

# Thurrock Borough Council

## Collins House

### 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

We inspected Collins House on the 5 February 2019.

About the service: - Collins House caters for up to 45 older people, some of whom might be living with dementia. The service is purpose built with 45 single rooms. Part of the service is used as rehabilitation and interim placements for people. At the time of our inspection 44 people were using the service. The service had spacious living areas and was set over two floors. Access to the first floor was via stairs, a chair lift or a lift. The service was set in a residential area with easy access to the local community and had a large garden.

People's experience of using this service: People were very complimentary of the service and staff. One person said, "It is fantastic here." Another person said, "All the staff are lovely, very helpful."

The service was safe.

- Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.
- There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.
- People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff.
- Medication was dispensed by staff who had received training to do so.

The service was effective.

- People were cared for and supported by staff who had received the appropriate training.
- The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- 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 support this practice.
- People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required.
- The environment was well maintained and suitable for the needs of people.

The service was caring.

- Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care.
- Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive.

- People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis.
- People were supported to follow their interests and participate in social activities.
- The registered manager responded to complaints received in a timely manner.
- Staff were trained to deliver support to people at the end of their life.

The service was well-led.

- The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good (report published 6 April 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Collins House

## **Detailed findings**

### Background to this inspection

#### The Inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

#### Inspection Team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone who has had experience of using services.

#### Service and service type:

Collins House 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 regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 5 February 2019 and was unannounced.

#### What we did:

Before the inspection, 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 the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with sixteen people and observed interactions with staff. We spoke with the registered manager, deputy manager, duty manager, six care workers the chef and a volunteer. We reviewed

care files and records held in relation to the running of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "All the staff are very helpful." Another person said, "It is a safe place to live, I feel safe here, I think this is one of the better homes."
- Staff were trained in recognising signs of abuse and knew how to safeguard people.
- Staff knew how to 'whistle blow' and raise concerns outside of the organisation. We saw posters displayed and guidance for staff to follow on how to raise concerns.
- The registered manager protected people from financial abuse and supported people and their guardians to manage their money.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people.
- Staff undertook risk assessments to keep people safe. Assessments focussed on supporting people to move safely, prevent falls, have the correct nutrition and prevent pressure sores.
- Assessments were person centred and aimed at supporting people safely to follow their interests and maintain their independence.
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures.
- Each person had an individual fire evacuation support plan detailing the assistance they would need in an event of a fire evacuation.
- The provider was responsible for the maintenance of the service and the manager completed regular environment checks and arranged for any work to be completed.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care.
- People we spoke with told us that there was enough staff available to meet their needs. One person told us, "There is always staff around, they are very efficient."
- Staff told us they felt they had enough staff working each shift. We observed staff were available to support people.
- The registered manager told us that they did not use agency staff at the service and all shifts were covered with regular or casual staff.
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

Using medicines safely

- Only trained and competent staff supported people with their medication. One person told us, "I get my

medication on time and when I need it. The staff give it to me."

- The deputy manager was responsible for overseeing medication to ensure safe practices were maintained.
- Regular audits were completed of the medication and any issues were highlighted and dealt with.

#### Preventing and controlling infection

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.
- Regular audits were completed to ensure the environment was clean and that infection control procedures were being followed. People frequently told us how 'clean' the service was.

#### Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- Staff had discussed with people, their relatives or advocates how they could best be supported at this service. This was then documented in support plans which were regularly reviewed.

Staff support: induction, training, skills and experience

- The provider had set up a training academy to support staff and oversee staff training.
- New staff had a comprehensive induction which included initial training by the academy followed by completing shadow shifts at the service.
- New staff then completed a probationary period before a permanent contract was offered.
- Staff were supported with on-going training and to achieve nationally recognised training certificates.
- Staff also received support through one to one supervision which was an opportunity to discuss their training and support needs.
- Senior staff also observed staff practices and gave them feedback on how they were performing. Each year staff had an appraisal of their work.

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

- People were very complimentary of the food. People frequently told us the food was very good. One person told us, "I like the macaroni cheese, chicken and lamb." Another person told us, "The food is lovely here and you always get a choice. I often have a salad, they do it lovely with a big slab of cheese."
- We spoke with the chef and kitchen staff and saw they had recently received a five star food hygiene rating from the council. The chef told us that they cooked food fresh daily and had all the information they needed to meet people's dietary needs including special dietary requirements.
- Staff completed nutritional assessments and we saw appropriate referrals had been made to the GP and dietitian for dietary support.
- We observed lunchtime and saw the staff made this an experience for people. Dining areas were inviting and we saw people sitting and taking their time to talk with each other and make it a social event.
- During the lunch service we saw the chef came out to ask people if they enjoyed their food and asked for their feedback.
- Throughout the day we saw people were encouraged to have enough to drink and frequently saw a drink and snack trolley being taken around.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager told us that they worked closely with other health care professionals.
- A social worker had recently been allocated to the service from the hospital to help with the rehabilitation of people back to their own home. They told us this had already resulted in people being discharged home with packages of care in place.
- A GP attended the service three times a week to complete any reviews of people's care and to provide GP support to people who were temporarily admitted to the service.
- We saw from records that people were supported to attend healthcare appointments.
- One person told us, "The GP comes so I can see them if I am not well, the staff are good at taking me to my appointments."

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

- The service was appropriately designed and adapted to meet people's needs. There was good signage to aid people find their way around and there were no restrictions for people to be able to move around to different areas of the service.
- Areas had been made dementia friendly with good signage and different seating areas created to encourage people to sit and rest.
- People had personalised their rooms with their own belongings. One person told us, "I was glad I could put my paintings up and photographs, it breaks up the rooms."
- There was access to outside areas including gardens to walk around and decking for people to sit on.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. The provider took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were very complimentary of the staff at the service and we received numerous positive comments. One person said, "They are all lovely we have a good laugh and joke." Another person said, "All the staff are good, no problem with the staff they will do anything for you."
- We saw that staff had good relationships with people and saw lots of staff interaction and talking with people.
- Staff we spoke with could give detailed descriptions of people's support needs and spoke of people fondly. One member of staff told us, "I always think how would I want my mum to be looked after or how would I want myself to be treated."
- Staff knew people well and how to support their needs. One member of staff said, "If there is a new person I introduce myself and speak with them. I can read their care plan and information at handover."

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

- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed to support their needs.
- People had care plans that had been discussed with them and were regularly reviewed. One person told us, "My key worker is [staff name] they are very good and help me, they even make my bed every day so nicely."
- Where appropriate families were involved with decisions about care, along with advocates and other healthcare professionals. An advocate is an independent person who is appointed independently to ensure a person's views and wishes are listened to and their best interest is supported.
- People were supported to follow their faith and a multi faith service was held every week if people wished to join in

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day. One person told us, "This is the lounge I like to sit in I feel comfortable here."
- Staff encouraged people to maintain their independence. One member of staff said, "Some people like to help with washing up or folding napkins."
- The service was designed so that people had access to open planned dining rooms and kitchenettes. People were encouraged to make their own drinks and there was a washing machine in each one if people wished to do a few pieces of their own washing.

- We saw that the service was holding a 'dignity in care day' for people which was a social event to promote dignity.
- One person told us, "Staff always knock on the door and have a little chat, they know when I am not feeling well and are quick to get a doctor if needed."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Before people came to live at the service a full pre-assessment was completed to identify how people could be best supported. Some people were only admitted to the service for a short period following hospital to aid their rehabilitation.
- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- The service remained responsive. The registered manager had sought funding to add an additional shower/wet room and additional ceiling hoists. They worked well with other healthcare professionals to provide support and rehabilitation to people using the service.
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Care plans detailed what support people needed with communicating.
- People enjoyed varied pastimes and engaged in meaningful activities. There were three activities coordinators working at the service to support people with activities and they were supported by a volunteer. People told us they had plenty to keep themselves occupied at the service and they also went out for trips. We saw photographs of activities people had enjoyed.
- One person who had an interest in art told us that they attended art classes and enjoyed painting sessions held by staff.
- We saw that the activities staff arranged a varied program for people and also arranged for external entertainers to visit the service, as well as pets as therapy dogs.
- People told us they enjoyed it when children came into the service and joined in craft activities. One person said, "The school children helped us carve pumpkins for Halloween, we got in such a mess and had such a good laugh."

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and responded to any complaints in a timely way. We reviewed the complaints registered and saw there were no themes and complaints had been responded to and acted up on.
- One person told us, "I am happy here there are no complaints."
- We saw the staff also received many compliments, gifts and cards from people who were supported at the service.

End of life care and support

- Staff were able to support people at the end of their life.

- The registered manager told us they received support from the district nurse team and from a local hospice, who also supported staff training.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff were clear about promoting person centred care and support, and shared the manager's vision for the service.
- Staff told us they promoted people's independence, one member of staff said, "It is lovely to see people gain their confidence and leave here to go home independently."
- The registered manager met their regulatory requirements to send the CQC notifications when required to do. They also promptly responded to any request for information we made.
- The registered manager and provider were clear about their responsibility to be open and honest and worked within the duty of candour principles.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- There was a tiered management structure in place which meant there was always a senior person on duty to oversee the running of the service and provide support to care staff.
- Staff told us that they worked together well as a team and had good methods of sharing information such as at handover and staff meetings.
- Staff told us they felt valued by the provider and that their work was recognised. One member of staff said, "We had a staff well-being day recently which was really good and has helped us to link into activities that promote our health and well-being."
- We saw the registered manager clearly displayed the rating for the service and the previous inspection report.

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

- Staff had received training in equality and understood people's diverse needs.
- People were actively involved in improving the service they received. Staff gathered people's views on the service on a daily basis through their interactions with people.
- People's opinions had been sought on activities, menus and the running of the service during meetings. People also discussed their care plans regularly with their key workers.
- One person told us, "I sit in on staff interviews and give my opinion on new staff."

#### Continuous learning and improving care

- The registered manager had a good oversight of the service through the use of regular monitoring tools.
- Audits were completed on all aspects of the service, environment and people's care. We saw where issues were highlighted actions were put into place to correct these.

#### Working in partnership with others

- The registered manager had built up good links with other healthcare professionals and worked in partnership with them to ensure people had all the support they needed.
- For example, they had engaged with a local GP to provide support to all people admitted to the service, even when only there on a temporary basis whilst waiting to return home and to the care of their regular GP.
- The registered manager had actively sought links with the local community so that people could integrate and feel part of the community. For example, local church groups and schools came into the service.