

# Barchester Healthcare Homes Limited

## Collingtree Park

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Collingtree Park is a residential care home providing personal care to up to 79 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 47 people using the service.

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

People felt safe living at the service. There were enough staff working within the service who were trained to ensure their practice and knowledge was up to standard.

Risk assessments were in place to ensure staff worked safely with people. Staff understood people's needs, and the risks present within their lives.

Medicines were administered safely, and the correct documentation was being used. People were happy with their support in this area.

The service was clean and tidy, and infection control procedures were in place and adhered to.

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.

People were supported to maintain a healthy diet, and to access health care professionals when required. Choices were offered at meal times and dietary preferences and requirements were catered for.

Audits and checks were in place to ensure errors were found and corrected and staff felt supported by management, and felt the service had undergone positive changes. People were able to feedback on the service and had their voices heard

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

The last rating for this service was requires improvement (10 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 4 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show

what they would do and by when to improve.

The inspection was prompted in part due to concerns received about staffing levels and poor care within the service. A decision was made for us to inspect and examine those risks under the key questions of safe, effective and well led.

We also undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, and Well-led.

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 requires improvement to good. This is based on the findings at this inspection.

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

#### 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Collingtree Park

## 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.

#### Service and service type

Collingtree Park 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. Collingtree Park 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 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 not a registered manager in post. There was a manager in post who was going through the registration process.

#### Notice of inspection

This inspection was unannounced.

We visited the service on 28 July 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 five people who use the service, and one relative of a person who used the service. We also spoke with five care staff, the manager, the administrator, the chef, the housekeeping lead, the operations manager, and the regional manager. We looked at documentation including care plans, staff recruitment files, audits and action plans.

# 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 has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider had failed to ensure systems and process were in place to investigate and immediately act upon any evidence of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Systems and processes were in place to safeguard people from harm. Any accidents or incidents which occurred were recorded in detail and followed up on. Any actions for improvement were identified, to ensure that improvements could be made, and risks could be reduced where possible.
- Accidents and incidents were reported promptly, to the correct agencies, to ensure people got the support they required.
- People we spoke with told us they felt safe living within the service and receiving care. One person said, "Yes I feel safe. The staff are lovely, all of them, no complaints."
- Staff had completed safeguarding training. Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the manager.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection, the provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks. The provider had failed to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments regularly and as required and put actions in place to reduce these risks.
- People who were at risk of skin pressure damage, were supported appropriately. We checked several records of people who required support in this area, and saw they received this as per their care plans.
- Medicines were administered accurately by trained staff. We saw records which showed the correct information recorded when medicines were given, along with appropriate guidance. This included body maps to indicate where medicines such as transdermal patches should be applied. This ensured that the medicine was being administered in the correct way, to ensure it was effective.

### Staffing and recruitment

- There were enough staff working within the service to keep people safe, although some people we spoke with felt there were not always enough staff around. One person said, "The staff all work hard, but sometimes you can be left waiting a bit." During our inspection, we found there was enough staff spread across the service to meet people's needs promptly. Records showed these staff numbers were regularly monitored and were consistent.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### 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

People and visitors told us that visiting procedures were clear and consistent, and followed government guidance on infection control.

### Learning lessons when things go wrong

- Investigations were held when anything went wrong, and information was shared with staff to ensure lessons were learned.
- The management team were open and honest throughout our inspection and had spent considerable time on assessing any previous issues and problems and rectifying them.



# 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.

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. 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

- A full assessment of people's needs was carried out prior to them moving into the service. This ensured the service was able to meet their needs effectively.
- People's equality and diversity needs were identified within the care plan and staff we spoke with understood this.

Staff support: induction, training, skills and experience

- Staff told us they were provided with induction training, which included time spent with more experienced staff to learn how to work with people. Staff demonstrated an in-depth knowledge of the needs of people using the service.
- Staff said they felt supported in their roles. This included supervision sessions with management in both one to one and group formats, to discuss work matters and areas for improvement.
- Ongoing training was available for staff including continuous learning and refresher training.

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

- People were supported to eat and drink sufficient amounts. When required, this was monitored and documented to ensure people did not suffer from dehydration or malnutrition. We saw that some people's weight was monitored, and action was taken when necessary to address any weight loss.
- People we spoke with told us they had mixed reviews on the quality of food, but were generally happy and were offered choice.
- The kitchen staff were aware of people's different dietary requirements and were able to cater for everyone. Any dietary requirements were documented in people's care plans.

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

- The service worked with district nurses, GPs, and other health and social care professionals to make sure people had access to the health care they required. One person told us, "I went to the hospital for tests, staff stayed with me."
- People's care plans included information on their health and social needs.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

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

- The service was clean, tidy and well maintained. Communal areas were well looked after and provided welcoming spaces for people to spend time in.
- Bedrooms were suitable for people's needs, and people could personalise them to their own tastes if required.
- There were well looked after garden spaces for people to enjoy.

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.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment. Best interest meetings were held as required to support people who were not able to make decisions, and DoLS applications were made as required.

# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our previous inspection, the provider had failed to assess, monitor and mitigate risks relating to health, safety and welfare of people using the service. The provider also failed to ensure accurate, complete and contemporaneous records were kept. These were breaches of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made, and the provider was no longer in breach of this regulation.

- Systems and processes were in place to ensure that risks were monitored and actions were taken for improvement. For example, improvements had been made in all areas of checks and audits, and staff were completing the necessary information about people's care. When errors or omissions were made, action was taken for improvement.
- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the manager was and staff told us they felt well supported by the management team. One staff member said, "There have been massive improvements. The manager is helpful and around quite a bit. There is always someone around. The managers are very easy to approach and answer questions."
- The managers were aware of their regulatory requirements and notified CQC and other agencies of any incidents which took place at the home as required.

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

- There was a positive atmosphere within the service, which was focused on improvement. We observed the managers to have an excellent knowledge of the people using the service and were motivated to continue to improve the home.
- People and relatives told us they felt the service was improving, and that good outcomes were reached. One relative of a person said, "Big improvements have been seen."

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 managers maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The managers understood information sharing requirements. We saw that information was correctly

shared with other agencies.

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

- Staff were supported to share their views about people's care directly with managers and in staff meetings. They told us they felt comfortable to share ideas to further improve the service and address any issues. Minutes of meetings showed that topics such as training and record keeping were discussed.
- Surveys were also sent out to people and relatives, which asked for feedback on the quality of care being received, and if any changes were required. Feedback was analysed for themes and trends.

Working in partnership with others

- The service worked in partnership with a variety of health and social care professionals to drive improvements within the service. We received positive feedback from the local authority who had been working with managers on action plans.