

Pinerace Limited

Collamere Nursing Home

Inspection report

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Date of inspection visit:
15 January 2016

Date of publication:
09 February 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Collamere Nursing Home is a care home that provides nursing care for up to 46 older people, some of whom had a diagnosis of dementia. On the day of the inspection there were 21 people living in the service.

The provider for this location is registered under the legal entity of Pinerace Limited. Pinerace Limited is part of the Morleigh group of nursing and residential care homes.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. However, the registered manager had been working in different roles within the Morleigh group since March 2015. Temporary managers had been in post to manage the day-to-day running of the service, with the support of the registered manager, since that time.

We carried out this unannounced inspection of Collamere Nursing Home on 15 January 2016. At this focused inspection we checked to see if the service had made the required improvements identified at the inspection on 21 October 2015. In October 2015 we had concerns about the lack of consistent management, leadership and oversight of the day-to-day running of the service. This had resulted in quality monitoring systems not being operated effectively and areas of the service that required improvement had not been identified. These areas included; the service using an incorrect form to record people's food and fluid intake, identify and action faulty equipment and ensure the environment was suitable for service user's needs. We also found people had limited access to snacks when kitchen staff left at 6pm and there was a lack of meaningful activities in line with people's interests and preferences. Staff were not consistently supervised, supported and trained to carry out their roles.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Collamere Nursing Home on our website at www.cqc.org.uk.

At this inspection we found improvements had been made to the environment, auditing systems and staffing training and supervision. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Staff were supervised, supported and trained to carry out their roles. The premises and equipment were fit for purpose and were mostly well maintained. The environment had been adapted to assist people with dementia to orientate around the premises. Care staff had access to the kitchen during the evening and overnight, so people could have snacks of their choosing at any time.

An activities co-ordinator had been appointed and a programme had started to be developed. However, until an activity programme was developed, that could demonstrate that each person's individual social

and emotional needs had been considered, people did not have access to meaningful activities.

There had been an acting manager in post for the last three months and they, together with the clinical lead, had provided stable management and leadership for the service. However, staff were worried about the prospect of another change of manager because the acting manager left the organisation on 15 January 2015.

People told us they felt safe living at the service and with the staff who supported them. One person told us, "I feel well looked after and safe."

People's individual health needs were well managed and staff had the skills to recognise when people may be a risk of their health deteriorating. People had access to healthcare professionals such as a GP, chiropodist, dentist or optician.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period and staff supported people appropriately and sensitively.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks concerning people's care and support were identified and appropriately managed.

Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. Staff had a good knowledge of each person and how to meet their needs. Staff knew how to recognise and report the signs of abuse.

We identified one breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

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. The premises and equipment were fit for purpose and were mostly well maintained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective. The environment had been adapted to assist people with dementia to orientate around the premises.

Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to so their health needs were met.

Management and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

The service was not entirely responsive. People did not have access to meaningful activities that met their individual social

Requires Improvement ●

and emotional needs.

Care plans were personalised to the individual and were updated as people's needs changed.

There was a complaints policy in place and the provider followed the timelines laid out in it.

Is the service well-led?

The service was well-led. There had been an acting manager in post for the last three months and they, together with the clinical lead, had provided stable management and leadership for the service.

There were effective systems operating to assess and monitor the quality of the service provided to people. Where areas that required improvement had been identified actions were completed in a timely manner.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. Especially as the current manager left the organisation on 15 January 2015 and a new manager had not been appointed. We will review our rating for well-led at the next comprehensive inspection.

Requires Improvement 

Collamere Nursing Home

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 was planned to check 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 unannounced inspection took place on 15 January 2016. The inspection team consisted of two inspectors and a nurse specialist advisor. The specialist advisor had a background in providing nursing care for older people and in the management of nursing care services.

We reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views of living at Collamere Nursing Home. We looked around the premises and observed care practices on the day of our visit.

We also spoke with five care staff, the nurse in charge, the cook, the registered manager, the acting manager, the head of operations and the provider. We looked at four records relating to the care of individuals, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

At our inspection on 21 October 2015 we found the extractor fan in the kitchen was broken and had not been repaired. This had resulted in the temperature in the kitchen often being above the recommended level. We found that bedding and towels were old and beginning to look worn. There was no deep cleaning process in place for the kitchen and two freezers were dirty with crumbs on the floor between them and around the freezer doors. Hoists were dirty and the nightly cleaning schedule to clean them was not being followed.

At this inspection we found the extractor fan in the kitchen had been repaired and the cook advised us that the temperature of the room was now within an acceptable level. The service had purchased new bedding and towels. The two freezers in the kitchen were clean and the floor behind and in between the two appliances was clean and free from crumbs. The cook told us the maintenance person had been allocated to move and clean behind all of the kitchen appliances on a regular basis. The cleaning routine for night staff, in place at the last inspection but not operating, was working effectively. As a result of this hoists were being regularly cleaned. Some of the old bedding still remained in the linen room, but the bedding in people's rooms was much improved. This meant that the environment had improved and was better suited to meet people's needs.

People told us they felt safe living at the service and with the staff who supported them. One person told us, "I feel well looked after and safe."

Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. Staffing numbers were determined by using a dependency tool, which was regularly reviewed. A dependency tool is used to identify the numbers of staff required by assessing the level of people's needs. On the day of the inspection there were five care staff and one nurse on duty from 8.00am until 2.00pm and four care staff and one nurse from 2.00pm until 8.00pm for 21 people. The registered manager told us staffing levels had recently been increased and the aim was to have five care staff in the afternoon as well. Staff told us that when five staff were on duty it was a good level for the number of people in the service. One member of staff said, "At the moment there are enough staff, but this can change if people's needs change."

People had a call bell in their rooms to call staff if they required any assistance. People said staff responded whenever they used their call bell and we saw staff responded in a timely manner throughout our inspection. One person said, "Sometimes staff respond quickly, it depends what time of day it is."

Risk assessments were completed to identify the level of risk when using equipment, bed rails, nutrition and the risk of developing pressure sores. The assessments were specific to the needs of the person. We found risk assessments were reviewed monthly or as required, should there be a change of risk level.

There were systems in place to check and maintain equipment used in the service. Since our last inspection the maintenance person had carried out a complete check of all equipment in the service. This had resulted in many items such as wheelchairs, hoists and mattresses being removed if they were not in working order. A routine check of all equipment, such as hospital beds, pressure mattresses and pumps, was now completed on a weekly basis. Pressure relieving mattresses were checked to ensure they were inflated to the appropriate level and had a pump that was compatible with the mattress. Requests for new or replacement equipment was sent to the provider's head office on a weekly basis. This helped ensure people had equipment that was suitable for their needs.

Records showed that the mattress for one person had been identified as having an incompatible pump since 4 January 2016. Using a mattress without the correct pump can prevent the mattress from being inflated to the correct level and potentially put people at risk of skin damage. We advised the registered manager of this and they changed the pump immediately. There was no evidence that having miss-matched equipment had any impact on the effectiveness of the mattress and put the person using it at risk.

The environment was clean and mostly well maintained. At the time of the inspection an existing bathroom was being converted into a new sluice room because the previous room was in need of repair and had been identified as not suitable to use. We saw there were other areas of the premises that were in need of repair or re-decoration. For example, in the kitchen and some repair work to the floor and skirting in the treatment room was needed. We saw that the provider had prioritised re-furbishment work in areas of the premises that people used. We saw that areas of the service where wheelchairs and hoists had previously been stored were now clear.

A few days prior to our inspection one of the boilers had broken and this had meant there was no hot water to one bedroom and the kitchen. The person, whose bedroom was affected, had moved to another room as soon as the fault occurred. The boiler had been repaired the day before our inspection. However, we found there was still no hot water in the kitchen. We advised the provider of this and within a short time it was fixed. We also advised the provider that there was a toilet seat missing in one toilet and a door handle to one bathroom. We were told that the seat would be replaced and the bathroom door handle had been removed

Is the service effective?

Our findings

At our inspection on 21 October 2015 we found people had limited access to snacks in the evening and during the night. Sandwiches and yogurts were left in the fridge for staff to serve to people but all other areas of the kitchen and store cupboard were locked when the cook left at 6pm.

Where people were identified as being at risk of poor nutrition and hydration, food and fluid charts did not contain sufficient information to accurately monitor if people were receiving adequate food and drink. There was inadequate signage around the premises to assist people with dementia to orientate independently. Staff were not consistently supervised, supported and trained to carry out their roles.

At this inspection we found staff had access to all areas of the kitchen at all times. This meant that while sandwiches and yoghurts were still available in the fridge if people wanted something different, such as a hot snack, staff were able to provide it.

The environment had been adapted to assist people with dementia to orientate around the premises. In line with recognised research the service had painted doors in different colours to denote bathroom and toilet doors and different corridors in the service. There were names on people's bedrooms doors with pictures of a bed. At the time of our inspection there was no one in the service who required assistance with orientating around the service so we were unable to establish the benefits of the changes to the environment. Corridors and doors were wide enough to allow for wheelchair access. The lift to gain access to the first floor was not in working order. The provider had not arranged for this to be repaired, as while there were bedrooms on the first floor, these were not in use at the time of our inspection.

The food and fluid charts used, when people were identified as needing to have their intake monitored, had been changed. The new charts accurately recorded how much each person had eaten and drunk and stated the acceptable amount for each individual to eat or drink.

Since the last inspection the training programme had been updated and areas where staff required training to be completed had been identified. Staff completed most training on-line and some staff had difficulties accessing it or finding the time to complete it while at work. One member of staff said, "I have signed into the e-learning, but I never get the time to do it." The registered manager told us staff were being supported to access training at home, should they wish to, and there were plans to give them protected time to carry out training within the service. Staff told us they felt they had appropriate training to carry out their role and spoke knowledgeably about people and their care needs. Staff told us, "I've done levels 2 & 3 in dementia care. It really helped me to understand things better", "Doing dementia training has helped me" and "I have everything I need to do my job."

Nurses had received supervision with the registered manager, in their clinical lead role, and the newly appointed head of care had started the supervision programme by meeting with some staff. Staff told us they felt supported by management and spoke well of the head of care. There had been regular staff meetings with the most recent one the week of our inspection.

Staff were knowledgeable about the needs of people living in the service. People's individual health needs were well managed and staff had the skills to recognise when people may be at risk of their health deteriorating. For example, staff had noticed when one person had a red area on their skin where a blister had started to develop. Swift and appropriate action was taken by the nurse in charge and the person remained in bed for 48 hours to rest the area. This action resulted in the blister healing and potentially prevented the person from developing a pressure sore.

People had access to healthcare professionals such as a GP, chiropodist, dentist or optician. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and specialist nurses regularly. People's relatives were involved in their care. A member of staff told us, "We always inform relatives if a GP is called when someone is unwell."

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period and staff supported people appropriately and sensitively. Many people living in the service chose to stay in their rooms, including having their meals. We saw that staff still asked people where they wanted to eat their lunch to help ensure they had the opportunity to socialise while eating their meal. Staff said, "We encourage people to come for lunch, but it can change every day. Today is well serviced." There was a set four weekly menu that was used across the Morleigh services. However, people could have an alternative if they wished to. The cook spoke knowledgeably about people's likes and dislikes and it was clear they provided people with meals of their liking.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager was clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). At the time of our inspection the service had two people where DoLS applications had been authorised.

Is the service responsive?

Our findings

At our inspection on 21 October 2015 we found there were no meaningful activities on offer for people to take part in, either individually or as a group. Most staff interaction occurred when tasks were carried out with people.

At this inspection we found the service had arranged some activities for people to take part in. Some people were doing a jig-saw puzzle in the dining room and singers and a brass band had visited the service during December. One person living in the service arranged a music session each week. However, there was no record that any other activities had taken place in the first two weeks of January 2016. One member of staff said, "There aren't as many people living here so there isn't so much going on." One person told us, "Not a lot going on." We saw one person sitting in the lounge on our arrival at 9.00am. They stayed in the lounge for most of the day and, while staff attended to their care needs, they also walked past them numerous times throughout the day without speaking to them.

A care worker had recently been appointed as the activity co-ordinator. They were enthusiastic about their new role and had started to develop a programme of activities. The registered manager explained that the activities co-ordinator would be given set hours each week, although the number of hours had yet to be agreed. At the time of our inspection most people living in the service stayed in the rooms, either through choice or because their health needs meant they were cared for in bed. We observed throughout the day that staff were attentive to people's needs. They spent time talking with people whenever they went into their rooms to carry out personal care or provide drinks and meals.

We found that some activities were being provided and an activity programme had started to be developed. Staff were knowledgeable about what was important to people and spent one-to-one time talking with them. However, until an activity programme was developed, that could demonstrate that each person's individual social and emotional needs had been considered, people did not have access to meaningful activities.

This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had worked with people and their relatives to develop life histories to understand the interests they had and to help staff about how to meet peoples' social and emotional needs. Care plans detailed the type of things people would like to do with their time. One person's care plan said, "Likes to spend time in their own room watching TV. Sometimes likes to be with other people."

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. For example, when one person had a period of being confused and spent time walking anxiously around the service, a chart to monitor their behaviour had been used. This meant that staff recorded their behaviour to understand any triggers to help reduce their anxiety. Their care plan had been updated to reflect these

changes.

Staff had a good understanding of people's needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example care plans described in detail how staff should assist the person with their personal care including what they were able to do for themselves.

Staff completed daily records detailing the care provided for people and how they had spent their time. The nurse on duty also completed daily notes for each person about their nursing and medical needs. All the daily records we looked at were informative and personalised to the individual. There were a few days where nurses had not completed any notes for some people. The clinical lead was aware of these gaps and we saw this had been discussed with individual nurses during their supervision. Staff were encouraged to give feedback about people's changing needs to help make sure information was available to update care plans and communicate at handovers.

People received care and support that was responsive to their needs, because staff were aware of the needs of people who lived at Collamere. Staff told us care plans provided them with good information and nurses advised care staff of changes to people's needs when they started their shift.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People and their families were given information about how to complain. Details of the complaints procedure were seen in people's rooms and people said they would speak to staff if they had any concerns.

Is the service well-led?

Our findings

At our inspection on 21 October 2015 we found there had been a lack of consistent management, leadership and oversight of the day-to-day running of this service since March 2015. This lack of consistent management had resulted in quality monitoring systems not being operated effectively and areas of the service that required improvement had not been identified. This included actions concerning a lack of robust auditing, following a previous inspection in April 2015, which had not been met.

The service had a registered manager recorded in the CQC records. However, they had been moved by the provider to work at another location in the Morleigh group from March until September 2015. A new manager was appointed to replace the registered manager in May 2015 and they left the organisation in August 2015. In September 2015 the registered manager started a new role as the clinical lead for the whole Morleigh group and returned to oversee the running of this service as well as their new role. In October 2015 an acting manager was appointed to manage the day-to-day running of the service for a three month period. The acting manager's contract ended on 15 January, the day of our inspection. The provider told us they had carried out interviews and hoped to appoint a new manager within a few days of our inspection.

There was a management structure and staff were aware of their roles and responsibilities and who to report to. The registered manager had been working with the acting manager both in their role as the registered manager and as the clinical lead for the Morleigh group. The acting manager and newly appointed head of care provided support and supervision for care staff and the clinical lead provided support and supervision for the nurses.

Staff told us there had been stable management support for the last 3 months. However, they were worried about the prospect of another change of manager because the acting manager left the organisation on 15 January 2015. One staff member said, "There have been lots of managers." It was clear that staff worked well together as a team and their emphasis was on providing a good service to people. Staff told us, "It's like a family", "The head of care is very organised, everything is OK" and "we are a good team."

At this inspection we found the provider's established auditing systems had been used effectively. Regular audits were completed for individual room checks, maintenance, care plans, pressure mattresses, bed rails, bath hoists, medicines, pressure sore management, falls, laundry and catering. We saw that where areas requiring improvement had been identified actions were completed efficiently. For example, a medicines audit had identified that topical creams were not always dated when opened. A new system was used where staff obtained any new creams from the nurse in charge. This meant the nurse would check that creams were dated before they were given out to care staff. Monthly visits to the service by the head of operations meant there were checks in place to ensure any actions from the auditing processes were completed.

Overall we found records in the service to be accurate, complete and stored appropriately. As mentioned in the effective section of this report there were gaps in nursing notes for some people. We also found that some daily notes were not dated and people's individual care files could be better organised. However, we found that the service's audits had also identified the same areas in need of improvement in relation to

record keeping. Measures were already in place to improve these areas.

The provider had recently updated all of their policies and procedures and a copy of these was available in the service for staff to read. Staff had been made aware of the new policies and a request for all staff to read them had been circulated.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not designed to meet their needs and preferences in relation to their social and emotional needs. Regulation 9 (1) & (3) (a) |