

Bupa Care Homes (CFHCare) Limited

# Colonia Court Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Colonia Court is a residential care home providing personal and nursing care for up to 123 people across four, purpose-built bungalows each with its own specialism.

Paxman house provides nursing care support for up to 35 people. Mumford House accommodates up to 28 people who are living with dementia. Blomfield house accommodates up to 30 older people who require residential care.

Amber Lodge provides specialist-nursing care for up to 21 people diagnosed with Huntington's Chorea. Within Amber Lodge a designated wing of the bungalow, known as Catchpool, provides care and support for up to nine people living with dementia who also require nursing care.

At the time of our inspection there were 111 people living in the service .

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

The provider did not always have effective oversight of the safety and quality of the service. Risks had not always been identified and risk assessments did not always contain up to date information for staff to follow. Incidents in the service were not always documented appropriately and this meant the provider was not able to demonstrate what actions had been taken to minimise the risk of a reoccurrence.

People were supported by staff who knew them well and people's relatives spoke positively about the care people received. However, the provider's processes for monitoring the deployment of staff across the service were not always effective and had not ensured staff were always available to meet people's needs.

People were protected from the risk of abuse. Staff had received safeguarding training and knew how to raise any concerns. People received their medicines as prescribed and the provider ensured staff were trained and competent to administer medicines prior to supporting people. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff followed safe infection prevention and control processes and the service was environmentally clean. The provider had a detailed improvement plan in place for the full refurbishment of the service.

Relatives and staff spoke positively about the culture and management of the service. Staff felt supported and encouraged to develop professionally and relatives told us they felt involved in people's care and kept up to date about any changes in the service. The provider had built strong working relationships with other healthcare professionals in order to support and improve people's care.

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

## Rating at last inspection

The last rating for this service was Good (published 17 January 2018)

## Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result of this review we undertook a focused inspection to review the key questions of safe and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

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

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to people's safety and the oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Colonia Court Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

This inspection was carried out by two inspectors, a professional specialist advisor with a background in nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a manager in post, who was in the process of applying to become registered.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

Many of the people living in the service were not able to talk to us in detail about their experiences of the care provided, we therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also spoke with two people, nine relatives and two visiting healthcare professionals about their experience of the care provided.

We spoke with 12 members of staff including the manager, deputy manager, nurses, senior care workers and care workers. We reviewed a range of records. This included 11 people's care records, monitoring charts and medicines records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating for this key question has remained Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's safety were not always appropriately monitored. For example, we observed a person who was assessed as at risk of falling, using wall mounted radiators to hold onto whilst walking. There were no handrails in place in the area and no personalised environmental risk assessment had been completed to consider the risks posed to the person or to consider any adaptations to make it easier for this person to continue to walk around the service independently.
- People's risk assessments had not always been updated to reflect changes to their support needs or recommendations from health care professionals involved in their care. Updated information was recorded in people's monthly care plan reviews; however, this was not transferred to their risk assessments. This meant information was not always easily accessible and there was a risk staff may miss important guidance about how to support people safely.
- For one person who required support when feeling distressed, it was not always clear whether incidents had been accurately recorded. Incident records for this person had not been completed since the 23 February 2022; however, their risk assessment had been recently amended to include more frequent checks from staff due to the risks associated with the person's behavioural support needs. It was not clear from reviewing their incident reports and daily care notes why this change had been made or what the increased risks were.

We found no evidence people had been harmed. However, the provider had not effectively assessed and managed risks to people's safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider responded promptly to our feedback, confirming staff were in the process of receiving training in the recording of incidents and environmental risk assessments had now been completed. The manager confirmed adaptations to the living environment were being considered as part of the planned refurbishment of the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- People were supported by staff who understood their needs and knew how they liked to be supported. However, the provider had not always ensured there was an appropriate deployment of staff across all areas of the service.
- In Catchpool house, there were people who required two staff to support them with their personal care and people who liked to walk independently but required staff to be present due to a risk of falling. We observed only two staff present during the afternoon, dropping down to one member of staff at one point. This meant we could not be assured there were enough staff to provide people with their personal care whilst also being available to support people walking.
- Following the inspection, the manager told us the allocation of staffing had been reviewed to ensure additional staff were available in this house when needed.
- The provider had completed recruitment checks for new staff to ensure they were safe to work in the service. However, not all relevant documentation was kept in the recruitment files. The manager told us some information was held electronically; however, they were unable to evidence this during the inspection. Following the inspection, the provider confirmed the documentation was now in place and accessible.

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

- The provider had processes in place to protect people from the risk of abuse. There was a safeguarding policy for staff to follow and staff had received safeguarding training and understood what to do if they had any concerns. People's relatives told us they felt people were safe living in the service.
- The manager understood their responsibility to alert the relevant authorities of any safeguarding concerns and had submitted appropriate notifications when necessary. A safeguarding tracker was in place to monitor when safeguarding concerns had been raised and what actions had been taken.

#### Using medicines safely

- People received their medicines as prescribed. Staff had completed medicines training and the provider had assessed their competency to ensure they understood how to support people safely.
- People who were prescribed 'as required' medicines [for example, medicines to relieve pain] had clear protocols in place to monitor when and why these medicines were administered. Where medicines needed to be administered covertly [for example, given in food or drink], the relevant assessments had been completed and clear guidance was in place to support staff to do this.
- The provider completed regular stock checks and audits to ensure medicines were given correctly, and documentation was completed accurately.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the



premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Learning lessons when things go wrong

- The provider had processes in place for reviewing and investigating safeguarding incidents. However, it was not always clear from the records viewed whether all incidents were accurately documented and this meant we could not be assured the manager had analysed or reviewed these to minimise the risk of a reoccurrence.
- Where incidents had identified areas for improvement, the provider had arranged additional staff training and undertaken reflective learning sessions with staff to develop practices and ensure lessons were learnt.

# Is the service well-led?

## Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had processes in place to monitor the safety and quality of the service; however, these were not always effective. For example, the manager's monthly review had not highlighted any concerns in the assessment of risk or the recording of incidents. Additionally, their tool for reviewing staffing levels had not identified the concerns we found with the deployment of staffing across the service.

We found no evidence people had been harmed. However, the provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider responded promptly, confirming they were reviewing the systems in place and detailing the actions taken to manage risks to people's safety.
- The provider understood their regulatory responsibility to submit the relevant notifications to CQC and their responsibility to apologise to people when things went wrong. The manager told us about the learning they had taken from a recent incident and how they had involved and updated the person and their relatives throughout the process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives spoke positively about the culture and management of the service and the care people received. One relative told us, "The manager is very approachable. It is well run and organised and [person] is very well looked after." Another relative said, "The manager always has time for me and there's a nice atmosphere."
- Relatives told us they felt involved in the service and able to raise any concerns. One relative said, "They are very approachable and would act on things. I can't praise them enough." Another relative told us, "We have good communication and contact and if there is a problem, they will sort it out."
- Staff told us they felt involved in the service and supported by the management team. Staff were encouraged to continuously develop their practices through additional training and opportunities to put their learning into practice.

Continuous learning and improving care; Working in partnership with others

- The provider worked positively alongside a range of different healthcare professionals in order to support people's needs. The manager made referrals to other healthcare organisations when appropriate and arranged regular multi-disciplinary meetings with the professionals involved in people's care to share feedback and learning.
- The provider sourced training and support from other organisations in order to develop and improve people's care. This included working closely with the local hospice to support end of life training and care and working towards achieving a Huntingdon's Chorea accreditation for the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not effectively assessed and managed risks to people's safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have robust processes in place to monitor the safety and quality of the service. This demonstrated a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.