

Barchester Healthcare Homes Limited

Collingtree Park

Inspection report

110 Windingbrook Lane,
Northampton,
NN4 0XN
Tel: 01604 763623
Website:

Date of inspection visit: 24 and 25 September 2015
Date of publication: 07/12/2015

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 

Overall summary

This unannounced inspection took place on the 24 and 25 September 2015.

Collingtree Park is a care home providing care for up to 79 older people, including people with dementia care needs. There were 76 people in residence when we inspected.

A registered manager was in post. 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.

People were safe. People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. They were cared for by sufficient numbers of appropriately experienced and trained staff.

People were safeguarded from abuse and poor practice by care staff that knew what action they needed to take if they suspected this was happening.

Summary of findings

People's care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans were regularly reviewed, reflected their individual needs and provided the information and guidance care staff needed to provide person centred care. Staff knew what was expected of them when caring for older people, including those with dementia care needs, and they carried out their duties effectively and with compassion.

People's individual preferences for the way they liked to receive their care and support were respected. People were enabled to do things for themselves by friendly care staff that were responsive and attentive to each person's individual needs.

People's healthcare needs were met and they received timely treatment from other community based healthcare professionals when this was necessary.

People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon. People had enough to eat and drink. People that needed support with eating and drinking received the help they required.

People benefited from receiving a service that was regularly audited for quality by the registered manager and by the provider. People, and where appropriate, their representatives or significant others were assured that if they were dissatisfied with the quality of the service they would be listened to and that timely remedial action would be taken to try to resolve matters to their satisfaction.

Summary of findings

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.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to Collingtree Park. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received the timely treatment they needed and their medicines were competently administered and securely stored.

Good



Is the service effective?

The service was effective.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

People benefitted from being cared for by staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and acted upon the choices people were able to make about how they received their care.

People's dignity was assured when they received personal care and they were treated with kindness and compassion.

People received their care from staff that encouraged them to do what they could for themselves and retain their sense of self-respect.

Good



Is the service responsive?

The service was responsive.

People's needs were regularly reviewed so that they received the timely care they needed.

People had care plans that reflected their individual needs and how these were to be met by the staff.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Summary of findings

Is the service well-led?

The service was well-led

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefitted from receiving their care in a home that was sensitively and efficiently managed.

People benefited from receiving care from staff that received the timely managerial support and guidance they needed to do their job well.

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 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 was carried out by an inspector and took place on the 24 and 25 September 2015.

Before our inspection, 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 that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. During this inspection we spoke with ten people who used the service, as well as five visitors to the home. We looked at the care records of 12 people that received a service.

We spoke with the registered manager, the deputy manager, and seven other staff with different roles and responsibilities that included team leaders, care workers, housekeeping staff, and administration.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed five bedrooms with people's agreement.

Is the service safe?

Our findings

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People received timely care when they needed it. A visiting relative said, "They [care staff] never keep [relative] waiting whenever [relative] needs a bit of help." Staff had the time they needed to focus their attention on providing people with safe care. Staff were attentive and responded quickly to ensure people's safety when the need arose. Another

visitor said, "Even when they [care staff] are busy they always have time for [relative]. It's important to us [family] that [relative] feels safe and [relative] does so we can relax knowing [relative] is properly cared for."

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. 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 providing safe care. Agency staff were appropriately briefed about people's care needs and risks so that they knew what was required of them.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received the appropriate training.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

Is the service effective?

Our findings

People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people with a range of needs, including those with dementia care needs.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. Staff had received induction training that prepared them for their duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received timely healthcare treatment from community based professionals when this was needed. Suitable arrangements were in place for people to consult their GP as well as have routine healthcare check-ups. One relative said, "If [relative] isn't well, or even if they [care staff] are a bit concerned they [care staff] make sure [relative] gets checked over by the doctor." Staff acted upon the advice of other professionals that had a role in people's treatment.

People's nutritional needs were met. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements.

People said they enjoyed their food and were always given choices at mealtimes. The menu for the day was displayed for people to see and they were asked if they preferred something else. Where people were unable to express a preference staff used information they already had about the person's likes and dislikes. They also encouraged people to try different foods so that their diet was varied and enjoyable. People that that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food.

Is the service caring?

Our findings

People were supported by care staff that were kind and attentive. People's dignity and right to privacy was protected. People's personal care support was discreetly managed so that people were treated in a dignified way. Staff ensured that doors to people's bedrooms and bathrooms were closed when personal care was provided. One person said, "Nobody wants to have to rely on someone [care staff] getting them onto the toilet, but I need that sort of help. They [care staff] are so kind though. You couldn't wish for better."

Care staff responded promptly when people needed help or reassurance and they were vigilant and aware of the people around them. Whenever people seemed to be in pain or otherwise suffering discomfort they acted to alleviate that in a timely way.

People's individuality was respected by staff that directed their attention to the person they engaged with. A visitor said, "I've never witnessed them [care staff] talking over people's heads. They [care staff] always seem considerate and gentle. My [relative] never feels rushed."

People were approached by staff that took time to explain what they were doing without taking for granted that the person understood what was happening. Staff used people's preferred name when conversing with them. One person said, "When they [care staff] first asked me if I minded being called by my first name I thought it was strange but then I realised they were just being respectful and I liked that. They [care staff] don't just make assumptions."

People's visitors were made welcome. A visitor said, "It's always been an open door. There's no awkwardness about visiting [relative]. It's as it should be."

People's bedrooms were personalised their belongings and mementos they valued and had chosen to have around them. One person said, "It's my room, my territory. They [care staff] always knock and wait for the password of 'come in'. When you give up your home small things like that become very important."

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed. One person said, "Some days are better for me than others. I'm a bit 'up and down'. When I am not so good at doing things they [care staff] are always there to make sure I'm okay. They keep a good 'eye' on me."

People that were still able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People had a range of activities that were organised or on offer on a daily basis. These activities suited people's

individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to. Staff were employed to engage people in activities and coordinate and organise outings. People were encouraged and enabled to participate in meetings to express what they liked to do so that could be provided.

People 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. People that preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually.

People, or their 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. 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.

Is the service well-led?

Our findings

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC), or service commissioners such as the Local Authority.

People's entitlement to a quality service was monitored by the internal audits regularly carried out by the registered manager and provider. These audits included, for example, checking that care staff were adhering to the provider's own good practice guidelines and were following the procedures put in place to protect people from poor care.

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. The registered manager has had considerable experience

and has the conscientious support of the staff team. One staff member said, "[Registered manager] keeps us on our toes but in a really nice way. [Registered manager] looks for good ideas so we can do more than just look after people's basic needs. The team works well. We [the team] want people to be as happy as they can be." One idea put forward by the registered manager, for example, is to relocate the staff room and convert the room to an indoor garden area for people to enjoy.

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been routinely updated when required.