

Bupa Care Homes (AKW) Limited

Collingwood Grange Care Centre

Inspection report

Portsmouth Road
Camberley
Surrey
GU15 1LD
Tel: 01276 670700
Website: www.bupa.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 19 January 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to people's consent to care and treatment, staff not being appropriately supported, staffing levels, care and welfare of people, respecting and involving people, meeting people's nutritional needs and records.

We undertook this focused inspection to check that they had followed their plan and to confirm that they have now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Collingwood Grange Care Centre on our website at www.cqc.org.uk.

Summary of findings

There was a registered manager at the service however they were on leave on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission 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.

Although there was a programme of activities people did not always enjoy what was being provided. There was a lack of activities specific to people's individual needs and wants.

Records of people's care were not always up to date and accurate. They did not always reflect the care that had been provided.

There were sufficient numbers of staff deployed around the service to meet people's needs. We saw that people received care in a timely way from staff.

Staff had the most up to date guidance in relation to their role. The required mandatory training had been completed by all of the staff and nurses were up to date with their clinical knowledge.

Staff had knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Where people lacked capacity and their liberties were restricted in their best interests applications had been made to the local authority in relation to the liberty being deprived.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People and relatives felt that staff were kind and considerate. People were treated with kindness and compassion by staff throughout the inspection. However we did see a few examples of care which did not demonstrate dignity for the individuals concerned. Staff acknowledged people warmly and sat talking with people where possible.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the report.

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?

We found sufficient action had been taken to improve safety of people living at the service.

There were sufficient numbers of qualified and skilled deployed to keep people safe.

Requires improvement



Is the service effective?

We found that sufficient action had been taken to improve the effectiveness of the care for people living at the service.

People's rights were protected and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff training was up to date and any gaps were being addressed. Staff were now having more regular supervisions. Staff felt supported by the management team. .

Requires improvement



Is the service caring?

We found that sufficient action had been taken to improve the care for people living at the service.

People were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful or positive way..

People told us most staff were caring and we observed that people were consulted about their care and the daily life in the service.

Requires improvement



Is the service responsive?

We found that some but not all actions had been taken to improve the responsiveness of the service.

There was a lack of meaningful activities for people specific to their individual needs.

Staff we spoke with knew the needs of people they were supporting.

Requires improvement



Is the service well-led?

We found that some but not all action had been taken to improve the governance of the service.

There were incomplete or missing records in relation to the care that people received

Requires improvement



Collingwood Grange Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Collingwood Grange Care Centre on the 2 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 19 January 2015 inspection had been undertaken. The team inspected the service against the five questions we ask about services: is the service safe, is the service effective, is the service caring, is the service responsive to people's needs and is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by three inspectors. During our inspection we spoke with the deputy manager, the regional manager, seven members of staff, three people using the service and one relative. We looked at care plans, minutes of staff meetings, staff files, call bell records, training records and staffing levels. We observed some care being provided during the inspection particularly around meal time.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider regarding notifications at the service.

Is the service safe?

Our findings

At the previous inspection on the 19 January 2015 the service was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff deployed to meet people's needs.

People and relatives felt there were increased numbers of staff since the last inspection. One relative said "There has been an increase of staff. There is a marvellous nucleus of staff that holds it together here."

The senior member of staff on duty explained that a dependency tool was used to assess the needs of people and how many staff were required as a result. We a copy of this dependency tool which was updated regularly and when people's needs changed.

Staff said that there were more staff now and this had made an impact on the care being provided to people. One member of staff said "Staffing is much better; those people who want to get up are up and dressed (in a timely way)" They told us that this was an improvement on before where it took longer to provide personal care. People in their rooms were also being supported when they needed. We observed that people's call bells were answered in a timely way. We checked the call bell record for the whole service for the previous four weeks and found that they were answered quickly. The rotas showed that there was always the correct number of staff deployed around the service.

One staff member said that if they were short of staff then agency staff were called in but they said that this did not happen a lot now. Staff said that on the whole staffing levels were being maintained. One relative said "I feel my (family) is quite safe here, if I have any concerns they are addressed."

Is the service effective?

Our findings

At the previous inspection on the 19 January 2015 the service was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not all staff had received training essential to their role or supervisions with their manager to assess their competencies.

We found on this inspection that staff had received the required mandatory training. For new staff this included a full induction before they started work. Mandatory training included infection control, nutrition and hydration, moving and handling, safeguarding and caring for someone living with dementia. Additional training had been booked for those staff still waiting to complete all of their training. On the day of the inspection dementia awareness training was being provided to some staff.

The staff we spoke with were positive regarding the training and development activities they completed. They were clear about their roles and felt supported. There were systems in place for staff to meet with their manager on a one to one basis. As well as one to one supervisions, group supervisions were also undertaken to assess staff competencies. Subjects discussed at supervisions included any additional training required and ensuring that records were completed appropriately. We saw records of these meetings having taken place.

Clinical supervisions included reviewing people's health using body maps, monthly audits, medicine reviews and whether staff had any additional development needs. One member of staff said that in addition to this, meetings and discussions took place regularly with the nurses around how clinical care could be improved. This included discussions about updating people's photos on the medicines charts and capacity assessments for people. We saw records around supervisions for all other staff which included discussions about additional training required and whether staff felt supported.

At the previous inspection on the 19 January 2015 the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 11 of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not informed about their responsibilities around Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS).

On this inspection we found that staff were informed about their responsibilities under the MCA and DoLS. The Care Quality Commission (CQC) monitors the operation of the 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. MCA assessment were undertaken where appropriate and detailed in people's care plans. Where people's liberties were being restricted in their best interest's applications had been submitted to the local authority. All staff had received training in relation to MCA and DoLS.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day including staff asking people if they wanted support with meals or whether they wanted to participate in an activity. Staff told us that in the first instance they would assume people could make decisions by themselves. If people refused care and the person became agitated they would leave the person and then ask them again later.

We found that the floor where people living with dementia were was a safe, well designed living space. The design of the environment helped people with dementia to be as independent as possible. Chairs were arranged in social areas in small clusters that encouraged conversations as well as other quiet areas where people could sit if they wanted to. There was space to walk around independently inside the service and we saw people doing this throughout the inspection. There were age appropriate points of interest, including for example a sensory room and rooms for people to sit and relax. There was clear signage for people and each room had a memory box outside to help orientate people to their own rooms. However we did not see many examples of people accessing these areas on the day of the inspection.

We recommend that staff offer and help people to engage in activity that provides multi-sensory stimulation, as they may not be able to access this kind of stimulation by themselves.

Is the service caring?

Our findings

At the previous inspection on the 19 January 2015 the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's dignity was not always being respected and consideration was not always given to people in relation to their care.

We found on this inspection that people felt that they were treated with dignity and respect. One person said "I couldn't improve my life here" whilst another said "Staff are kind and helpful." One relative said "Staff are really, really caring here."

We observed care being provided and saw that staff treated people considerately. We saw staff sat with people in the garden and chatted to them and it was obvious that staff knew people well.

However there were occasions during our inspection where we found that staff did not promote choices and dignity for people. During one of the meals members of staff were told by other staff where people were to sit and one member of staff was supporting two people to eat at the same time which did not promote people's dignity. Meals that were pureed for people were not presented in an appetising way. We raised this with the regional manager and senior staff who said they would address this as this wouldn't be accepted as satisfactory care.

We recommend that staff ensure that all people are treated with dignity. Staff should treat people as individuals as this will have a profound effect on a person's well-being.

Is the service responsive?

Our findings

At the previous inspection on the 19 January 2015 the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not always responding to people's needs.

We had identified on the previous inspection that one person was unable to use a call bell and instead had to call out for staff when they needed them. We found on this inspection that the staff undertook regular checks on this person to ensure their needs were being met.

On the whole people's needs were being responded to. Staff were providing care to people based on the assessment of their needs. The pre-admission assessments and care plans took into account people's personal history, individual preferences, interests and aspirations. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. One member of staff said "We have a handover each day (to share information) and we are reminded to check everyone before we go off shift."

There were mixed views from people and relatives about the activities that took place. One person told us "I enjoy sitting in the garden, there is more than enough for me to do here." However all of the other people we spoke with did not agree with this. One person said that they stayed in their room as there wasn't much to do as the activities "Are not my cup of tea." One relative said "A lot of money has been spent on the in-house activities and the top floor (where people are living with dementia) but my (family member) doesn't want to be on that floor." They felt that there needed to be more activities on each floor, they also

felt their family member had "Gone in on themselves" due to lack of stimulation. One relative said "The exuberance has gone from activities; I don't feel that they (the activities) are age appropriate."

There was a programme of activities in place and two activities coordinators had been recruited. However on the day of the inspection one activities coordinator was not at work and the other was providing training for staff. One member of staff said "We need more activities here as the people on the top floor don't go to the other floors for activities" whilst another member of staff said "Activities happen on the middle and ground floors, there is no real one to one with people." The activities board stated that day that there was 'Magazine reading' in the morning and walks in the garden in the afternoon and dominoes later that day. However we didn't see everyone having the opportunity to go into the garden and there was no evidence of a 'Magazine reading' session. Other activities available were exercises, karaoke and a newspaper group.

We observed some staff trying to provide stimulation for people by putting on some music, playing games and trying to engage in conversations. There were people who chose to stay in their rooms and we saw staff engaging with them as much as possible throughout the day. Outside, there was a garden which we saw people accessing. There were areas around the service set up for people to enjoy for example there was a large train set and a telescope for people to enjoy however we did not see staff encouraging people to enjoy these areas.

As there was a lack of meaningful activities for people specific to their individual needs and preferences this is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and relatives said that there were opportunities to go out on trips. One relative said that there had been an outing to the local pub for a meal. One member of staff explained that one of the areas in the dining room could be sectioned off into a 'Bar' area and had enlisted help from the local community to donate items of interest for people to enjoy. They said that they were looking at arranging more external outings and that it was "A work in progress."

Is the service well-led?

Our findings

At the previous inspection on the 19 January 2015 the service was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records for people were not always completed or kept securely.

On this inspection we identified several areas around the service where records had either not been completed or could not been located. It was not clear from some of the records that we looked at what care had been undertaken.

There was no record of the checks being undertaken by staff of the person who was unable to use a call bell. There was no way of checking when the last member of staff checked the person. We did see staff checking this person but they were not recording this.

One person had lost over four kilograms over a period of three weeks. There was no information on the person's care plan of how staff were addressing this. We were told by senior staff that they were aware of this person's weight loss and they had been put on a food and fluid chart however the care plan didn't detail this.

Where wounds had been identified and photographed in another person's care plan there was no date when the wound was first found and no grading of the person's wound. We have since been provided with evidence to show that this has now been included in the person's file.

Another person had been referred to a health care professional in relation to their challenging behaviour

however there was no clear evidence of this in the person's file. There was clear guidance from the health care professional around steps to take to manage this person's behaviour on a letter from the professional however it was not easily accessible on the person's care plan for staff to see.

We found that some forms had not been completed or completed incorrectly in relation to people's health care. One form asked if the person had 'Continence issues' and the form was ticked 'No' however staff told us that this person was incontinent and care was being provided in relation to this. Another form in a person's care plan stated that wound care needed to be checked and recorded every two days yet this had not been completed since 17 June 2015. We were told by staff that steps had been taken to address this wound but the records had not been updated.

Where assessments of people's capacity had taken place there were no clear records to show how the assessment was undertaken. Where best interest meetings had taken place for people around decisions that needed to be made there was no clear record of when the meeting took place, who attended and a rationale for how the decision had been made. We discussed all of this with the regional manager and senior staff who said that the service forms didn't lend themselves to including this information but that they would look into this.

The lack of complete and contemporaneous records in respect of each person is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
There was a lack of meaningful activities for people specific to their individual needs and preferences

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Records were not complete and contemporaneous for each person.