Pinerace Limited

Collamere Nursing 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?	Requires Improvement

Overall summary

We carried out this unannounced inspection of Collamere Nursing Home on 29 April 2015. Collamere Nursing Home is a care home that provides nursing care for up to 46 older people. On the day of the inspection there were 34 people using the service. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia. The service was last inspected in August 2014 and was found to be compliant.

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. However, we had been advised that with effect from 30 March 2015 the registered manager would be absent from the service for a three month period. An acting manager was appointed to manage the day-to-day running of the service from 30 March 2015.

Summary of findings

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.

Although there was evidence of an organisational approach to monitoring the quality of the Morleigh group as a whole, we found manager's audits for this service were not up-to-date. For example no audits had been completed to check the quality of care plans and all other audits were out of date. Audits for infection control, medication and bed rails had not been completed since November 2014.

Some wheelchairs were not maintained and therefore not fit for use because either the brakes did not work or there were missing footplates. The provider was not aware of this because an audit by the management of the service had not been carried out. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe living at Collamere Nursing Home and with the staff who supported them. People told us, "I'm alright", "I'm quite happy here", "it seems OK here, I'm satisfied" and "no problems".

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

Staff were appropriately trained to meet the needs of people who living at Collamere Nursing Home. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. There were enough skilled and experienced staff to help ensure the safety of people who used the service.

Staff supported people to be involved in and make decisions about their daily lives. 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.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who used the service. Staff were able to tell us how people liked to be supported and what was important to them. People's privacy was respected. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private. One visitor told us, "I always feel welcomed and find the staff friendly and helpful".

People told us they were happy living at Collamere Nursing Home and found it to be a friendly, good place to live with 'no arguments, trouble or raised voices'. We observed a relaxed and pleasant atmosphere and staff interaction with people was kind and compassionate. People who were able to express their views told us staff were caring and considerate towards them. Comments included, "the staff are very good to me", "the carers are very good. I'm really happy here" and "staff do their best, they are worth their weight in gold".

People told us they knew how to complain and would be happy to speak with a manager or nurse in charge if they had any concerns.

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?

Good

The service was safe. People told us they felt safe living at Collamere Nursing Home and with the staff who supported them.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

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

Is the service effective?

Good

The service was effective. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

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

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People told us they were able to choose what time they got up, when they went to bed and how they spent their day.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not well led. A system had recently been implemented for the quality of the service provided to be monitored at the provider level by an auditing process external to the home. However, quality audits, to ensure the well-being and safety of people, were not being regularly completed by management running this location.

Summary of findings

Staff sought advice from healthcare professionals to make sure people received appropriate support to meet their needs.	

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 29 April 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also 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 seven people who were able to express their views of living at Collamere Nursing Home and five visiting relatives. We looked around the premises and observed care practices on the day of our visit. We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. After our visit we spoke with two specialist community nurses and a healthcare professional from the Early Intervention Team (EIS) by telephone.

We also spoke with four care staff, the cook, the registered manager, the administrator, the head of operations and the provider. We looked at four records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Collamere Nursing Home and with the staff who supported them. People told us, "I'm alright", "I'm quite happy here", "it seems OK here, I'm satisfied" and "no problems".

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training as part of their initial induction and this was regularly updated.

The service held money for people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. We looked at the records and checked the monies held for six people and found these to be correct. One person told us, "my money is kept safe in the office".

Risks assessments were completed to identify the level of risk for people in relation to using equipment, falls, bed rails and the risk of developing pressure ulcers. Most risk assessments detailed how risks could be minimised. For example, how staff should support people when using equipment and how many staff would be required for each activity. Other assessments had less information for staff to follow on how they could minimise the risk. For example, one person was assessed as being at high risk of having an accident but there was no information for staff about what actions they should take to prevent this occurring. However, staff clearly understood this person's needs and told us how they would support them to minimise any risk of an accident.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

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 seven care staff and one nurse and duty from 8.00am until 2.00pm and six care staff and one nurse from 2.00pm until 8.00pm. We looked at the staff rotas for the current week and the previous two weeks. Records showed the number of staff on duty each day was in line with the dependency levels of people living in the home at that time.

Staff told us when the rota was fully covered there were enough staff on duty to meet people's needs, although the evenings could sometimes be busy. There had been occasions when staff numbers went below the assessed levels due to short notice sickness. In response to discussions with staff the provider told us another care worker would be rostered to work between 6.00pm and 11.00pm in the near future.

People told us they thought there were enough staff on duty. We saw people received care and support in a timely manner. People had a call bell to alert staff if they required any assistance. People told us the call bell response time was "right away", "5 to 10 minutes" and sometimes a slightly longer response time at night.

Safe arrangements were in place for the storing and administration of medicines. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and the initials of the member of staff who had given them. Controlled drugs were stored correctly and records kept in line with relevant legislation. We checked stock levels of some people's medicines during our inspection and found these matched the records completed by staff. Training records showed staff who administered medicines had received suitable training. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Most people told us they received their medicines at the right time. Three people told us they had not received some of their medicines at the agreed time on the day of the inspection and the day before. We discussed this with the nurse in charge and found the medicines for two people had not been missed but changes had been made to the timings of these medicines. The nurse discussed this with the two people to ensure they were fully aware of the changes. A medicine for the third person had been missed

Good

Is the service safe?

on the day of our visit. This medicine was given once a month and had to be given at 7.00am before eating. The nurse told us they had realised during the morning round that it had not been given but because the person had eaten it would be given early the next morning. The person was advised of this change and we were assured that there were be no adverse effect as a result of the medicines being given 24 hours late.

Incidents and accidents were recorded in the home. We looked at records of these and found that appropriate action had been taken and where necessary changes made to learn from the events. For example, the registered manager reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

The environment was clean and reasonably well maintained. At our inspection in August last year we were told a new carpet was going to be fitted in the main lounge. At this visit we found a new carpet had been fitted and there were plans to fit new carpets in other communal areas. Two bathrooms and the hairdressing room did not have hot water when we toured the building on our arrival. The registered manager told us the pressure in the boiler needed to be adjusted (we were told this sometimes occurred) and once this was carried out there was hot water in these rooms. However, staff did not know how to make the necessary adjustments to the boiler. The provider assured us they would ensure staff in charge of each shift would be made aware of what to do in future.

Equipment, such as hoists and stand aids, were regularly checked and maintained. Staff told us there were different hoists available and these were appropriate for people's needs. While people had their own slings, hoists were shared and staff told us this meant that sometimes people had to wait for a hoist to be available. The provider told us a newly appointed manual handling trainer was due to carry out an assessment of the number of hoists in the home and new hoists would be sourced if necessary.

Staff also told us some wheelchairs were in need of repair and therefore not fit for use because either the brakes did not work or there were missing footplates. The provider told us there were not aware of this and would complete an audit of wheelchairs, carrying out repairs as necessary. The head of operations advised a week after our inspection that an audit of wheelchairs had taken place and three wheelchairs had been taken out of use and replacements ordered. Some people had their own wheelchairs and the head of operations had arranged for an occupational therapist to visit the service to review these individual's equipment.

Good

Is the service effective?

Our findings

People were cared for by staff with the appropriate knowledge and skills to support them effectively. Everyone told us they thought staff were trained to meet their needs.

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the home and the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us about access to training, "I always get what I ask for "and "training is there if you want it".

Staff told us they felt supported by management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. In addition staff had annual appraisals where they discussed their personal development.

Management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

The registered manager was aware of changes to the legislation following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. For example, a best interest meeting had taken place for one person to discuss their end of life care. Records showed the person's family and appropriate health professionals had been involved in this decision. We saw a recent application for a DoLS authorisation had been made to the local authority for one person. Whilst the registered manager was awaiting the outcome of this they had granted themselves an urgent authorisation as required by the legislation.

People told us staff asked for their consent before providing personal care and respected their wishes should they not wish certain care to be provided. For example staff told us if people wanted to stay in bed longer than usual some days they would go back later to help them to get up when they wanted to.

Care records confirmed people had access to health care professionals to meet their specific needs. This included referrals to tissue viability nurses to identify people who were at risk of pressure sores and memory nurses to seek guidance for how to meet some people's dementia care needs. Healthcare professionals told us staff worked with them to identify and manage people's health needs. One healthcare professional told us, "the home is good at communicating with us and they always involve a range of appropriate healthcare professionals when assessing and reviewing people's needs".

The home monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. These records were checked weekly by the nurse in charge to ensure people were appropriately nourished and hydrated. People were provided with drinks throughout the day of the inspection and at the lunch tables. People we observed in their bedrooms all had a drink to hand.

We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch, either in their room, the dining room or one of the lounges. There was an unrushed and relaxed atmosphere and staff were attentive to people's individual needs. Soft and pureed diets were well presented with different food colours identifiable. Staff were seen to sit alongside and engage with people needing assistance with their meals. People told us they enjoyed their meals and they were able to choose what they wanted each day. The cook told us they knew people's likes and dislikes and prepared meals in accordance with people's individual choices.

Good

Is the service caring?

Our findings

Some people were unable to verbally communicate with us about their experience of using the service due to their health needs. Therefore we spent time observing people in the lounges and dining room. People who were able to express their views told us staff were caring and considerate towards them. Comments included, "the staff are very good to me", "the carers are very good. I'm really happy here" and "staff do their best, they are worth their weight in gold".

People told us they were happy living at Collamere Nursing Home and found it to be a friendly, good place to live with 'no arguments, trouble or raised voices'. We observed a relaxed and pleasant atmosphere and staff interaction with people was kind and compassionate.

Care was appropriate to people's needs and helped people to be as independent as possible. For example, the care records for one person stated, "[the person] will make a good effect to wash themselves but at times this needs prompting". Where possible people were encouraged to go out independently. People had access to an enclosed garden and we saw people using this outside space throughout out visit. People told us, "When I am well enough and the weather is warmer I go into the garden for a while", "I go out in my chair in the garden and down to the shops".

People were able to make choices about their daily lives. Some people used the lounges and dining room and others chose to spend time in their own rooms. People told us they chose what time they got up, when they went to bed and how they spent their day. Several commented on their pleasure on being brought "breakfast in bed" when they requested it. Individual care plans recorded people's choices and preferred routines for assistance with their personal care and daily living. People told us they could have a bath or shower any time they wished. Staff demonstrated a culture of encouraging people to make their own decisions. One member of staff said, "they [people] have the right to choose".

Some people had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. 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 records detailed the type of daily decisions people could make for themselves to help ensure people were involved in making their own decisions wherever possible.

Everyone told us staff respected their privacy. People told us, "they [staff] always knock on the door" and "they [staff] always close the door and curtains when helping me". Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounges and dining room or in their own room. One visitor told us, "I always feel welcomed and find the staff friendly and helpful".

Good

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. The management made decisions about any new admissions by balancing the needs of a new person with the needs of the people already living in Collamere Nursing Home.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed. Where people lacked the capacity to consent to their care plans staff involved family members in writing and reviewing care plans. Relatives we spoke with were aware of people's care plans and told us they were invited to reviews.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at Collamere Nursing Home. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person's care plan described how they may display behaviour that was challenging for staff when staff offered them a bath or shower. Their care plan explained how staff should walk away and return later if the person became anxious when a bath or shower was mentioned. Staff said the nurse in charge updated them on people's needs at the start of each shift. Daily records detailed the care and support provided each day and how they had spent their time.

People had access to a range of group and individual activities of their choice. At the time of this inspection the service had a vacancy for an activity co-ordinator as the previous co-ordinator had left the service the week before our visit. We were advised that there were plans to fill this vacancy. People told us about various activities they enjoyed taking part in; including craft work, card games, listening to music and a monthly church service. We did not see any activities take place on the day of this inspection, although we saw staff sit and talk with people individually. Staff told us they would spend time each day chatting with people and would arrange an activity if people requested it.

People and their families were given information about how to complain. Details of the complaints procedure were seen in people's rooms. People told us they would speak to staff if they had any concerns. The service had received four complaints in the last year. All of these complaints had been investigated and resolved to the complainant's satisfaction. One person told us they had made a complaint and they were satisfied with the outcome.

Requires Improvement

Is the service well-led?

Our findings

This service is required to have a registered manager. We had been advised that, with effect from 30 March 2015, the registered manager would be managing another location within the Morleigh group for a three month period. An acting manager was appointed to manage the day-to-day running of the service from 30 March 2015. Two days before this inspection the acting manager left the organisation and on the day of our visit the registered manager was working in the service. The head of operations advised a week after our inspection that the registered manager would move permanently to another location. A new manager for this location had been recruited and was due to start on 15 June 2015.

At the time of the inspection out of seven nursing and residential homes only two had a registered manager in post. One of the services with a registered manager was this location and as explained above this manager had moved to manage another service. Three of the five services without a registered manager had been without a registered manager for over 12 months. This meant there was a risk there would be a lack of consistency and clear leadership throughout the services.

The organisation had recently employed a head of operations in order to streamline the service provided by the Morleigh group across all of its services in order to offer a more consistent and reliable standard of care. The head of operations explained the plans they had in place to develop the service. They told us the organisation was getting "more co-ordinated as a group." A monthly managers meeting had been initiated to give an opportunity for managers to share good working practices and discuss any issues. Managers were being required to submit monthly reports to enable the head of operations to track any developments. In addition they were planning to visit each service monthly to carry out audits in line with the five CQC inspection questions. Following the visits action plans would be issued to address identified areas for improvement. All policies and procedures were being reviewed and standardised across the organisation.

However the head of operations had been required to act as manager at one of the group's nursing homes due to a manager leaving the post. This meant they were not able to dedicate their time to ensuring the quality of the service provided at an organisational level was robust.

Whilst we could evidence that progress had been made in developing an organisational approach to monitoring the quality of the group as a whole we found manager's audits for this service were not up-to-date. For example no audits had been completed to check the quality of care plans and all other audits were out of date. Audits for infection control, medication and bed rails had not been completed since November 2014.

As detailed in the safe section of the report some wheelchairs were not maintained and therefore not fit for use because either the brakes did not work or there were missing footplates. The provider was not aware of this because an audit by the management of the service had not been carried out.

This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance.

Staff told us they enjoyed working in the home and felt supported by the management, although they were unsure what the present management arrangements were. One member of staff told us, "lovely home and nice place to work".

The management team sought advice from specialist professionals when developing care plans and this helped to ensure staff had the right guidance and information to meet people's needs. One healthcare professional told us the service had a good record of caring for people with multiple and complex health needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided. (Regulation 17 (1)(2)(a)