Bupa Care Homes (AKW) Limited

Collingwood Grange Care Home

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

This inspection was carried out on 6 and 13 July 2017and was unannounced. Collingwood Grange Care Home is a care home with nursing operated by BUPA. Service provision is for up to 75 people of either gender, also people with dementia and adults with physical disabilities. At the time of our inspection 73 people were living at the service.

There was a registered manager in post who supported us on both days of the inspection. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

At the last inspection in September 2016, the service was rated 'Good.' However there were breaches in regulation around the lack of mental capacity assessments for people and people were at risk of having decisions made for them without their consent. We also made recommendations in relation to staff supervisions and the choices for people at meal time. On this inspection we initially planned to review just these areas, however as we identified a concern with staffing levels on day one we returned for a second day to complete a comprehensive inspection to review all aspects of care. At this inspection we found the service remained 'Good', the breach had been met and our concerns with the staffing levels had been addressed.

People told us they were safe at the service. Staff understood what constituted abuse and what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There was sufficient numbers of care staff deployed at the service to meet people's needs. The registered manager had increased staffing numbers as a result of our concerns being raised. Assessments were undertaken to identify risks to people to keep them safe and staff understood what the risks to people were.

Incidents and accidents were recorded, analysed and used to reduce the risk of them re-occurring. Recruitment practices were robust and ensured that only suitable staff were employed at the service.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business continuity plan that identified how the service would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them, there was evidence that these were done in their best interests. Mental

capacity assessments were completed in relation to specific decisions.

Staff were having group and one to one support with their manager that promoted their development. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People had sufficient amounts to eat and drink and there were appropriate arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to health care services.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People had access to activities that were important and relevant to them. People were protected from social isolation.

People's needs were assessed when they entered the service and on a continuous basis to reflect changes in their needs. Staff understood the care that people required and shared information with each other when there were changes to care.

People were encouraged to voice their concerns or complaints about the service. Concerns and complaints were used as an opportunity to learn and improve the service. The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

The provider had systems in place to regularly assess and monitor the quality of the care provided. Records were legible, up to date and reflected the most up to date care needs.

Staff told us they would report any concerns to their manager. People and staff felt that management were very supportive.

The last inspection was 6 September 2016 where we identified one breach of regulation.

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.

There were enough staff at the service to support people's needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered and stored safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities in keeping people safe.

Is the service effective?

Good

The service was effective.

People's care was provided in line with legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People were supported to have access to health care services and health care professionals were involved in the regular monitoring of their health.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis.

People had access to activities that were important and relevant to them. People were protected from social isolation.

People knew how to make a complaint and staff supported people with concerns. Complaints were investigated and used to improve the quality of care.

Is the service well-led?

Good

The service was well- led.

The provider had systems in place to regularly assess and monitor the quality of the service provided.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People told us the management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and would report any concerns to their manager.

The management and leadership of the service were described as good and very supportive.

Collingwood Grange Care 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 was an unannounced inspection that took place on 6 and 13 July 2017. The inspection team consisted of three inspectors on both days.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visits we spoke with the registered manager, regional director, 10 people, five relatives, 13 members of staff and one health care professional. We looked at a sample of ten care records of people who used the service, medicine administration records and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

Good

Is the service safe?

Our findings

We asked people and relatives if they felt there were enough staff at the service. One person said, "Staff are busy but I feel there are enough of them." Another person said, "Staff are available when I need them and I don't have to wait for care." A third told us, "Staff are not hurried when they provide my care. They are very patient, they don't rush you." A fourth person said, "Staff come quickly when I need them, they are good staff." One relative said, "I am always aware of staff being around." One health care professional told us that they felt there were always enough staff around.

On day one of the inspection we observed that staff were rushed and there were people still waiting for their morning personal care at 12.00pm. This was despite people telling us that they wanted to have their personal care sooner. We raised this with the registered manager and on the second day of the inspection we found that an additional member of care staff had been rostered on to each unit. Staff fed back to us that this had made a positive impact on the way they were able to deliver care. One member of staff said, "Everyone can be attended to. People can receive personal care when they wish." Another told us, "There are enough staff now it has been increased by one. We can now spend more time attending to people." A third told us, We have enough time to engage with people." We observed that people received their personal care when they wanted and staff were not as rushed as on the first day of the inspection. The registered manager told us that would review these staffing levels on a regular basis to ensure that people received care when they needed.

People told us that they felt safe living at the service. One person told us, "I feel alright here, I am safe with staff." Another said, "I feel safe here, I've never not felt safe." One relative told us they had no concerns in relation to the safety of their family member, "They really look after her well and keep her safe."

Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "I would report all safeguarding concerns to the manager. If I did not think that action had been taken I would then report it to the police and the local authority." Another member of staff said that they had safeguarding training every year, and this was refreshed recently. Staff were aware of the different types of abuse and who to report their concerns to. There was a safeguarding adults policy and staff had received training in safeguarding people.

Assessments were undertaken to identify risks to people. Risks were assessed in relation to people's nutrition, mobility, behaviours, skin integrity, choking and medicine administration. The care plans identified the potential risks to people and gave instructions and guidelines to staff in order to manage those risks. Staff were aware of the risk assessments in people's care plans and how to keep them safe. For example, in relation to mobility, they told us of the importance of supporting people as required when they walk with their walking aids and we saw that this happening on the inspection. Staff were aware that each person had a personal evacuation plan in place in the event there was an emergency. Staff said that people would be evacuated to the meeting point downstairs if there was a fire, the more able ones would walk, the less able would use the evacuation equipment. There was a business continuity plan in the event the building needed to be evacuated. The plan detailed what neighbouring services would take people in the

short term. Other people would need to be evacuated to hospital because of the nature of their conditions.
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Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. We followed up on recorded incidents and found that steps had been taken to reduce the risks. One person had fallen a number of times. Analysis was undertaken of the time the person fell and staff were asked to ensure that the person had increased checks during this time and since then the person had not fallen. When asked how they would deal with an incident or accident one member of staff, "We complete accident and incident forms and we discuss these during our hand over meetings so as to prevent them happening again."

People's medicines were managed safely. Each Medicine Administration Record (MAR) had a photo of the person for identification. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use. Medicines were stored appropriately in medicine trolleys. Temperatures for both the room and the fridges were checked daily. There was a list of all the nurses' signatures at the front of each MAR chart. A sheet containing a clear up-to-date photograph, and clear allergy status preceded each MAR chart. The medicine audit was undertaken by the senior nurse on night duty. All of the nurses had been competency assessed to ensure that they had the skills required to administer medicines.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurses' professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Good

Is the service effective?

Our findings

At our previous inspection the service was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not appropriate assessments of people's capacity and not all staff had an understanding of the Mental Capacity Act 2005 (MCA) and its principles. On this inspection this had improved.

People were asked consent about care. One relative told us, "They (staff) let him make decisions about his care." Another relative said, "He's not manhandled. They ask him first."

People's rights were protected because staff acted in accordance with the Mental Capacity Act (MCA). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. Staff had received training around the MCA and how they needed to put it into practice. One member of staff said, "It's about people's capacity to make a decision. If they can't make a decision then we may have to consider what is in their best interests."

We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. These assessments were specific to particular decisions that needed to be made. One person had been assessed as not having capacity to make certain decisions about their care and support. For example a sensor was placed in their room for their safety to alert staff when they were moving in their room. Records showed that staff ensured family members were involved when the 'best interest' decision was made on the person's behalf about their care and support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that applications for DoLS authorisations had been made to the local authority where restrictions were involved in people's care to keep them safe, for example when they were on covert medication or had bed rails. These were supported by the appropriate mental capacity assessments.

People and relatives felt that staff were competent in their role. One person said, "The carers really are very good. New staff always shadow another member of staff." Another person said, "Staff are very well trained." One relative said, "Staff seem competent and know what he (their family member) needs."

Staff were sufficiently qualified, skilled and experienced to meet people's needs. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. Staff felt there was adequate training at the service to assist them in their role. One told us, "We have to do some training at different intervals. If I feel I need more I ask and they allow me to do it." Another told us, "I am doing the NVQ3. The receptionist reminds us of the refresher training we need to do." Another

member of staff said, "I learned about the different stages of dementia, to communicate through getting on the same level as they are and maintain eye contact."

One member of staff who had recently completed their induction told us they found this was a good introduction to what they needed to know. They said, "I had four days training and two weeks of shadow shifts." They told us that they were happy with the support and training they received to do their job. Another member of staff said senior staff were available for advice and support if needed. They said, "When I need anything, I ask. They (senior staff) say, 'Never be afraid to ask something.'"

Staff received the required service mandatory training (including clinical) that included areas specific to the people who lived there. In addition staff received appropriate support that promoted their professional development in the form of group supervisions and one to one supervisions. The registered manager told us that one to one supervisions were lacking and provided us with an action plan showing that these would be up to date within the next few weeks. Staff told us that they felt supported in their role.

We asked for people's opinion of the food at the service. One person told us, "The food is alright. There is always enough food here." Another person said, "The food is ok, I have a choice each day and I was pleasantly surprised that I could have salmon sandwiches." A third told us, "It's very well cooked. At night you can have a drink and a sandwich if you want." A fourth said, "It's much improved. Really nice. We get a good choice." Relatives told us that they family members were supported well with their meals by staff where needed.

There was a list of people's dietary requirements set out on each floor for the chef and the staff on the unit. This included soft food, pureed, allergies and people who were diabetic. The chef told us that they did not have any one living at the home with cultural or religious needs, but they would accommodate them as and when needed. When people first moved in the chef discussed with them their likes and dislikes and people confirmed that this happened. Staff asked each person every morning what they would like for lunch and list of their choices was provided to the chef. Alternative meals were provided on the menus and other alternatives were always available. We saw that those people who may not remember what they had chosen were shown a visual choice on the day.

Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs and where they needed assistance. One member of staff told us, "It takes time for some people to think (about swallowing) and swallow. If it takes half an hour to support them, then that's fine." We saw that staff gave people time to eat their and supported them where needed. According to one person's care plan the person 'Needs prompting and food cut into bite size pieces' and we saw that this happened. People's weights were recorded and where needed advice was sought from the relevant health care professional. Where people needed to have their food and fluid recorded this was being done.

People's care records showed relevant health and social care professionals were involved with people's care. One person told us, "I've got to the see the doctor and the nurse has arranged this." Another told us, "I see a GP twice a week. It's very good here. There are no barriers to see someone when you need to." Records showed involvement of GP, diabetic nurse, dietician, Speech And Language Therapist (SALT) and the local hospice. Staff followed the guidance provided by health care professionals. One health care professional told us that staff were knowledgeable about people's health care needs and that they followed all his directions, which they put in writing. One relative told us, "If staff have any concerns they phone me. He lost weight in hospital, but he has now got colour in his face. I am pleased and very happy with the home. I wouldn't bring him back if I wasn't."

Good

Is the service caring?

Our findings

All the people we spoke to were very complimentary of the caring nature of the staff at the service. Comments included, "They are very kind", "I like it here. The carers all love me. We have cuddles", "They're always asking if you want anything; a cup of tea or something else", "Staff are kind and helpful." One relative told us, "It's clear they have affection for him. They get better smiles from him than I do." Another relative said, "They provide very, very good care to my [family member]." A third said staff were, "Very kind. We have a very good relationship with the staff. We can't fault them."

During the inspection we saw examples of staff showing care and affection to people. Staff reassured people when they became agitated and talked to people in a calm and gentle manner. For example, one member of staff asked a person, "What's wrong [name], can I help you?" The member of staff was able to support the person to their chair where they had a drink. Another member of staff fetched people tissues, cardigans and cushions to make sure they were comfortable and had everything they needed. We saw one person was upset and tearful and we observed a member of staff spent a long time with the person, reassuring them and providing comfort. Staff always approached people with gentleness. Staff sought consent from people before assisting them. For example we heard one member of staff ask a person, "Would you like me to help you go to the dining room?" The person agreed and walked, with staff support.

Staff spoke with people in a respectful manner and treated people with dignity. One person told us, "Staff will talk me through anything they are doing and I feel involved." Staff told us that staff always knocked on their bedroom doors before they entered and we observed this. We asked staff how they ensure people's privacy and dignity was maintained. One member of staff said all personal care was undertaken in private. They said, "We always knock on bedroom doors and cover exposed parts of their body when assisting with washing." Another member of staff told us that they treated all people the same regardless of their disability, race or culture and we saw that this was the case.

People were supported to be independent. They told us they could do as they wanted to, could walk about the service on their own and staff let them dress. Staff told us that they encouraged people to do what they could for themselves, for example washing their faces and dressing themselves. One person told us that they would dress themselves as much as they could and staff would then help with the areas they could not manage. They told us that they liked to remain as independent as possible.

People were able to make choices about when to get up in the morning, what to eat, and what to wear. We observed a member of staff approach a person during lunch and say, "You don't like fish do you? What can we get for you?" The member of staff gave the person a list of options, one of which they chose and were given. Staff also respected the person's choice of where to eat.

People were able to personalise their room with their own furniture and personal items so that they felt more at home. One member of staff told us of the importance of respecting people's choices. They gave an example of one person who regularly chose not to receive personal care. They said they encouraged them to have a bath or a shower but respected people's choices if they declined. They said, "When she refuses, we

must respect this."

Relatives and friends were encouraged to visit and maintain relationships with people. A relative told us that they were always made welcome and they could visit at any time. They stated that a lot of people received visits from their relatives and friends. We observed this on both days of the inspection.

People were supported at the end of their lives. Care plans were written including information about the person's wishes in relation to where they wanted to spend their final days and funeral arrangements. Staff told us that they monitored people closely and pain relief was administered as and when required. One person had very recently been on end of life care and medicines had been prescribed by the GP for the person. One health care professional told us that they provided written instructions in relation to end of life planning and staff followed these which ensured the person received dignified and pain free end of life care. We saw evidence of this for one person.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care and support plans. One relative told us, "They do ask us about mum's care as next of kin." Care plans were personalised and detailed daily routines specific to each person. All contained pre-admission assessments that recorded their needs and preferences about their care. These assessments recorded people's medical histories and any needs in relation to moving and handling, mobility, medicines, eating and drinking, communication and skin integrity. Where needs had been identified in their assessment, a care plan had been drawn up to outline the support they needed. Staff always ensured that relatives were kept informed of any changes to their family member and relatives confirmed this with us. All care plans were being reviewed each month to ensure they continued to reflect people's needs.

Staff were responsive to people's needs. One person asked to go out into the garden as the weather was fine. A member of staff fetched the person a hat and sun cream, which they applied, and wheeled the person into the garden. Another person mentioned they felt cold. A member of staff overheard this and asked the person if they would like a cardigan from their room. The member of staff then fetched the cardigan and said to the person, "I chose this one because I thought it would suit your outfit best." The person appreciated what the member of staff had done and said, "How lovely."

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Daily records were also completed by care staff to record each person's daily activities and personal care given. One member of staff told us they were given enough information about people's needs. They said they always attended a handover and they ensured they read people's care plans. They told us that support and advice was always available from senior staff if needed. They said, "If I don't know, I ask the senior."

People confirmed that there was a range of activities for them to take part in if they wished to. Comments included, "You can find something to do if you want to", "There's always something going on", and "I enjoy the activities."

The activities programme was displayed on the first floor. The programme included a range of activities and events including 'Move and Groove', carpet bowls, reminiscence sessions, art and craft, baking, word games and quizzes, sing-alongs, and visiting entertainers. We observed a ball exercise activity took place during the morning followed by a "Move and Groove" activity in the dining room that people were encouraged to take part in. There were entertainers, outings and seasonal events. During the inspection we saw people taking part in various activities including games and one to one activities with staff.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People knew how to complain if they needed to. One person said, "I couldn't find fault with anything." Another person told us they would talk to staff if they needed to make a complaint. They said, "I have never made a complaint. They treat me like a lady." Staff told us they would report all complaints to the registered manager. They stated that they would ask the complainant to write down their complaint in the first

instance so a record of the complaint could be made. Complaints had been investigated thoroughly and people and their relatives were satisfied with the response. One person was unhappy about the care that their family member had received. This had been investigated by the registered manager and any learning from the complaint had been discussed with staff.

Good

Is the service well-led?

Our findings

People and relatives were complimentary about the management of the service. One person told us. "(Registered manager) is always around to talk to." Another said, "The manager is very nice. Very kind." People told us they knew the registered manager and that the registered manager spent time on the units regularly. We saw the registered manager spent time engaging with people during our inspection and clearly knew people well. The registered manager walked past whilst we were speaking with one person and shared a joke with them. Referring to the manager in a jokey way the person said, "He's all right."

Staff were also positive about the management of the home and how well staff worked as a team. One told us, "The manager is approachable. He is up and down (between units) seeing us all." Another member of staff said senior staff and the registered manager were visible in the home and approachable. Staff said they felt comfortable approaching senior staff and the registered manager and worked well as a team. Another member of staff stated that they could talk to the registered manager at any time that the registered manager had an open door policy and they could even contact the registered manager at the weekends.

Staff told us that the culture of the service was friendly. They stated that there was good communication between staff and the management team and they had handover meetings twice a day when they exchanged information about people. They told us they had staff meetings every six months and were asked for their views about the service. One member of staff said, "It's a good staff, it's a good team. Collaboration every time. The power in every place is the team." We saw that staff had regular team meetings.

Staff understood the values of the service and enjoyed working there. One member of staff said, "I like it. We have good relationships with the residents and the families." They said, "Satisfaction when you help the people is my reward, we only think about the good of the residents." Another member of staff said they really enjoyed working at the service. They said, "I love my residents."

There was a comprehensive system of audits that was being used to improve the quality of care. Internal and external audits were completed with actions plans with time scales on how any areas could be improved. Audits were undertaken that covered health and safety, care plans, training, medicines, staffing levels, meals and environmental issues. The registered manager had a 'Home Improvement Plan' where areas that had been identified were constantly reviewed. This included training and one to one supervisions and the environment. Other audits took place including night visits, infection control and care plan audits. Each had an action plan and a date by which actions identified needed to be completed.

People's feedback about how to improve the service was sought. Surveys were carried out each year and any actions needed were addressed. We saw from the last survey that additional hand rails had been put in the garden, different flavoured yoghurts had been purchased and motor bike riders that were visiting had been asked to park in a designated area. People and relatives confirmed they attended regular meetings and were asked their views on the running of the service. We saw from the minutes of the meetings that people requested new lamps for their rooms and this had been actioned. A quarterly newsletter was produced which detailed events in the home, what actions had been taken as a result of the survey and any

other news going on the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were kept securely with the service.