place to support learning from when things went wrong and to use what they learned to make improvements to the service.

People told us they felt safe living at Colbury House. One person told us, "I feel very safe, I am well looked after". Another person told us, "I would sooner be in my own home but I was not able to look after myself and I wasn't safe, I am now". Relatives also had no concerns and were confident their loved ones were safe and well cared for. One relative told us, "I would not leave my loved one here if I did not feel they were safe".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They could describe the different types of abuse and what might indicate that abuse was taking place.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms

had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. One member of staff told us, "I am confident that if I or anyone needed to raise any concern with [registered managers name] then it would be dealt with very quickly". Another member of staff added, "The registered manager constantly reminds us of our responsibilities in reporting anything we see that isn't right. I haven't had to report anything but I know she would listen and take action if I did".

There was a medicine policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in one of three medicine cabinets that were secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily.

We looked at four medicines administration records (MARs) and found they had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home which helped staff check the numbers of medicines people had. There was a photograph on each MAR to help staff identify the correct person. We checked the controlled drugs cupboard and register. Controlled drugs are stronger medicines which need more stringent checks. Two staff had signed for the administration of controlled drugs which is the correct procedure. We checked the numbers of controlled drugs against the number recorded in the register and found these to be correct.

There were clear instructions for 'when required' medicines should be given. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24-hour period, the route it should be given and what it was for. We also saw a note on the front sheet of the records telling staff the preferred way a person liked to take their medicines. Topical medicines such as ointments were recorded in the plans of care. The service used body maps to show staff where to apply the medicines. All staff who administered medicines had been trained and had their competencies checked to ensure they maintained good standards.

There were enough staff deployed to keep people safe and meet their individual needs. People and their relatives had no concerns about staffing numbers and how people's needs were met. During our inspection we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. People and their relatives told us staff were 'busy' most of the time but always available if they needed assistance. One person told us, "I just have to ask and a member of staff helps me". Another person said, "I am never rushed, the staff always support me with a smile. The staff cannot do enough for me, always willing to help me when I need it". A relative told us, "The staff are marvellous, they always have

time for my loved one and never rush them". Another family member said, "I could not ask for more, I always ask my loved one if they are happy and they always say yes". The registered manager told us, "We do use agency staff regularly to ensure we have enough staff on duty to care and support people safely. We have reduced our usage of agency staff dramatically over the past few months. We are constantly trying to recruit staff but it is a slow process".

Risks to people's health and safety were managed appropriately. Care records included risk assessments relating to keeping people safe. This included risks due to pressure wounds, risk of falls and the delivery of personal care. Where risks were identified, care plans were put in place, which provided information to staff on how to keep people safe. These had been kept under review and updated as peoples' needs had changed.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems and water temperatures.

There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises and important telephone numbers.

Is the service effective?

Our findings

At the last inspection in December 2017 the provider had failed to ensure staff received such appropriate support, training, supervision or appraisal as is necessary to enable them to carry out the duties they are employed to perform and was rated as requires improvement. At this inspection we found insufficient action had been taken to address the concerns in relation to staff training. The service therefore remained requires improvement.

At our last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service supports people living with dementia, older people and people with physical disabilities however not all staff had received training in these specialisms. Mandatory training for staff had been completed and was up to date. Whilst training for staff in dementia, dignity and person-centred care had increased from 35% to 90%, training in other areas specific to people the service supported had not improved or had declined. For example, training in nutrition and hydration had only increased from 9% to 13%, end of life care from 9% to 18% whilst training in continence care had decreased from 23% to 13% and training in dysphagia [the medical term for swallowing difficulties] had decreased from 23% to 11%. Staff had not received appropriate training, relevant to their role to enable them to support people effectively. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

At our last inspection staff had not received regular supervision or appraisals. At this inspection we found sufficient action had been taken by the registered manager to address the concerns in relation to supervision and support for staff. Staff received appropriate support, supervision or appraisal. Supervision and appraisals are important processes which help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Supervision records we looked at confirmed that staff who had been working in the service since our previous inspection had received regular supervision and appraisal. However we noted that the registered manager had not received such support. One member of staff told us, "It's much better now. I get regular supervisions and I do feel the support is much better". Another member of staff told us, "I've had about five meetings [supervisions] since you were here last which is an improvement on what I had to say last year. Everything is so much better".

We spoke to the chef who was aware of any special diets that needed to be served. The service catered for special diets such as soft meals or for people with diabetes. The chef had the relevant information to provide the diets. The food served was mainly home cooked and sourced locally, where possible, which meant deliveries were regular and food fresh. The kitchen was clean and tidy and food storage temperatures and core cooking temperatures were recorded daily. Cleaning schedules were also maintained in the kitchen.

People had access to regular drinks and snacks throughout the day. There were two 'hydration stations' in the main lounge and people who were able could take a drink whenever they wanted too. For those people who needed assistance staff actively encouraged fluid intake throughout our visit. Tea, coffee and biscuits were also in plentiful supply throughout the day. People were complimentary about the food. One person

told us, "The food is very nice and plentiful". Another added, "Good food always here. It's always hot and well cooked". A relative told us, "[name of person] didn't look after themselves at home in terms of eating and had lost weight. Since they have been here they have their appetite back and have regained weight so I'm happy with that".

People had a choice of where they wished to eat. Some people chose to eat in the dining room, others preferred to take their food in the small lounge, whilst some took their meals in their rooms. We observed lunchtime on the first and second day of the inspection in both dining areas. When people needed assistance with food, for example cutting up food, staff were on hand to assist, however there was little interaction with people. For people wishing to eat without assistance we did not witness the use of plate-guards which would have enabled people to be as independent and dignified as they could be.

We also discretely observed people being supported to eat in their rooms during lunchtime on the first day. For two people requiring assistance there was very little engagement from the care staff with the people and it was observed to be very task orientated. The third person could eat without assistance; however, the food was left on a bed side table and was not accessible to the person. We brought this to the attention of the registered manager who addressed this immediately with the staff.

People who were able to speak with us told us they were involved in making decisions on how they wanted to be supported. Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs. A relative told us, "I regularly review my loved one's care plan with them and the staff here. I am always told if anything changes and needs reviewing".

People had choices in relation to their care. Care plans covered people's preferences about personal care and personal hygiene needs. The care plans referred to promoting independence and helping to maintain people's current levels of self-care skills in this area. People or their representative had signed to agree their consent to the care being provided whenever possible. Staff told us how they sought people's consent before they provided care for people. Staff respected people's choice, staff said they presumed a person has capacity and would always ask before providing care; they also respected people right to refuse.

The Mental Capacity Act 2005 (MCA 2005) 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning to meet their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and could tell us when a best interest decision may be appropriate. A health and social care professional told us, "Yes people are involved and encouraged to express their choices and preferences. Individuals that lack mental capacity to make specific decisions are supported appropriately in line with the mental Capacity Act 2005 and where appropriate best interest decisions are made".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLs). Relevant applications for a DoLs had been submitted by

the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLs.

People had access to a range of healthcare professionals such as GPs, opticians, dentists, chiropodists and when required arrangements were made for people to attend outpatients' appointments at the hospital. People also had access to community nurses and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell. One health and social care professional told us, "Colbury House have consistently worked in partnership with relevant agencies to ensure residents' needs are met adequately and that identified risks are effectively managed. They responded swiftly to requests for reviews and they are well prepared for review meetings and they provide requested documentation".

Although the home was an older building and appeared 'tired' the provider had tried to ensure people's individual needs were met by the adaptation, design and decoration of the home. The home had both stairs and lifts to support people's access to various floors. Some people's bedrooms were decorated with their own personal furniture, photographs and ornaments of importance to ensure the environment was suitable to them.

Is the service caring?

Our findings

At our last inspection in December 2017 we rated this section as Good. At this inspection, we found this section remained Good.

Throughout our inspection people were treated with kindness, respect and compassion. One person told us, "The staff are lovely. They cannot do enough for me". Another said, "Most of the staff are great, they always go the extra mile". One family member told us, "I cannot fault the staff, they are very caring. I could not ask for more". One health and social care professional told us, "Very caring on a personal level to their residents". Another health and social care professional told us, "The resident that I support had previously been in two different placements where they experienced periods of distress and was unsettled. However, following their move to Colbury House they appear happy with the care workers and is settled".

The service had received many compliments from people who used the service and their relatives. People visiting the service could leave feedback whilst signing in as visitors to the service. Comments we reviewed included, 'Mum has been at Colbury since 2015. Many of the staff in that time have been truly caring and we are so glad we chose this home for mum', "Today was the happiest I have seen mum in a few months. It was lovely to see the 'old mum' back" and "Thank you all so very much for the wonderful care you all give to [name]. He is so happy and safe". Health care professional also left positive feedback. For example, "I came to review a client's care. Information provided assisted my review. I have also noted that staff appear happier" and "I would like to compliment you all for the very good standard of care you give to your residents".

Staff interacted with people in a positive and caring way. There was a light-hearted atmosphere and staff found time to stop to chat with people. For example, we observed a staff member stop and chat with a person who had become anxious and could not find where they liked to sit. The staff member showed compassion and offered reassurance. The person soon settled and was more relaxed and they walked together back to the person's favoured seat. Staff were kind, attentive and professional with good humoured exchanges heard with people and staff laughing.

Staff sat talking to people as well as assisting them with personal care and support. Staff were able to communicate with people in non-verbal methods because they knew them well. Staff could tell us people's preferences, background and the help and level of support they needed to retain as much independence as possible. People's privacy and dignity was maintained. For example, when people required support to use the toilet, this was offered and provided discreetly and respectfully. Personal care was provided behind closed doors and people's care needs discussed in private.

Staff we spoke with said, "I would be happy for a member of my family live here. It is a caring care home with a family atmosphere. We all get on together. I do it because I care about people. I get satisfaction out of it and like it when I know I have done a good job" and "My relative is here so I have recommended the home. I enjoy the work. I like looking after people and like to make them happy. I have always done this work and like it here." Staff were motivated and thought they worked well as a team".

People told us they could receive visitors at any time. Relatives told us they were made to feel welcome at the home when they visited. This helped to ensure people kept in touch with their family and friends and others that were important to them. People could receive their visitors in the communal areas or could go to their rooms if they wished to have privacy.

Is the service responsive?

Our findings

At the last inspection in December 2017 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were at risk of developing pressure ulcers because the provider had failed to ensure they followed nationally recognised evidence-based guidance when designing, delivering and reviewing care for the prevention and management of pressure ulcers. At this inspection we found sufficient action had been taken to address the concerns.

We checked the pressure relieving mattress settings for six people who were at risk of developing pressure ulcers and found they were set in accordance with people's body weights. Pressure redistribution devices work by reducing or redistributing pressure, friction or shear forces. The type of device a person needs will depend on their circumstances. For example, the results of the skin assessment, the site that is at risk and the person's weight. Additionally, where people required turning or repositioning regularly these were recorded appropriately. We checked the turning records for four people and found these recorded accurately the times and which side people had been repositioned from and too. At the time of our inspection nobody living at Colbury House required treatment for the development of pressure ulcers because the provider was pro-active and ensured they used nationally recognised evidence-based guidance when designing, delivering and reviewing care for people at risk of developing pressure ulcers.

Care plans were held electronically and were easy to access read and update. Staff used hand held data terminals to update records as care and support was given. The system alerted staff to tasks that were time specific. For example, repositioning people in bed if they had been overlooked. Plans of care showed what level of support people needed and how staff should support them. Each heading, for example, personal care, mental health, diet and nutrition, mobility or communication showed what need a person had and how staff needed to support them to reach the desired outcome. Each person's day was recorded with what they had done and how they had been. Care plans contained information about people's lives, spiritual needs, hobbies and interests that ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff, which ensured staff, remained up to date with people's care needs.

People had access to health care professionals if it was noted that a person's needs were changing. We saw in one plan a person had required input from a Speech and Language Therapist (SALT) and in another had attended a hospital appointment. Plans of care informed staff of the abilities of each person; what they could do for themselves and what they needed assistance with. People were encouraged to perform the tasks they could manage to remain independent where they could.

People's wishes and decisions they had made about their end of life care were recorded in their care plans when they came into the service. A GP told us, "I continue to be impressed by the delivery of end of life care. People pass with dignity and the staff at Colbury fully support people and their families at this very difficult time". The registered manager showed us a 'relatives comfort box' they had devised and which was given to

people as they cared for their loved ones at end of life. The box contained for example, a CD player, a selection of appropriate music, a candle and a book of quotations. The registered manager told us, "The idea came from a relative of someone who was dying. It's just a little something to try and make the unbearable a little more bearable".

There was not a dedicated activity worker employed by the service at the time of our inspection. The registered manager told us they were actively trying to fill the position but had not yet been successful. The registered manager told us that during the afternoons staff generally engaged people with activities such as, bingo, board games, pampering and reminiscence. The home received regular visits from external entertainers such as, singers and dancers and a visiting farm. On the first day of our inspection Father Christmas visited the home distributing presents to the people living there. On the second afternoon of our inspection a visiting theatre group presented a pantomime, Jack and the Beanstalk. A monthly church service was also held for people.

People and their relatives knew how to complain and they told us they would inform staff if they were unhappy with their care. People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the staff and could discuss issues with them. One person told us, "If I have a gripe I speak with [registered managers name] and it gets sorted. I don't need to complain, just mention it". A relative told us, "I would go to the manager with any concerns if I had any but I have never had too". When complaints had been made these had been investigated and responded to in a timely way and in accordance with the providers complaints policy. There had been two formal complaints since or last inspection.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. At our last inspection we made a recommendation that the provider seek advice and guidance from a reputable source about supporting people with communication needs or with sensory loss to have access to information in a format they can understand. The provider was working towards improving this. For example, the use of large print, braille and alternative methods of communication for people with sight or hearing impairment, such as picture books. The service also used 'prompt cards' to communicate for one person in their native tongue. The registered manager added that they hoped to get a number of staff trained in the use of British Sign Language (BSL) to further engage with people with a hearing impairment. The Accessible Information Standard is a framework put in place from August 2016 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.

Is the service well-led?

Our findings

At the last inspection in December 2017 the provider had failed to escalate identified risks to the health, safety and welfare of people within the organisation or to a relevant external body as appropriate. The provider did not have effective quality monitoring systems in place to ensure compliance with the Regulation's.

At this inspection we found insufficient action had been taken to address the concerns in relation to effective quality monitoring systems. The service therefore remained requires improvement.

During the inspection we found that although the registered manager had improved the quality assurance processes for the day to day running of the service, support and oversight by the provider was insufficient. A company representative visited the service regularly to support the registered manager. They told us, "I provide support to the registered manager and management. I ensure things are followed through, mainly finance and HR, non-clinical at head office level. Keeping on top of business aspects". They were unable to tell us what skills they had to provide support to the service in respect of the quality of care provided and when asked what their background was replied "I'm an accountant".

Although the provider's representative visited the home regularly only two provider visit records were recorded. One visit took place on the 24 October 2018 by the representative and another by the representative and nominated individual on 20 November 2018. We asked the providers representative if there were any other provider visits during the year and they replied, "Maybe [name of director] or [name of nominated individual] however they were unable to produce evidence that any other visits had been undertaken. On the 20 November 2018 the provider visit record states 'Full clinical audit commissioned' for 26 November 2018 which was carried out by an external company on that date. The audit showed a number of areas for improvement and action plans had been put in place to rectify this. The providers representative told us, "From the audit it is apparent that there needs to be someone who is qualified to do the provider visits and [name of external professional] is likely to do these on a monthly basis".

The registered manager had been in post since 14 August 2018. The clinical audit document dated 26 November 2018 states, 'No evidence of Manager Induction seen'. We also saw an e mail from the registered manager dated 20 September 2018 to the providers representative requesting a supervision meeting when they visited the following week, however this meeting did not take place. We asked the providers representative, how many supervisions have they [registered manager] had?". They replied, "None by me. She will get one".

Oversight and actions of the registered provider had not been sufficient to support the registered manager and make the required improvements that were identified at the previous two inspections in 2016 and 2017. The quality of the service had not improved sufficiently. The provider had not addressed all of the breaches of their legal requirements from the last two inspections. There was very limited evidence of provider oversight of the improvements they identified in their action plan dated 26 January 2018.

The provider did not have adequate systems in place to assess, monitor and mitigate risks relation to the health, safety and welfare of service users and others who may be at risk which arises from carrying on of the regulated activity. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We received positive feedback about the registered manager from people, relatives, staff and health care professionals. One person said, "I've lived here for a while and [name of registered manager] is really on the ball. The home has been a much better place to live in since she has been in charge". Another person told us, "I wouldn't want to be anywhere else. They are all good carers with a good skipper". A relative told us, "The manager is very visible. She does not hide in an office and shares a desk in the main lounge so she can keep an eye on things". Another relative said, "She [registered manager] is very open and honest. If things do go wrong she tells us immediately". Health care professionals were also complimentary about the registered manager. Comments included, "The service is much better led now", "[Name of registered manager] appears to be open and transparent and keen to seek support/feedback. I feel this is a great achievement given Colbury's previous reputation" and "Visible staff presence including management whose office is located in the communal area. I feel that staff know and interact with their residents very well". All staff spoken with gave positive comments regarding the leadership of the home by the registered manager. For example, "Things are so much better under the new manager than 12 months ago", "I now feel valued and part of the team. The old blame culture has vanished and I am very well supported", "It's such a pleasure to come to work these days," and "It's 10 times better. It's organised, I feel listened too and the registered manager is very supportive".

The registered manager or head of care chaired a daily meeting at 10am involving nursing and care staff, kitchen, housekeeping and maintenance. The meetings were designed to discuss and communicate any concerns that had arisen during the previous 24 hours and to talk about any impending issues into the next 24 hours regarding the operation of the home. In addition to this meeting there were handovers between shifts and a communications book in reception for staff to read when they came on duty to ensure they were aware of any important issues that had arisen whilst away from the home.

Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home.

The registered manager carried out regular audits to ensure people who used the service received a high standard of care. These included audits of care records, dining experience, infection control, health and safety, catering and medicines. These were up to date and included action plans for any identified issues.

Residents and relative's meetings were held regularly. We looked at the meeting minutes from meetings held during 2018. These were well attended by both relatives and residents. Topics included, food, decorating of the home and activities.

Staff meetings were also held regularly. These were generally categorised into, senior carers meetings,

housekeeping and care staff. We looked at the minutes of meetings held between July and November 2018. Topics included, laundry, health and safety, cleaning schedules, infection control and meal time experience.

The registered manager worked in partnership with other organisations to make sure they were following current practice and to improve and ensure sustainability in the service. These included social services, district nurses, GP's and other healthcare professionals. One health and social care professional told us, "Colbury House have consistently worked in partnership with relevant agencies to ensure residents' needs are met adequately and that identified risks are effectively managed. They respond swiftly to requests for reviews and they are well prepared for review meetings and they provide requested documentation".

The registered manager had a good understanding of their responsibilities for sharing information with CQC and information we held about the service indicated this was done in a timely manner. The service had made statutory notifications to us as required.

The service had on display in the reception area of the service their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate systems in place to assess, monitor and mitigate risks relation to the health, safety and welfare of service users and others who may be at risk which arises from carrying on of the regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training. relevant to their role to enable them to support people effectively.