

Bupa Care Homes (AKW) Limited

# Collingwood Grange Care Centre

## Inspection report

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### Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Inadequate	
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

This was an unannounced inspection, which took place on the 19 January 2015. Collingwood Grange Care Centre is a care home with nursing provided by BUPA. Collingwood Grange Care Centre provides care for up to 90 people on a short- and long-term basis. The care provided includes nursing, care for people living with dementia and care for people with Huntington disease.

At the time of inspection there was a registered manager. 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 and associated Regulations about how the service is run.

# Summary of findings

People and their relatives said they felt they were safe with the staff. One person said "I feel safe and happy here; I would tell the manager if I had safety concerns but there's been no need". Another said "You can be vulnerable somewhere like this but I feel safe". Not all staff had received updated safeguarding adults training but had knowledge of the safeguarding procedures and what to do if they suspected abuse.

There were not always enough staff to safely meet people's needs. This meant that sometimes people did not receive care in a timely way. Staff felt that care was rushed as a result of there not being enough staff. One person said "The staff look after you well but sometimes I have to wait a bit when I press the buzzer, they're probably too busy to come right away."

Risk assessments for people were undertaken and measures put in place to reduce the risk of them coming to harm. Staff were aware of people's risks and what to do to minimise them.

Medicine was administered safely and disposed of in a safe way. People's medicine charts were completed correctly and a nurse signed to say that people's medicines had been given. There was guidance for staff on when to give people their PRN (as needed) medicines.

Pre-employment checks for staff were completed. For example in relation to their full employment history and reasons why they had left previous employment. This meant that only suitable staff were employed.

One relative told us "We're happy with the nurses and carers here. They seem efficient. If my husband is unwell and I'm not here, the staff always notify me including letting me know if the doctor's been to see him. I don't have to wait long". Health care professionals said that staff had the support and skills to deal with some people's complex conditions.

Staff were not up to date with the service mandatory training and others had not had any training in some areas. This included first aid, fire training and infection control. This meant that staff would not have the most up to date guidance. Not all staff had received a one to one supervision or appraisal with their manager.

People said staff asked them for consent before they gave care. One said "The staff look after me well and ask for my consent to care." Staff knew about the Mental Capacity

Act 2005 and mental capacity assessments had taken place for most people. However where people's freedom was restricted by keypad doors and the provider had not completed the appropriate forms to the Local Authority.

People thought the food was good and felt that their nutritional needs were catered for. People were encouraged to make their own decisions about the food they wanted. There was a wide variety of fresh food and drinks available for people. However those people who needed additional support to eat were not always given that.

People had access to a range of health care professionals, such as chiropodist, community matron and a GP. GPs visited regularly and people were referred when there were concerns with their health.

People thought that the staff were caring and that they were treated with dignity and respect. People also felt that if they needed privacy then this would be given. We saw instances where staff were not always caring. These related to people who needed additional support and were living with dementia.

Some people felt there was enough to do. One told us "I can do what I want - go out in the summertime, phone my family, watch television and I decide when to go to bed."

There were not enough activities provided for people specific to their needs. This was more specific to the needs of people living with dementia. Some people said that they didn't like group activities but preferred to sit with one person to do something meaningful to them. They felt that this was not always offered to them.

People and relatives said they understood how to make a complaint and felt comfortable to do so. There was a copy of the complaints procedure for everyone to see in the reception area. All of the complaints were logged and there was evidence that the provider learned from these complaints.

People, relatives and staff were asked for their opinion and feedback on what they thought of the service. The Manager was unable to show us the analysis of the 2013 Survey and was waiting for the analysis of the 2014 Survey. Regular residents and relatives meeting had taken place and suggestions and issues were used to improve the service.

# Summary of findings

People and staff felt that the service was well managed. However not all of the audits that took place were effective and improvements had not always been made as a result of the audits. For example in relation to cleanliness and staff being caring.

We found nine 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?

The service was not safe.

There were not enough qualified and skilled staff at the service to safely meet people's needs.

The service was not clean. There were not appropriate infection controls in place to protect people from the risk of infection.

Medicines were appropriately managed and people received their medicines in a timely way.

Staff were recruited appropriately and had the skills and knowledge to safely care for people. Staff understood what abuse was and knew what to do if they abuse was suspected.

Inadequate



### Is the service effective?

The service was not always effective.

People's rights were not always protected because deprivation of liberty applications had not been submitted for people that needed them.

Staff training was not up to date and staff were not having regular supervision. Staff said that they felt supported.

Some people were supported at mealtimes but we observed occasions when they were not. People's weight and nutrition was monitored and where people had lost weight advice had been sought from healthcare services to maintain good health.

Requires Improvement



### Is the service caring?

The service was not always caring.

At times staff were not caring to people when they needed support. People said they were treated with kindness and compassion and their dignity was respected but this was not always the case.

People said that they felt involved in their care and were listened to in the service.

Requires Improvement



### Is the service responsive?

The service was not always responsive.

There were not always enough activities that suited people's individual needs.

People were supported to make decisions about their care and support.

People's care was regularly assessed and reviewed to ensure their needs could be met.

Requires Improvement



# Summary of findings

People knew how to make a complaint, who to and were provided with a response to their complaint.

## Is the service well-led?

The service was not always well-led.

Not all of the systems in place to monitor the safety and quality of the service were effective.

People, relatives and staff felt that the management was supportive.

Staff understood the values of the service but felt they were unable to support them fully due to the lack of staff.

**Requires Improvement**



# Collingwood Grange Care Centre

## 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 inspection took place on the 19 January 2015 and was unannounced. During the inspection we spoke with 16 people using the service, two relatives and 10 members of staff. Before and after the inspection we spoke with six health care professionals that visited or had contact with the service. These professionals included GPs, a tissue viability nurse, a speech and language therapist and a community matron.

We observed care throughout the day on all of the floors including when meals were being served. We reviewed

eight care plans, four staff files, general information displayed for people and records relating to the general management of the service. This included audits, incident reports, minutes of staff meetings and staff training records.

The inspection team consisted of three inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed records held by CQC which included notifications received from the service. A notification is information about important events which the service is required to tell us by law. Before the inspection we received information of concern that related to the cleanliness of the service.

We last inspected the service on the 2 December 2013 where we found that the service was meeting all the standards of care.

# Is the service safe?

## Our findings

People and relatives said they felt safe with the staff that worked at the service. One person said “I feel safe and happy here; my husband is here too and I would tell the manager if I had concerns, but there’s no need.” One relative said “I feel dad is safe here, when I walk out of the door I feel confident he is being looked after.”

Some people felt that there were not enough staff to safely meet their needs. One person told us “Staff do things quickly”. During our inspection we found that at times people had to wait for staff when they called out for them as they were busy elsewhere. One member of staff told us that the impact of not being enough staff was very stressful for them. They said “We can’t cope, we are doing our best.” Others told us that at times they were short of staff. One said “At times we do struggle.” The regional manager and the registered manager told us that there had been staffing issues and that some staff had been off sick. They told us that they were ‘bridging the gap’ with agency staff and were undertaking a recruitment drive to employ nurses and carers. The service did not meet the staffing levels it had set itself to ensure that people were cared for safely and as a result there was not always enough staff to meet people’s needs. For an eight week period there were 26 occasions where there were less than the 17 care staff needed and 14 occasions where there was less than the four nurses needed. There were occasions where there were not enough staff on the afternoon shifts and at night. . This is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People said that the service was not clean. One person said “It’s not clean enough here, it needs cleaning constantly.” A relative said that there were cobwebs in their family member’s room and it needed vacuuming under their bed.

Areas of the service were not clean. On the top floor the dining room floor was covered in food debris and the floor was sticky to walk on. There were signs of dried on spillage stains where the floor had not been swept or cleaned for some time. The areas around the skirting were thick with dust and the dining table surfaces tables were sticky and stained with spillage marks. The floor covering was cracked and peeling away from the wall edges meaning that safe, effective cleaning could not be carried out. We found wooden serving trays were stained, cracked and peeling which meant they could not be cleaned effectively and

posed a risk of injury and infection control to people. Furniture was stained and in a poor state of repair and there were ill-fitting doors and drawer units which posed a risk of injury to both people and staff.

The kitchen wash hand basin on the top floor was heavily stained with dirt and grime and there were no hand towels available. Staff were unable to safely and effectively maintain appropriate levels of hand hygiene. Plumbing pipes were covered in thick dust and the shelves in the kitchen cupboard had thick brown marks and debris. Adequate cleaning of the kitchen could not take place as the walls of the kitchen were covered with a number of notices. In addition to this the wall tiles were chipped and greasy and there was heavy dust in the air vents. There was a daily cleaning rota pinned to the wall, but none of the duties listed for the day had been signed by staff to confirm they had been cleaned.

People’s rooms were not always clean. The carpets were covered in dust and debris. The area around one person’s bed and the chair were heavily stained with spilled food and liquids and one person’s bed sheets were stained with blood. People’s bathrooms were not clean and all of the carpets throughout the whole unit needed vacuuming. The registered manager told us that there was a cleanliness issue especially in people’s rooms. They said that they were currently trying to recruit an additional cleaner to the service. One member of staff said “The home is filthy.” The regional manager said that they had highlighted the housekeeping and general poor cleanliness of the service in December 2014 and they were recruiting for a housekeeper however the cleanliness had not been addressed.

These are breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The risks to people’s health and safety were managed in several ways. People that joined the service had a number of assessments carried out to ensure the service could safely meet their needs. Areas such as mobility, weight and skin integrity were covered and where a risk had been identified control measures had been put in place for staff to follow to minimise the risk of harm. Staff supported people with mobility needs in line with these guidelines.

People were encouraged to take their medicine and given time to consider what was being asked of them. Staff took

## Is the service safe?

time to explain what was happening and where appropriate, what the medicine was for. Staff understood what was meant by the term 'covert' medication and we saw there were best interest discussions recorded where medicines were given in this way. Guidance had been sought from the pharmacy around the best way to give the medicine.

People's medicine was managed in a safe way. Medicine trolleys were stored in the treatment room which was kept locked at all times. Only senior members of staff had access to the keys and they were kept with them at all times. Other medicines were stored in a locked metal cabinet inside the locked treatment room. Staff told us the procedure used for the disposal of unused or discarded medicines. Medicine that was out of date or no longer needed was put in a yellow storage bin in the treatment room and disposed of appropriately.

Up to date medicines policies and procedures were available to staff and kept with the medicine trolley and staff signed to say they had read and understood the policies and procedures. Medication Administration Records (MAR) had been signed for appropriately, there were no gaps in recording and correct codes had been used where necessary which gave a clear record that people had been given their medicines at the right time.

People's individual medicines charts contained a photograph of the person to assist identification. Allergies were clearly recorded so that staff could easily identify if there was a concern. Variable dose and 'medicines as required' sheets were in place in each of the records. Medicines audits took place every month and were carried out by a suitably qualified member of staff. All staff involved in the administration of medicines had signed a 'Signature Verification' sheet. This meant staff signatures could be checked if necessary.

Staff had knowledge of safeguarding adults procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the local authority if needed. There was a safeguarding policy and a "Speak up policy" to reassure staff about how to raise concerns. Staff signed to say that they had read the policy. Staff received safeguarding training, the manager had identified those that needed refresher training and this was being organised.

Recruitment files contained a check list of documents that had been obtained before each member of staff started work. The documents included records of staff full employment history, any cautions or convictions, two references and evidence of the person's identity. This gave assurances that only suitable staff were recruited.

# Is the service effective?

## Our findings

People and relatives said they received effective care at the service. One person said “I didn’t manage my diabetes properly before I moved in; the staff help me control it so much better and I have less incidents.” Another person said that since moving in to the service they felt so much better and had put on weight due to being looked after well. Another told us that since moving in they were “Walking so much better now.”

Health care professionals told us that they felt the nursing staff had the knowledge and skills needed to provide appropriate care to people. They said that their visits to the service were less frequent than they had been because people were getting the correct level of care from staff. One told us that they would be happy for their own mum to be cared for at the service.

Not all staff had the most appropriate and up to date guidance in relation to their role. Staff were not kept up to date with essential training needed for them to carry out their roles safely. For example 63 members of staff had not received up to date fire safety training and 55 members of staff had not had training in caring for people living with dementia. Most clinical staff were up to date with their training, apart from moving and handling training which had expired.

Staff began training during their induction, and had a probationary period to assess their overall performance. Staff did not receive regular supervision or annual appraisals. The clinical supervision record showed that four nurses had not received any supervision with the manager since March 2014 and three had only had two supervisions since March 2014. For non-clinical staff 30 had not received supervision with their manager since March 2014 and nine only had one since March 2014. As a result staff did not have the opportunity to discuss any additional support or training needs they had. We asked for evidence that staff had received appraisals but we were not provided with this. These are breaches of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Staff told us that they felt supported however they also said that they wanted training on how to deal with people with behaviours that challenge and the manager told us that they were addressing this.

People said that staff gained consent from them before delivering any care. Records showed that people’s capacity had been assessed. 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. Staff knew about 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. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

The top floor had a coded door entry system. Where people were unable to consent the care plans we looked at did not contain DoLS applications in relation to people not being able to access the code. We spoke with the manager about the lack of DoLS applications for those people that required them. They said they had started to make applications to Surrey County Council in relation to people that lacked capacity where they felt their liberty may be restricted but that there were still a few outstanding. This also related to some people who had bed rails used which can restrict their freedom as they could not get out of bed without staff assistance. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was mixed reviews about the food. Some people and relatives said that the food looked good and that there was plenty of it. However one person said “I get enough to eat and I have a choice but I don’t like it and I’m not asked my opinion on it. One relative said “The food is good but it needs to be cut up for him (her family member) and they don't seem to do this or help him to eat it. When I visited him yesterday, I cut up his lunch and he ate quite a lot. He does have a lot of fluids though”.

The chef was aware of people’s likes and dislikes, what their special dietary needs were and people’s different cultural requirements. They told us that the menu was set by BUPA and that each meal detailed the calorific and fat content. For people that needed it, staff recorded how much they had eaten or drunk to monitor their health.

## Is the service effective?

People were weighed regularly and nutritional assessments were undertaken where necessary. If people had lost weight advice was sought from the appropriate health care professional.

Breakfast had been served 08.00am. One person had been left at the dining room table until 11.57am and had fallen asleep. A member of staff removed the food from the table that they had left. Staff didn't check to see whether they wanted anything else to eat. This person was diabetic and needed regular food and fluids to manage their condition. The food and fluid of chart had been recorded as them eaten 'all' in the appropriate column of the chart which was inaccurate as they had not eaten all of their breakfast.

People had a choice of where to have their meals, either in the dining room or their own room. Menu boards were displayed on the wall outside of the dining room and on the tables. Alternatives to the main meals were available. Mid-afternoon snacks were available and a selection of 'Night Bites' during the evening such as beans on toast,

fruit and sandwiches. One member of staff was in the dining area with two people eating their meal. We heard people ask for something different to what they were given and this was provided. Staff told us they would choose a menu for the person if people were unable to make a decision about the food they wished to eat. We asked if pictorial representations of the menus were available for people who were unable to read the choices available. Staff told us they were not. This meant that the service did not give these people the information in a manner they could understand to help them make their own choices This is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had access to a range of health care professionals, such as chiropodist, community matron and GPs. GPs visited regularly and people were referred when there were concerns with their health. All of the health care professionals said that staff were growing in confidence and the care provided was better than it had been.

# Is the service caring?

## Our findings

People and relatives said staff were caring. One person said “They (staff) know me, they’re patient and they listen to me, they respect my privacy.” Another said “They (staff) treat me with respect.” One relative said that occasionally staff are grumpy but on the whole they were caring. They said that they stand outside their family member’s door and listen how the staff are with them. They said that, “Even when they don’t know they’re there I can hear them being very kind to my father, as far as care is concerned its first class.” Health care professionals told us that staff were caring and helpful.

However there were occasions when staff were not always caring. On the top floor staff automatically tucked napkins into people’s collars without asking. One person approached us on several occasions and was anxious and agitated and staff took a long time to intervene to support them. Two people were sat in wheelchairs looking out of the window in the corridor by the nurse’s station. One person’s legs was completely exposed up to the waist, the other person sitting with them repeatedly asked them to cover themselves up. A member of staff at the nurse’s station made no attempt to assist the person to maintain their dignity. One person was shouting for help to go to the toilet. A member of staff told us the person “Shouts like that every half an hour, will have to wait, the other carer is busy.”

One person was calling out and was very agitated. They were saying that they were “Itching all over”. They were wearing a fluffy cardigan with no undergarments. Staff told us they would leave this person alone as they were very aggressive but acknowledged that the person was probably itchy due to the fact that their cardigan was on inside out. This showed a lack of consideration for the person. We brought this matter to the attention of the registered manager who told us they would speak to staff about this. These are breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw incidences of staff being caring. Staff stooped down to talk to people at their level. One person dropped their soup cup on the floor and staff comforted them and cleaned it up quickly. We saw examples where staff were respectful of people. Staff asked people where they would like to sit in the dining room and what they would like do.

Staff chatted with people and responded in an appropriate manner to their comments. One person requested a drink and staff provided this and warned the person that their drink may be hot and to be careful in a kind and considerate way. They checked that the person was okay and were happy before they left the room. Staff gave examples of how they would provide privacy and dignity to people. They said they would cover people when providing personal care and always made sure doors and curtains were closed. We saw staff knocked on people’s doors and waited to be told they could come in before they entered. Another example of staff being caring was one person’s family member had passed away and the manager arranged transport and an overnight stay in another home in order for this person to attend the funeral.

Senior staff told us that they monitored whether staff were caring with people. They said they particularly monitored this with the people living with dementia. They made sure people’s nails were clean and that they were encouraged and assisted to have clean clothes and their hair brushed. Staff took into account people’s race and religious beliefs. They said that one person who had a particular faith liked their personal care in a particular way which staff respected.

People and relatives were encouraged to take part in meetings at the service. Discussions included the environment of the home and ideas for activities for everyone. Minutes of the meetings showed how things had progressed. In one meeting it was asked if there could be more serviettes available at mealtimes and this was addressed. People were updated at the meetings on any changes going on the service. This included plans for the gardens and the decorating to be updated. Other discussion involved people being asked their opinion how they wanted the home to run.

People and relatives told us that they felt involved in the planning of their care. They said that they felt listened to and made to feel important. One relative said that they asked if they could produce a tick list sheet for staff to check off some of the things they knew their family member wanted which staff were happy to do for them.

There was an advocacy service available for people if they needed this. This service wasn’t being used as most people had a relative who supported them. The registered manager explained that this would be offered for people who they felt would benefit.

# Is the service responsive?

## Our findings

with staff. One person told us that they and their partner sat together with the manager to talk about what they needed. Where necessary and when people wanted, relatives were involved in the assessment of people's care. Some people and relatives said staff were responsive to their needs. One relative told us that as soon as staff started noticing their family member losing weight they addressed this and changed their care plan to help with this.

There were instances when staff were not responding to people's needs. One person had a 'Positional / Change Recording' sheet in place. On one day the first entry had been made at 09.55am and stated in the comments column – 'Pad wet'. The last entry was made at 9.45pm. No other information had been recorded in the comments. The same was similar for the following day. There was no record that any personal care had been given. On another occasion the person had not been turned in their bed for over five hours despite the person needing to be turned more frequently. Staff told us that that this person needed to be turned every two hours to reduce the risk of pressure sores developing but we didn't observe this being done.

Staff had identified the call bell as a risk of strangulation for one person. Staff told us the call bell had been removed. We asked staff how this person would summon help or assistance if they needed it. We were told, "Oh, its ok, they never pull the cord anyway." We were told a cordless call pad was put in place, but taken away again because it didn't suit the person. This meant the person had been left with no way of calling for help or assistance if they needed it other than to call out.

These are breaches of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On the day of the inspection the heating had broken down. Staff provided people with extra heaters and blankets in people's rooms and offered people warm drinks. They had made arrangements for the heater to be replaced and we saw that this was being addressed.

Activities were not specific to people's interests or needs. We noticed memory boxes on the door of people's rooms for people living with dementia. Memory boxes were designed to be filled with items of memorabilia that are specific to each individual and may act as memory triggers. These mostly contained photographs of people. The

photographs alone were difficult for people to see and did not fulfil the role of the memory box. On the top floor where there were people living with dementia there were no 'fiddle' boxes available, points of interest or memory stations to stimulate people's interest or any sensory room for people to enjoy. There were chairs at certain locations around the unit and some books and soft toy displays but we didn't see people interacting with these. People were left to wander the corridors unsupported as there was nothing else happening to engage them.

On the top floor the signage for people living with dementia was minimal. There was a picture of a plate of food with a knife and fork either side of it on the dining room door and a picture of a toilet on the toilet door. No other directional signage or memory prompts were displayed. People living with dementia react better to strong primary colours and more vivid pictorial representation. Daily activities were not displayed on the notice board. The notice board was covered with coloured tissue paper which was not an appropriate representation of the daily activities of people and was suggestive of childlike activity.

There was a laminated schedule of activities for a four week period. The activities were based on a daily activity and repeated each week. For example, the hairdresser had been booked for four days. We saw hairdressing, room visits and chiropody were listed as activities. There were no outdoor activities listed or participation in community events or outings. One member of staff told us people could take part in an activity known as 'Ageless golf', but went on to say, "It's a waste of time, no one's interested in it anyway". The activities on offer to people were not of a considered and appropriate nature and did not meet the social needs of people living on the top floor. One member of staff said (referring to a person) they are "Bored." Another member of staff said "I've seen better activities (elsewhere). More of them and more choice."

One person told us that they didn't like participating in group activities but would really like to be taken to the library or to sit and play cards or dominoes with someone. They said that they haven't had the opportunity to do this. We spoke to the registered manager about activities. They said that new activities coordinators had been recruited and providing activities to meet people's individual's needs was going to be explored more.

## Is the service responsive?

There were not enough activities to suit people's individual needs and preferences. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some people were able to go out with their families and others enjoyed spending time in their room. One person said that they were always asked by staff what they wanted to do. A member of staff said that some people really enjoyed the activities on offer. On the day of the inspection there was a singing session that several people participated in and enjoyed. There were chickens in the garden that people liked to look at and were a talking point for people on the ground floor.

People and relatives said they were confident they could raise any issues about care without any concerns. The registered manager told us that all complaints were recorded and a decision was made about who dealt with them. Some complaints were dealt with by the manager and others were escalated via the service complaints process to senior management. The resolution was recorded and copies of how people had been responded to. One complaint resulted in a cupboard door being replaced with glass to avoid any incidents of people being accidentally hit by the door. Complaints were used as an opportunity for learning and improvement of the service. The registered manager had an open door policy and people and relatives said they felt able to go to them with their concerns.

# Is the service well-led?

## Our findings

People and relatives said that they management of the service was good. They said that the manager and the deputy manager supported them. One person said “I’ve got a good relationship with the manager; she makes me feel I’m still important.” One relative said “The home lives up to its values.” Healthcare professionals thought that management of the service was good from senior staff level to the registered manager.

The area manager and clinical quality manager undertook ‘provider reviews’ which looked at the quality of the service. The area manager told us that they reviewed how people received their care and the overall impact of the care that was provided. They told us that they had identified that the service was not as clean as should be and that some staff lacked some “Basic skills.” They told us that people on the ground floor were receiving better care than the people on the top floor (where the people who were living with dementia were cared for). They told us that a lot of the care was “Task based and not care focused.” They told us that an action plan was drawn up each month to look at these areas of concern. We looked at the completed ‘provider reviews’ for November 2014 and December 2014. These had identified the lack of cleanliness but there was no specific mention of the lack of care on the top floor where people’s needs were more complex. There was no specific action plan noted in the review to address this area. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Other internal audits took place around medicines, the environment, care plan recording and the storing of records. Any concerns identified were recorded with an action plan and a date to be completed. These included advertising for additional staff and additional nutritional support for people on special diets.

Records for people were not always completed or secure. One person’s care plan was left on the counter of the nurse’s station for a period of time when no staff were present. The area manager said that they had raised this with staff before. Some care plans had information missing about what action had been taken in relation to concerns that had been raised. Staff were able to tell us but this was not recorded in the care plan. One instance related to one person losing weight. Staff told us why this happened and what they were doing to address this but the action plan

was not recorded. Another person was diabetic but this had not been recorded in their care plan. Some people who were new to the service had not had full care plans recorded. Staff said that this was because of the lack of staff and not having the time to complete them a timely way. These are breaches of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On member of staff said “Since they took over a lot has been done such as the provision of new chairs for people.” Another said “I find the manager very approachable, we can relay our concerns.” Staff said that the manager was always visible on the floor and felt that the manager knew the people living at the service which was important.

The registered manager started at Collingwood Grange in August 2014. They told us that when they started they increased the care staff team on both days and nights due to the changing needs in residents. They accepted that the staffing levels were at times difficult to work with due to sickness and annual leave and were working to try and recruit more staff. The regional manager confirmed to us that this was being worked on. They told us “I make myself available to residents, staff and relatives and often pop in at the weekend to make sure everyone is ok or to meet with family members.” People, relatives and staff confirmed this.

The went on to say that their visions for the service was to have care staff that were infection control, moving and handling, privacy and dignity and dementia champions and for them all to work alongside the training team to provide a better service and level of care for people. When asked about the visions and values of the service one member of staff told us “We want to make sure that people have quality of care, that they are content and that we respect their wishes and provide dignity.”

Another member of staff said the aim of the service was to promote independence and dignity and to allow people to take risks in a measured way and in an environment that was safe. They said that the standard of care was ‘fairly’ good. They told us some staff had been there for a while and they set the standards and picked up on staff who were not displaying those standards.

## Is the service well-led?

There were meetings for staff and this was used as an opportunity to discuss any concerns they had. These discussions included the service budgets, staffing levels, annual leave and improvements that need to be made around the service.

People had been asked to complete surveys to give their feedback about the home. The results of these had not been analysed and had been sent to the providers head office. People and relatives confirmed that they had been asked to complete these. People and staff were asked to nominate their “Every hero” which was a way for staff to feel valued and supported.

We spoke to the registered manager and area manager about the concerns we found at the service during our visit. They said they were committed to supporting the staff to make improvements. One of the concerns we discussed was about staffing levels and the cleanliness. They said they understood that there were staff shortages and told us there were plans recruit to these posts. They also wanted to

provide staff with additional training in relation to people living with dementia. They were holding a recruitment fair the following week to encourage people to apply for jobs at the service.

Accidents and incidents were recorded and analysed to look for trends. There had been a number of falls at the service. Meetings were held with the manager, deputy manager, regional manager and quality manager to evaluate the findings. It was felt that more support was needed for people who were at risk of falls. Staff were provided with additional training and support and as a result the number of falls reduced. Home manager meetings took place; this gave the manager an opportunity to discuss any other learning with other managers from other services to help improve the quality of care for people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment <b>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff <b>People were not supported by appropriately trained and supported staff.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing <b>The registered person did not have suitable systems in place to ensure there were sufficient numbers of suitably qualified, skilled and experienced persons employed.</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services <b>People were at risk of receiving inappropriate and unsafe care because the delivery of care did not meet their individual needs to ensure their safety and well-being.</b>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

**The provider failed to ensure people were treated with dignity and respect.**

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

**People were at risk of inadequate nutrition and dehydration.**

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

**People were not being kept securely or accurately.**

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control <b>The registered person did not have effective systems in place to protect people from the risks of acquiring a health care associated infection as appropriate standards of cleanliness and hygiene were not maintained.</b>

**The enforcement action we took:**

We issued a warning notice to the registered provider on the 4 February 2015 in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have set a timescale of 14 days by which the registered provider must address this breach.