

Colourful Care 2 Limited

Hen Cloud House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hen Cloud House is a residential care home providing personal care for up to 66 people. The service provides support to older people, some who may have a diagnosis of dementia, a physical disability, or a sensory impairment. At the time of our inspection there were 43 people using the service.

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

People's risks were not always managed safely. The management of medicines required improving and lessons were not always learned when things went wrong. Staff did not always feel there were enough staff to meet people's needs effectively.

There was no registered manager in post. The governance systems in place were not effective to monitor the quality and safety of the service. Some records needed reviewing and updating and were not always person centred. Staff said they did not always know how to effectively meet people's needs.

There was not always sufficient time or support to allow people to follow their interests or provide engagement opportunities. Records were not always person centred. Engagement with people, relatives and staff needed improving. There was a complaints policy in place although some people did not know how to make a complaint.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

People were protected from abuse. People were protected from the risk of infection. Staff demonstrated a kind and caring approach which respected people's privacy and dignity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 2 March 2023 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about medicine management, staffing levels and the health and wellbeing of people living at Hen Cloud House. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements.

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.

Enforcement

We have identified breaches in relation to regulation 11 (consent), regulation 12 (safe care and treatment) and regulation 17 (governance).

We have issued the provider with a warning notice. We will check the provider is taking action to comply with the legal requirements set out in the warning notice.

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 effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive 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 ●

Hen Cloud 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

The inspection was carried out by 2 inspectors 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

Hen Cloud House 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. Hen Cloud House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 3 relatives. 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 spoke with 11 members of staff including the operations director who is the nominated individual, a registered manager from one of the provider's other services, the area manager, the deputy manager, a senior care worker, 5 care workers and the activity coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 7 people's care records, 5 staff files and multiple medicine records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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 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; Learning lessons when things go wrong

- People's risks were not always managed in a safe way.
- Some care planning documentation did not always provide enough information to guide staff to support people in a safe way. For example, people who required support to manage their skin integrity did not always have clear and effective plans in place.
- Information contained in some people's care plans was inconsistent and staff were not always aware of people needs which posed a risk to their health and well-being.
- Some people who had specific health conditions such as diabetes did not always have records available to support staff to effectively manage their health condition.
- The systems in place to identify when things went wrong were not effective and did not identify the issues we found on inspection. This meant there were no mechanisms in place to reduce risk and prevent further incidences reoccurring.

Using medicines safely

- Medicines were not always stored, administered, and recorded in a safe way.
- Some medicines, despite being discontinued were still being administered for one person.
- Medicine Administration Records (MAR) and associated care plan documentation did not always give staff guidance to ensure medication was administered in the correct way and in line with best practice guidance. For example, people who were prescribed transdermal pain relief patches did not have patch application records in place which meant, for example staff could not reliably monitor people's patch application and people were at increased risk of skin irritation.
- Protocols for 'when required' medicines were not readily accessible for staff administering medicines and some staff did not know about such protocols and why they were required. This meant the provider could not be assured all staff who were administering medicine were competent to do so.
- Room temperature and refrigeration temperature monitoring and recording was inconsistent. This meant staff could not reliably assess whether medicines were suitable for continued use.

We found no evidence that people had been harmed however we could not be sure people always received safe care and treatment. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations director responded immediately during and after the inspection. They sent us of evidence of on-going changes which had been made to improve the quality and safety of care for people.

Staffing and recruitment

- We received mixed feedback about staffing levels. The operations director used a dependency tool to calculate the number of staff required on duty to ensure people's needs were met however some people and staff we spoke with told us they did not feel there were sufficient numbers of staff to enable them to do their jobs effectively. One person said, "I like it here; but they need more staff."
 - Comments from staff included, "The staff team are super caring; they are so good, but the staffing issue has got worse" and "I love working here but staffing is the main source of the stress, it is a really bad staffing situation."
 - The operations director responded to the feedback from staff and increased staffing levels with a view to reviewing the dependency tool.
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- Staff were subject to recruitment checks before commencing employment such as Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they liked living at Hen Cloud House and said they felt safe. One person said, "I feel safe and well cared for."
- Staff had received safeguarding training and knew how to recognise and respond to concerns of abuse.
- Where safeguarding concerns had been raised, these had been reported to the appropriate authorities in the correct way.

Preventing and controlling infection

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

Visiting in care homes

There were no visiting restrictions in place and visitors were able to access the home as required.

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 of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people did not have the appropriate documentation in their care records to evidence their mental capacity had been assessed in line with the principles of the MCA.
- Some records had been agreed by relatives authorising consent but there was no documentation to evidence the legal authorisation to do so.
- There were no effective systems in place to determine and monitor who was being unlawfully deprived of their liberty and whether appropriate applications needed to be made.

We found no evidence that people had been harmed however we could not be sure the care and treatment of people was always provided with the consent of the relevant person. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations director and area manager began to identify where new mental capacity assessments were needed and where appropriate DoLS applications needed to be made.
- We observed staff asking people for their permission to support them with their day to day activities.

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

- People had care plans in place, but these were not always reviewed in a timely way and did not always

contain enough information to accurately reflect people's needs.

- Some records contained some discrepancies about some people's needs which meant there was an increased risk staff may not have been delivering care in the most appropriate and effective way.
- We alerted the management team to our findings so this could be addressed.

Staff support: induction, training, skills and experience

- Staff did not always receive enough training to be effective in their role. Staff received an induction on commencing employment at the home, but some staff told us they did not feel this was long enough to ensure they felt suitably skilled. A member of staff said, "The staff induction is not very good." Another staff member spoke with the same sentiment and said it 'needed improving'.
- Staff we spoke with told us they had not received adequate training for the electronic care planning system and therefore felt this contributed to the missed recordings we had identified during our inspection.
- Other training was available and we saw a training matrix which evidenced training compliance.

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

- People who had specific nutritional needs or preferences were at risk of not having their dietary requirements consistently met due records not being always being completed. However, staff were able to tell us who required additional support at mealtimes and gave us examples of actions they took to ensure people were well supported.
- People and their relatives felt overall, the quality of the food was good but felt improvements could be made to make mealtimes a more pleasurable experience. We received comments such as, "The food is okay. There is no menu; staff come round and ask what we would like. There are two choices for lunch and tea" and, "The food is nice, but there are no menus."
- Some people were seated at mealtimes well in advance of meals being served. Some people became distracted and uncomfortable and were seen to be leaving the table and dining rooms before they had eaten. This placed additional pressures on staff to ensure everyone was seated before meals were served.

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 from external professionals. However, some of these professionals had alerted us to concerns about people's needs not always being met which meant people required additional external support.
- We observed professionals such as district nurses, and palliative care nurses visiting the home to provide additional and specialised support for people where necessary.

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

- Hen Cloud House is a new service where the premises and environment were purposely built and designed to meet people's needs.
- People had the opportunity to personalise their rooms to create a homely environment.

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 of this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider did not always provide sufficient training for staff to ensure they had the knowledge and skills to always support people in a compassionate way appropriate to them.
- Records were not consistently updated and therefore, staff were not always able to consistently care for people in line with their abilities, wishes and preferences.
- People were not routinely asked about specific protected characteristics of the Equality act 2010. This meant staff could not always support people in a person-centred way. We spoke with the provider and the manager about this, and they assured us assessments and care plans were being redesigned to include people's protected characteristics as necessary.
- People were generally positive about the care and support they received from staff. Comments we received included, "Staff are very caring and kind", "Most staff are lovely" and "The staff are kind."

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

- People we spoke with told us they were supported to express their views and were given choices in relation to their care needs. One person said, "Staff respect me and give me a choice." Another person told us, "Staff support me with my personal care and are lovely when they do."
- Resident and relative meetings had occasionally been held by the previous manager. One person said, "We had a resident meeting, but it was a long time ago," The operations director told us they were reintroducing the meetings and we saw a schedule for meetings going forward. The operations director told us, "We will use these opportunities to get to know people and their relatives and listen to comments and suggestions to help us improve."

Respecting and promoting people's privacy, dignity and independence

- We did observe kind and caring interactions between staff and the people they were supporting. Despite difficulties expressed by staff, such as staffing shortages, staff were committed to try and provide good quality care for people.
- People told us their privacy was respected, and independence was promoted where possible.

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 of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

End of life care and support

- People did not always have completed, personalised end of life care plans in place.
- For one person who required such a plan, there was no individualised details for staff to follow to support the person in their preferred way at the end of their life. Some staff said as a result of this, they were unsure how to effectively support people who needed this specialised care. We brought this to the management's attention, and we sought assurances the person was in receipt of the appropriate care.
- The relevant external professionals were working alongside staff to enable them to meet people's end of life care needs. Internal training had been scheduled for staff to undertake.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Records were not always completed in full or reviewed. Care plans were not always person centred and therefore this impacted on the level of individualised care staff could provide.
- People, relatives and staff whom we spoke with did not feel there were enough meaningful activities available for people to participate in. By the second day of our inspection, there was also no longer an activities coordinator in place.
- People and relatives we spoke with told us they were not always engaged in the care planning process. The operations director told us they would take this forward and ensure people and relatives could actively be involved. They said, "If we have people who are actively willing to be engaged, then we need to be encouraging this" and said, "Better engagement is part of the new strategy over the next 3 years, and we have an external company supporting us to improve engagement."
- People were able to receive visitors and maintain relationships which were important to them.

Improving care quality in response to complaints or concerns

- Most people and relatives who we spoke with were not always aware of whom to complain to if they had the requirement to do so due to the inconsistency in management cover. One person told us, "I am not sure who I would complain to; someone with a uniform on?" A relative said, "I have no complaints at the moment, but I am not aware of any complaints policy."
- The provider had a complaints policy in place. This needed to be redistributed with people and relatives to ensure the complaints process was an open one which everyone was aware of, and could access.

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 operations director understood their obligations in meeting the AIS. They said, "We look at this as part of the pre, and initial assessment and support people as needed. For example, we support some people who may be non-verbal, or whom have difficulties word finding, so we can support people in various ways such as using pictures.

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 of this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The quality and safety assurance processes were not always effective in identifying and addressing risk in a timely way. For example;
- Audits were not consistently completed. This meant risks and concerns were not routinely identified and any issues or shortfalls were not addressed at the time of the occurrence. This placed people at increased risk of harm.
- Some care plan documentation did not always address risks relating to the health, safety, and welfare of people. Records were not consistently completed. There was an increased risk people would not receive support in line with their needs.
- The electronic medication system was not effective in managing medication stocks or processes. This meant people were at risk of not receiving their medicines as prescribed.
- There was no registered manager in place and there had been inconsistent leadership which had led to such tasks being missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate there were effective governance systems in place. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations director responded during and after the inspection and told us about on-going changes which were being made to improve the quality and safety of care for people. They said, "We had systems in place but were they as effective as they need to be? No! We are taking actions to put things right, listening to feedback and making changes."

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

- We received mixed responses about engagement across the service with people, their relatives and staff. Some people told us they knew who to speak with if they needed to, however some people were unsure about who was in charge and told us they were unsure about reporting concerns or issues.
- Mechanisms had been introduced for people and their relatives to engage with the service and feedback about the day-to-day running of the service, such as resident and relative meetings, however these needed to be embedded further.

- Some staff said they had received supervisions to talk about their practice and development, but these had not been consistent due to the changes in the management structure.
- Daily flash meetings were held with heads of departments, but these needed improving to ensure issues and concerns were highlighted and addressed.
- The operations director and management team were receptive to feedback during the inspection and were committed to improving practices across the service and supporting staff. The operations director said, "We have caring staff here; we need to get our arms around our staff team and make it better. We need to live and breathe our values and we need to ensure staff are made to feel better."

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

- There was a mixed culture within the service as some people did not always receive person centred care in a timely way.
- The management team had begun to undertake work as part of their culture change process within the service and were dedicated to ensuring staff felt supported to enable them to deliver good quality care. They said, "We won't just sit back; staff need to know they can come to us with anything. We will take accountability for things going wrong and put it right."

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 management team understood their obligations under the duty of candour. They said, "It is being open and honest about everything we are doing."

Working in partnership with others

- The management team were now working alongside other agencies, organisations and professionals to ensure to try and enhance care practices across the service and improve outcomes for people.

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 11 HSCA RA Regulations 2014 Need for consent We could not be assured people's needs were assessed in line with the Mental Capacity Act 2005 and the consent was being considered.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's risks were not always assessed and planned for. Medicines were not always managed in a safe way.

The enforcement action we took:

We issued a warning notice to the provider. We have requested the provider provides us with an action of how they will address the concerns raised. We have given the provider a date at which they must become compliant with the regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance processes were not always effective in addressing risk. This impacted on the provider's ability to consistently improve and sustain quality and safety for people.

The enforcement action we took:

We issued a warning notice to the provider. We have requested the provider provides us with an action of how they will address the concerns raised. We have given the provider a date at which they must become compliant with the regulation.