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 caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

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

Collingtree Park provides accommodation and care for up to 79 older people, including people that need support because of their physical frailty and those who are living with dementia. Respite care and short breaks are also part of the service provided at Collingtree Park. The home is purpose built and adapted throughout to meet the diverse care needs of the people in residence. The home had recently been refurbished and redecorated throughout. There were 76 people in residence when we inspected the service on 6 and 7 December 2017.

At the last inspection on 24 and 25 September 2015 the service was rated 'Good'. At this unannounced inspection we found the service remained 'Good'.

People were safe. People were protected by robust recruitment procedures that made sure people did not receive unsafe care from staff that were unsuited to work at the service. People were cared for by sufficient numbers of staff. They received care from staff that had received training and support to carry out their roles.

People's needs had been assessed prior to admission and they each had an agreed care plan that was regularly reviewed to ensure they continued to receive the care and support they needed. Risks to people's safety were reviewed as their needs and dependencies changed. The premises and equipment used to provide people with the care they needed were appropriately maintained throughout to ensure their safety and that of the staff.

People were supported and safeguarded from avoidable harm and poor practice by staff that understood how to keep people safe. Safeguarding procedures were in place to help protect people from harm and staff understood their responsibilities to do so and to report any concerns. All safeguarding issues were investigated and appropriate action was taken.

People received care and support from staff that knew what was expected of them. Staff were friendly, kind and compassionate. They were attentive to people's needs and respected people's individuality and rights to make choices. Staff had insight into people's capabilities and aspirations. People were encouraged and enabled to do things for themselves. Their individual preferences for the way they liked to receive their care and support were respected. Staff responded to people in a timely way whenever they needed assistance. Care plans were personalised, reflected each person's individual needs and provided staff with the information and guidance they needed to support people. Care planning involved people and supported their diverse needs. Staff had a good understanding of people's preferences and supported people to participate in activities they enjoyed.

People's capacity to make informed choices had been assessed and regularly reviewed. The provider and staff were mindful of the Mental Capacity Act 2005 and the importance of seeking people's consent when receiving care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were monitored. They had access to community based healthcare professionals, such as GP's and nurses, and had regular check-ups. They received timely medical attention when needed. Medicines were safely managed. They were securely stored and suitable arrangements were in place for their timely administration by staff that had received training.

People had enough to eat and drink. They said the meals were enjoyable and catered for their tastes and appetites. Individuals who needed encouragement and support with eating a healthy diet received the help they required. People were supported to have a balanced diet and to have their nutritional needs met.

Systems were in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The provider and manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service. People and their relatives were encouraged to be involved in making improvements to the home and their feedback was acted upon.

The rating from our previous inspection was prominently displayed in the foyer of the home. The provider also ensured that this rating was clearly displayed on their website. Comprehensive information about the service offered at Collingtree Park was readily accessible on the provider's website. The provider's website for the home had been designed to take make finding information about the service straightforward.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remained safe. | **Good** |
| **Is the service effective?**<br>The service remained effective. | **Good** |
| **Is the service caring?**<br>The service remained caring. | **Good** |
| **Is the service responsive?**<br>The service remained responsive. | **Good** |
| **Is the service well-led?**<br>The service remained well-led. | **Good** |

# Collingtree Park

**Detailed findings**

## Background to this inspection

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

This comprehensive inspection took place on 6 and 7 December 2017 and was unannounced. The inspection was undertaken by one inspector 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.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home. We also contacted HealthWatch which is the independent consumer champion for people that use health and social care services.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We took this information into account when we inspected.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. By observing the care received, we could determine whether people were comfortable with the support they were provided with.

We spoke with 14 people using the service and four visitors. We also spoke with the manager, deputy manager, six care staff, a hostess, a maintenance worker and a domestic worker.

We looked at access within the home including communal facilities, as well as bedrooms when we spoke with people in their own rooms. We looked at the medicines, food and equipment storage facilities and took

into account the precautions in place to protect people against the risk of fire.

We looked at four people's care records and four records in relation to staff training and recruitment. We also looked at other records related to the running of the home and the quality of the service provided. This included the provider quality assurance audits, maintenance schedules, training information for staff, and arrangements for managing complaints.

Good

# Is the service safe?

## Our findings

People continued to receive care and support from staff that maintained their safety. All the people we spoke with said they felt safe in the home. A visitor said, "I've been visiting here for quite a while now and I've never had any worries at all about [relative's] safety." Another visitor said, "I wouldn't just let it go if I thought [relative] was unsafe, but that's never been the case. [Relative] has all the help they [staff] can give, whenever it's needed, so I don't worry." One person said, "I sleep at night knowing they [staff] are always there if I need them. That's makes me feel I'm safe and sound here."

The provider monitored staffing levels and ensured that there were sufficient numbers of experienced and trained care staff on duty. We observed that there were sufficient numbers of staff working within the home to provide people's care and support.

Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. The staff recruitment procedures ensured only suitable staff worked at the service. Checks were made with the Disclosure and Barring Service (DBS) to see if a candidate had any criminal convictions that would make them unsuitable for employment; references from previous employers were also taken up. In instances where agency staff were used to temporarily cover for staff vacancies, sickness, or holidays, checks were made to ensure agency staff had the necessary experience and were capable of competently providing people with safe care.

People had individual risk assessments in place which identified any additional support people may need to keep them safe. People's risk assessments contained advice and guidance for staff and these were also regularly reviewed and updated as necessary so that people were kept safe if their health or ability to do things deteriorated. Care plans were individualised and reviewed on a regular basis so that staff knew how the service was to be provided to each person they supported.

People received their medicines in a timely way and as prescribed by their GP. They were stored safely and locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. Trained staff administered medicines competently. They were knowledgeable about the way in which people preferred to take their medicines and knew what precautionary measures they needed to take in the event that people declined to take their medicine.

Staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated.There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. Staff had completed regular refresher safeguarding training to keep up to date with any changes in the safeguarding reporting procedures.

The home was kept clean and people were protected by the prevention and control of infection. We saw that where areas required priority cleaning this was attended to in a timely way by staff. Staff had access to protective clothing, such as gloves and aprons and these were worn when assisting people with their

personal care. Staff had completed training in infection control and food hygiene. All appropriate servicing of equipment used throughout the home had been carried out in accordance with prescribed maintenance schedules.

Staff knew what to do in the event of a fire or emergency. The fire detection and alarm system had been appropriately serviced and staff carried out regular checks and fire drills throughout the year. Emergency contingency plans were in place in case of evacuation and each person had an individualised Personal Emergency Evacuation Plan (PEEP) in place to assist in the event of the service having to be evacuated by external emergency services. Procedures were in place in the event of an accident or incident and learning was shared with staff to improve safety across the service.

Good

# Is the service effective?

## Our findings

People were supported by staff that had the skills as well as the training they needed to care for people with a range of needs. A visitor said, "I'm impressed by the staff. They're always busy but never rush about in a chaotic way; from what I've seen they're always on the ball. [Relative] tells me they [staff] always come when [relative] needs a bit of hand. There's no 'hanging around' waiting for them [staff]."

People's needs were met by staff that were effectively supervised. There was a system of staff appraisal meetings in place, this ensured each member of staff had their performance, learning and development needs continually evaluated. New staff had received induction training that prepared them for their duties. A comprehensive induction training programme was used that covered topics such as promoting people's rights, choice, dignity and independence. Experienced staff received refresher training in a timely way and they were supported to keep up-to-date with best practice. Staff had a good understanding of each person's diverse needs and the individual care and support they needed to enhance each person's quality of life.

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 be 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care and treatment. The manager and staff understood their roles and had received training in assessing people's capacity to make decisions and caring for those who lacked capacity to make some decisions. We found that the manager had a good understanding of the requirements of the MCA and appropriate applications had been submitted when it was necessary to minimise or restrict a person's liberty because of their dementia.

The provider had ensured that staff had received training and accreditation designed to enable them to enhance the dementia care environment within the home. This training improved interactions between staff, people living with dementia, their relatives and other healthcare professionals. Training focused on reducing people's distress, increasing their sense of well-being and improving their quality of life. The living environment was welcoming, with lighting, signage, and use of colour designed to having a calming effect on the senses and help people orientate themselves. One person said, "I get a bit muddled sometimes but I can always find my room. I've got a picture I like on my door."

People were supported to eat, drink and maintain a balanced diet. There were drinks and snacks available throughout the day. Where needed staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets. If a diet arising from cultural or religious needs was needed this would be highlighted when the person was admitted to the

home as part of the assessment process. People could choose where they ate their meals and staff supported those who needed some assistance. We saw that people with swallowing difficulties were referred to the speech and language therapy services for advice and support in meeting their dietary needs. Meals were taken in an attractive dining room that was conducive to the enjoyment of their meal, with tables set out for small groups of people. One person said, "We choose what we like from a menu and I mostly like what's on offer. If I don't I can always ask if they [kitchen staff] will sort something else out for me; they are very obliging."

People's physical health was promoted and there was timely healthcare support from the local GP surgery and other healthcare professionals when required. Timely action had been taken by staff whenever, for example, there were concerns about a person's health. The outcome of visits from other healthcare professionals were documented clearly in people's care files, as well as any required action that staff needed to take to ensure people's continued wellbeing. Staff ensured visiting health care professionals had accurate information about people's conditions so that they were enabled to deliver the treatment people needed.

Good

# Is the service caring?

## Our findings

People were treated with kindness and were shown respect. Their personal care support was discreetly managed by staff so that they were not embarrassed. They were treated with compassion and in a dignified way. One visitor said, "Kindness is a word you seem to hear less and less these days, but it's so important. I think they [staff] live up to that. [Relative] has no complaints at all about the way they [staff] do things. [Relative] always sings their praises, I can vouch for that."

Visitors said the staff made them welcome when they visited their relatives. One visitor said, "It's an 'open door' here. I just 'pop in' when I can and there's always a cheery 'hello' from them [staff]. Another visitor said, "You can tell a lot about a place when you walk through the door. Their [staff] attitude is so important and I can't fault them [staff]. You're always made welcome."

People's privacy was respected, with staff knocking on bedroom doors and pausing to be invited in. People's 'personal space' was respected by staff. One person said, "I'm asked if I fancy doing something. They [staff] don't just make assumptions, they ask."

People's choices in relation to their daily routines and activities were listened to and respected by staff. They had a good knowledge about people's usual choices but offered them the option of something different where appropriate. We heard, for example, a staff member ask a person that ate lunch in their bedroom if they preferred to eat in the dining room for a change. They respected the person's choice to stay where they were.

People were relaxed in the company of staff and the staff demonstrated good interpersonal skills when interacting with people. Staff knew people well and engaged individuals in meaningful conversation. Staff used people's preferred name when conversing with them and they were able to discuss how they facilitated people's choices in all aspects of their support. They responded promptly when people needed assistance or reassurance. We heard staff taking time to explain what they were doing to assist the person they were attending to without taking for granted that the person understood what was happening around them.

People that did not have family or friends involved in their care planning had access to advocacy services that could support their needs. An advocate is a trained professional that supports, enables and empowers people to speak up.

Good

# Is the service responsive?

## Our findings

People's individual support needs had been assessed prior to their admission to the home. Comprehensive assessments were carried out to identify people's needs and plan how they were to be met. Care plans were developed with the involvement of people using the service and their relatives.

People said they were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Activities suited people's individual likes and dislikes and were tailored to their capabilities and motivation. The emphasis on activities was about responding to people's interests, stimulating the senses, and providing people with the social stimulation they enjoyed. Events were regularly organised throughout the year including, for example, trips out in the minibus to local facilities and attractions.

People received personalised care and support. All the people we spoke with felt they were treated as individuals by staff that knew and acted upon their likes and dislikes. The staff were able to describe in detail the care and support they provided for people. Care plans were regularly reviewed with people's involvement. The care plans contained all the relevant information needed to provide staff with the guidance and insight they needed to consistently meet people's needs.

People consistently received the care and support they needed in accordance with their initial care assessments and subsequent care reviews as their dependency needs changed over time. When people reached the end of their life their care plan reflected this as well as the action that needed to be taken by staff to ensure they were kept as comfortable as possible.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider's website provided easy access and comprehensive information about the services provided at Collingtree Park. The provider had specifically designed their website, for example, to ensure there was a good contrast of colour to assist people with visual problems and that text size could be altered by offering different viewing options. Within the home the signage was clear and legible and pictures were used where people had difficulties making sense of the printed word. Staff were aware of the communication needs of the people they supported from the information in the person's care plan.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. People's representatives were provided with the verbal and written information they needed about what do and who they could speak with, if they had a complaint. Visitors and people living in the home we spoke with said they would speak to any of the staff if they had a complaint. Complaints and the action taken to resolve issues were reviewed by the

manager and provider to establish what lessons needed to be learned and if improvements to the service needed to be made.

Good

# Is the service well-led?

## Our findings

A registered manager was not in post when we inspected. A new manager had, however, been appointed by the provider after the previous registered manager had left. The new manager was subsequently registered with the Care Quality Commission (CQC) on the 29 December 2017, shortly after our inspection. The new registered manager had the necessary knowledge and experience to motivate the staff team to do a good job. They had made themselves known to the people using the service. One person said, "[New manager] is really nice. Very down to earth and easy to get on with."

Staff said there was always an 'open door' if they needed guidance from any of the senior staff. They said the new registered manager was very supportive and approachable. Staff also confirmed that there continued to be a positive culture that inspired teamwork and that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and new manager.

People's care records were kept up-to-date and accurately reflected the daily care people received. Records relating to staff recruitment and training were also up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day running and maintenance of the home were reflective of the home being appropriately managed. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required.

Quality assurance systems were in place to help drive improvements in the service throughout the year. The provider arranged for a senior manager to regularly visit the home and carry out audits of the service people received. People's experience of the service, including that of their relatives, continued to be seen as being important to help drive the service forward and sustain good quality care and support. People received a service that was monitored for quality throughout the year using the systems put in place by the provider. The new registered manager completed regular audits which reviewed the quality of care people received. They spoke with people, including visitors, about their experiences and regularly observed the staff going about their duties to check they were working in line with good practice. Suggestions from people and visiting relatives were acted upon and discussed at team meetings. This contributed towards ensuring the home was efficiently managed and that day-to-day care practices were reviewed and reflected upon by the staff team as a whole to identify areas that could be improved.

Staff had been provided with the information on the safeguarding whistleblowing procedure if they needed to raise concerns with outside regulatory agencies, such as the Care Quality Commission (CQC), or the Local Authority adult safeguarding team. The new registered manager had consolidated relationships with external professionals such as healthcare professionals and continued to support them to have access to the information they required to provide any additional specialist care people needed.

There continued to be an open and transparent culture within the home, with the home's CQC rating from the last inspection, on display in the foyer for all to see. A copy of the last inspection report was also

available in the reception area. The provider had also ensured the previous rating was on their website.