

# Park Healthcare Limited

# Colbury House

## Inspection report

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Date of inspection visit:  
25 July 2022  
27 July 2022

Date of publication:  
30 August 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Colbury House is a nursing home providing personal and nursing care to up to 58 people. The service provides support to older people some who may be living with dementia. At the time of our inspection there were 47 people using the service. Colbury House provides care in an adapted building close in a secluded setting. The home has bedrooms over two floors and shared living spaces on the ground with accessible outside areas.

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

People felt safe living at the service and relatives felt assured they were kept safe. Systems were in place to protect people from abuse. Staff we spoke to were aware of how to identify, prevent and report abuse. There were enough staff to keep people safe. Staff were safely recruited. There were plans in place for foreseeable emergencies. Staff were safely recruited.

Risks associated with people's needs were assessed appropriately and managed. Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed. We were assured that most infection prevention and control practices were in line with current guidance.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs and showed care and understanding both for the people they supported. People's privacy and dignity was respected and promoted.

There were effective systems in place to monitor and improve the quality of the service provided. Safety and maintenance checks for the premises and equipment were in place and up to date.

The home was going through a comprehensive refurbishment programme. People were pleased with the changes to the home.

Staff felt supported in their role and received regular support and one to one sessions or supervision to discuss areas of development and to enable them to carry out their roles effectively. Staff felt supported by management and enjoyed working at the service.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

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

this practice.

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

#### Rating at last inspection and update

This service was registered with us on 21 May 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 14 May 2020.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### Follow up

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

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

We always ask the following five questions of services.

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

The service was safe.

Details are in our safe findings below

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was caring.

Details are in our caring findings below.

**Good** ●

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

The service was responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Colbury House

## 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

One inspector carried out the inspection 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

Colbury House is a 'care home'. People in care homes receive accommodation and nursing as a single package under one contractual agreement dependent on their registration with us. Colbury House 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 registered manager in post.

#### 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

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the deputy manager, business manager, provider, two registered nurses, chef, head housekeeper and wellbeing coordinator.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from six relatives and a further 11 staff members. We also received feedback from three health and care professionals.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative told us, "I do believe the service to be very safe and my mother is very safely looked after." Another relative said, "I believe the service is safe and my wife is safely looked after." Another relative said, "Very happy with the service and the way in which my brother is looked after." Other comments included, "I do believe Mum is safely looked after. I have no concerns about the care she receives."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware on how to keep people safe.
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Staffing and recruitment

- We received mixed feedback regarding staffing deployment. Most people we spoke with felt staffing was sufficient. One person told us, "Enough staff but they have to work hard." Another person said, "Sometimes there's not enough. You have to go and look for them." Some people told us they sometimes had to wait for a call bell to be answered and others said, "Generally speaking, it's pretty good."
- We spoke to relatives about their thoughts on staffing levels. One relative told us, "Whenever I have visited there has always been staff available and they always pop in to check on Mum and deliver drinks etc. I have not heard any bells ringing for long whilst there." Another relative said, "My mother's care needs appear to be supported. I see staff around always but am not in a position to know whether there are enough staff. I have not heard bells ringing for an unacceptably long period". Another relative told us, "The staff are always very busy, so I imagine they are a little pushed. I have tested the call button from time to time and the staff are slow to answer. I have reported this but haven't tested it recently."
- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Using medicines safely

- People were happy with their medicine support. One person told us, "I take a lot. Generally speaking, yes. There was one case when one of them was forgotten. I got a letter of apology about it, I thought that was very good." Another person said, "They're always on time. There's no problem. Most of the medical staff are nice, but one of them is always in a hurry. She gives them to you, and she doesn't even wait to see you take them. I spoke to [staff members name] and he had a little word. This morning it was different. She even said, 'Bye' when she went. I thought, 'That's an improvement.'"
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- Topical medicines administration records were in place. However, for some records more information was required for example where to apply. We informed them of our concerns and changes were made immediately to ensure they were robust to keep people safe.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct. Medicines, including thickening agents were stored securely at the required temperature.
- People's allergy information was recorded in the care plans and medicines administration records.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

## Assessing risk, safety monitoring and management

- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. These included assessments on the risks of poor nutrition, mobility, falls, personal hygiene and people's health conditions.
- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation.

## Preventing and controlling infection

- People we spoke with were happy with the cleanliness of the home. One person told us, "It's very clean. This place is pretty well immaculate." Other comments included, "It's cleaned regularly," "Every day they do it." A relative told us, "Mums room is always clean (especially now it's been redecorated), bedsheets are changed regularly, mum is always clean and has clean clothes on."
- 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.
- Visitors were welcomed, and we saw visitors come into the home following safe guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were happy with their care. When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans described people's needs in a range of areas including personal care, oral health and daily living activities.
- Staff we spoke with knew people well. One staff member told us, "I know the residents really well, one of the first things we aim to achieve when we have a new admission is to learn as much as possible in regards to their likes and dislikes to ensure they feel as welcome and at home as possible." Another staff member said, "This is part of All About Me when a resident first arrives, and I am often involved in gathering this information. I also use some of my time to chat with residents to find out of their needs and preferences have changed. This is then disseminated to all staff so it can be acted upon."

Staff support: induction, training, skills and experience

- People felt staff had the skills to carry out their role. A relative told us, "Staff not only seem confident and competent in their roles, but are always helpful and courteous, and appear to be appropriately trained."
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, medicines, manual handling, infection control, health and safety, safeguarding adults, fire safety, food safety and first aid. Extra training included training on dementia, oral health, pressure care, dysphagia, and diabetes. Most training was completed on line. Registered nurses had had extra training for example, continence promotion, peg feed, wound care and epilepsy awareness.
- Staff were also supported to complete a diploma in health and social care. One staff member told us, "I'm currently in training to gain my level 3 care qualifications now I have completed level 2, management have and are supporting me every step of the way which is a hugely supportive for me."
- New staff confirmed they completed an induction programme before working on their own.

Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff told us they received effective supervision and records showed this. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People and their relatives were happy with the food. One person told us, "It's fine. I don't like milk or yoghurt and they get me something else. The cook does salads for me. It's all OK." Another person said, "The food is pretty good. The mince can be gristly, but today it was very tender. It was a very nice lunch." Another person told us, "I don't like cheese or pasta. They give me list of other things I can have, and I pick one of those." A relative said, "They have actively taken on board that Mum needs to diet, and the chef has visited her to devise a plan to ensure this."

- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately. One staff member told us, "We do spend time with people at mealtimes, although it may not be everyday and sometimes not for very long, but we do get to talk to them and see that they are having the appropriate meal and also allows us to assess their needs e.g., swallowing needs, appropriate cutlery, which then also gives us an idea if we think we may need to refer a particular resident to the GP who will in turn do a referral to the SALT team. Not forgetting sometimes at mealtimes in the dining room, the residents tell us stories and laugh with us. Being a nurse on the floor has various different things that need to be attended to so that our day has run as efficiently as possible."

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

- The home was going through a comprehensive refurbishment programme. A relative told us, "The new owners have really tidied the place up and improved the décor, furniture etc. it is beyond recognition inside and out."
- The home had many improvements to the outside and inside to the home, including a summer house and patio in the garden. During our inspection new flooring was being laid on the ground floor and plans were in place for further development. Decoration was in place and the home looked homely and appropriate for people that lived there.
- New furniture had been purchased and the chairs were able to be cleaned appropriately. However, we noticed a couple of chairs with stains on the arm which we showed the provider who told us they would address the chairs straight away.
- The bathrooms had been updated and new sanitary wear was in place. However, we found in one of the shower rooms downstairs the old piece of shower head was still in the wall with waterproof backing cut around the shower head. There were spaces for water to creep inside we pointed this to the deputy manager and provider. We spoke with the provider who told us they would take action.

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

- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and other health professionals. One person told us, "I've seen the chiropodist, a bloke comes around once a month and cuts your nails. I've had new glasses. They did everyone who wanted to be seen." Another person said, "There's a doctor who comes here."
- Relatives told us they were kept updated. One relative told us, "I am kept informed whenever professional support is needed." Another relative said, "I have been kept informed of any health issues or changes to medications along with a visit to A & E which they arranged along with the visiting GP."

Ensuring consent to care and treatment in line with law and guidance

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff seeking consent from people before providing care and support. One relative told us, "Where possible (he has quite advanced dementia) if he says "no", they retreat, re-group and try again later." Another relative said, "The service absolutely takes into account my mother's lack of mental capacity and I have only seen staff treat her respectfully, appropriately and properly."
- Records showed MCA assessments and best interest decisions were in place where needed. However, for one person who had a form of restraint in the form of a lap belt a best interest decision was not in place to support this. We spoke to the deputy manager who took immediate action.
- Staff had been trained in the MCA and DoLS and supported people to make day-to-day choices and decisions.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any conditions were complied with.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring and they were treated with respect. One person told us, "They are very kind to me. They're very good." Another person said, "Everyone is helpful. The staff are good." A relative told us, "The service provides care in the most appropriate caring manner, with staff always friendly, optimistic and engaged. There is nothing that I am not happy about". Another relative said, "The carers, nurses and office staff are all very nice. Especially one of the ladies in the office sits behind desk on right as you go in when mum has been distressed and anxious, she has taken the time to sit down with her and chat to her and reassure her that everything is ok". A health professional told us, "The care workers appear to be caring towards residents and have received positive feedback from residents."
- We observed caring interactions with staff who responded to people in a warm and reassuring way. For example, one person said to a member of staff that he was lonely and there was no one to look after him. The staff member assured him he would look after him. He patted his arm and shook his hand. The man seemed reassured and ate the snack he'd been provided with.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- Most staff we spoke with would be happy for a loved one to live at the service. One staff member told us, "My Dad has Dementia, if he lived near Colbury I would be happy for him to live here, I know most of the carers well and they give the best possible care they can with the time they are given. The Management are happy to speak to Relatives which I think is important too." Another staff member said, "Absolutely, because I would be happy in knowing that the care and help, they will receive will be to the best of the staff's ability's and for that person best interests."

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

- People were happy with their care. One person told us, "Very caring. They took a picture of [relative's] resting place. It's that photo on the wall." (This was a series of photos which the woman obviously valued). Another person said, "Everyone is helpful. The staff are good."
- Staff told us people were involved in their care and making decisions about their care. One staff member told us, "We are all encouraged to join in and build relationships with our residents no matter what rank we hold and in being able to do so has led me to train to work more closer with our residents in the future." Another staff member said, "Care provided in person centred way for residents respecting their choices and preferences, promoting independence by allowing them to do things in their own pace and according to their wishes."
- People's care records included information about their personal circumstances and how they wished to

be supported. One staff member told us, "I feel like I know the residents well and if I'm unsure will always check the care plan which is kept updated well."

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt staff treated them with respect. One relative told us, "The service provides care in the most appropriate caring manner, with staff always friendly, optimistic and engaged. There is nothing that I am not happy about,"
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. One staff member told us, "Our residents are very much supported in being as independent as possible, the care provided is tailored to each individual person and their needs. We will always assume someone can unless were told that they cannot. Or they have proven to need more help." Another staff member said, "The residents they are not just a room number they are our residents, and everyone goes more than the extra mile for them, because of care, compassion and dignity."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People received personalised care. Records seen were person centred and staff were passionate about their role and people receiving person centred care. One staff member told us, "I know the residents I support very well I read care plans getting to know me document most importantly communicating with them in their preferred choice every resident is treated with respect and dignity in a person centred approach." Another staff member said, "The care plans and assessment of each resident is written which includes about their life likes and dislikes. Each resident is unique and have their own routines and tradition regarding food daily routines which we always make sure to meet their needs. I am aware of all routines and food preferences of residents of care home."
- Staff worked closely with a range of healthcare professionals to ensure that people received a pain free and dignified death where required.
- Records supported this, and staff training was in place to support staff on their role. One staff member told us, "I feel like the carers are so invested in the residents they really do feel their pain alongside them when they are hurting etc. If a resident passes away the loss is felt within the entire home residents and staff which just goes to show how much they care, this is something I have never seen before in a care setting and I wish more could be like it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service followed good practice. One relative told us, "I think they communicate very well with relatives and residents. they are very welcoming and try their very best to ensure everyone is happy and safe." A health professional told us, "There is good communication with residents and their requests/needs are respected where possible."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people were happy with the activities on offer. One person told us, "There's always something going in. They have a puzzle afternoon. I like that, but my eyes are very blurred." Another person said, "I'm limited on what I can do, but what they have here to do is very basic. They have fishing rods and ducks in a pool. It's

very basic."

- On the first day of our inspection the activity was balloon tennis and involved hitting a balloon with a fly swatter. People did not seem very engaged with the game, except when it was their turn when they focussed on hitting the balloon. The chairs were in rows of two and people were unable to see all the other players. People batted the balloon with a hand, but few wanted to use the fly swatter. The game did not provide an opportunity for people to socialise. When someone asked why they were doing it, the activities coordinator told them it was their daily exercise. One person told us, "They tried to get me to play tennis with a balloon and fly swatter today. I didn't want to do that. That wasn't something I'd want to do."
- The service employed an activities co-ordinator who was very passionate about their role and had not long been in post and had plans to improve activities. They told us, "I absolutely love my job and everybody I work for and with, this is the first care home I've had the pleasure of working within and I find my job very rewarding. I hope to work up to activity's where I can hopefully have a positive impact on our residents even more so than I can now. With management being so supportive of my studies is a huge help for me I can't be more grateful to each of them. I'm very much aware that I work in their home (our residents) and not just a place to work. And I look forwards too many more years to come working at Coloury."
- One of the women taking part in the activity became upset, saying no one liked her. The activities coordinator reassured her, telling her she was liked and that she was a 'lovely lady'. The woman seemed reassured and resumed the game.
- A relative told us, "Personally I think they should encourage residents to leave their room and have more social interactions which I have voiced to the new activity lady and I have to say Mum is now going down to do jigsaws. She is also having her hair done every week which has really improved her wellbeing. Sometimes Mum is not aware of activities that are going ahead and has missed a few singers coming in so maybe they could offer some residents a printed note of what activities are taking place."

Improving care quality in response to complaints or concerns

- People and their relatives told they were encouraged to raise any concerns. One relative told us, "There have been occasional issues, but these were discussed and quickly resolved, without the need for a formal complaint." Another relative said, "I have never needed to make a complaint. From the get-go, even before my mother went to the home, the manager was available to discuss the service and deals with any difficulties such as COVID closures/visiting well."
- One relative told us how they had improved things in response to concerns raised. "When Mum first moved into the home, she was very uncomfortable in her room which was very small and as she needed a large riser chair this made it very difficult for her and for us to visit. After a discussion with the manager regarding this they have since moved her to a larger room which accommodates her much better."



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives thought the service was well led. One person told us, "Generally it's well managed. The owner has a few care homes and they all seem to be well managed." Another person said, "Everything is good, there's nothing I don't like." A relative told us, "Overall I am very pleased with the attention my wife receives, the pleasant and effective way she is looked after and the overall management of the home is very much to my satisfaction. I am very pleased we were referred to Colbury House." Another relative said, "The service is of a consistent high quality and all the management and staff I have met are always very pleasant, efficient and informative."
- We observed people received person-centred support and care delivery ensured people were enabled to maintain skills and independence. Care plans were detailed and showed person centred approaches.
- Staff we spoke with enjoyed working at the service. One staff member told us, "I would be happy for a family member to be cared for at Colbury House and it is really good to see the home being updated-makes you feel proud of where you work if it is looked after and kept well maintained." Other comments included, "Staff morale is good-the night team are fantastic and work so well together. I enjoy my work and look forward to coming to work. I feel I am supported in my role", "As far as I'm aware the morale is very positive and happy, I've now been working at Colbury for eight months and have been very happy! There's a big family feel within the staff and residents which I love the most."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People we spoke with knew who the registered manager was and were happy with them. One person told us, "I've spoken to her lots of times. She's nice." A relative told us, "I am happy with the standard of care he receives, and I have a good working relationship with the manager and her deputy." Another relative said, "In my opinion, the service delivers high quality care. I also get this impression from other visitors. The manager contacts me as appropriate, although nothing has gone wrong to date, and I am impressed by her and her deputy."
- Staff were positive about the registered manager and deputy manager. One staff member told us, "I feel I could raise any concerns with management, I usually approach [manager's name] and she is fantastic! She always goes out of her way to help and support the staff." Another staff member said, "I feel supported by management and team, as they communicate well and listen. My ideas and comments are listened to and respected."
- During the inspection the registered manager was away on leave. The deputy manager was always

available to discuss any matters arising from the inspection and were approachable. All the staff we spoke with told us management were approachable and that they operated an open-door policy.

- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, kitchen, laundry, recruitment files, housekeeping, infection control, maintenance and health and safety. Where issues were identified remedial action was taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were supported by regular meetings. One person told us, "I didn't know they had them, but I was downstairs on Friday and this lady started speaking and started it. There weren't many there, I don't suppose they knew it was on. I suggested they could have a little shop once or twice a week where you could buy perfume or sweets or birthday cards. I don't know if they'll do it, but they put it all down." Another person said, "They've had one or two. I haven't noticed any changes."
- Relatives were happy with communication and a newsletter was sent to relatives every two months to keep them updated. As well as individual updates when required. One relative told us, "The staff maintain an excellent level of communication with me on my brothers' condition and needs. This is particularly welcome and comforting. There is nothing I am unhappy about."
- Staff were supported by team meetings and daily handovers. Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. One staff member told us, "I have no concerns raising anything with the management team they are helpful and supportive we have regular team meetings. I can attend and find them informative and valuable I am supported in my job role staff morale is great I enjoy my job very much I love working with the residents and my team we have been through some tough times in the past but remain resilient kind and caring." Another staff member said, "I feel team meetings have been better and more regular in recent months, they are informative and a good opportunity to voice opinions. The option is always given to speak to a member of management after the meeting should we feel the need to discuss things further in private."
- The service worked in partnership with the local doctor's surgeries and community health teams. Feedback from health and social care professionals was positive and no concerns were raised. One professional told us, "I find the staff/care workers to be helpful and always willing to assist me if and when required. I believe that the service takes into account residents mental capacity and consent at all times. In my experience residents are well cared for." Another professional said, "From the couple of visits I have made, the service appears to deliver good care."

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.