

Linkside Services Limited

Collingwood Care Home

Inspection report

78A Bath Road
Longwell Green
Bristol
Avon
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Tel: 01179324527

Date of inspection visit:
16 April 2019

Date of publication:
15 May 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Collingwood is a care home situated at the end of a quiet cul-de-sac in Longwell Green, Bristol. Collingwood provides personal care for up to 26 people aged 65 and over.

People's experience of using this service:

- People felt safe and very settled at the home. They were protected from avoidable risks and abuse harm. Staff knew what to do to keep people safe and how to report concerns if they had them.
- Staff had a very good understanding of the risks associated with people's care. The staff also knew what actions to take to minimize risks to them. Information was available in care plans for staff to follow and refer to.
- Staff assisted people to take their medicines and knew how to store them safely.
- Staff understood how to prevent the spread of infection. Guidance was in place and this was being followed.
- People received care from a consistent team of staff. The team had a good understanding of people's needs and how to meet them.
- People's needs were identified and then assessed before they moved into the home. This was to make sure they could be met by at the home.
- Staff were recruited safely and there were systems and processes to check the background of all potential new employees.
- Staff received training, guidance, support and supervision to fulfil their roles effectively.
- People really enjoyed the food and they were offered choices in the meals and drinks they were served.
- People were well supported to make their own decisions about their care. They were assisted to do this by staff who understood the principles of the Mental Capacity Act 2005.
- Staff knew how to make sure they respected people's rights to privacy and dignity and promoted their independence.
- People received information about the service in a way that was best suited for them.
- People told us they were involved and consulted in planning the care and support they preferred.

- Care plans contained information and guidance for staff to follow to support people effectively.
- People felt able and comfortable to make their views known. There were also systems in place to manage and address any complaints or concerns raised.
- There were systems in place to check and review how the home was managed by the registered manager. This included reviewing systems for updating people's care records and monitoring health and safety.

At this inspection we found the service met the characteristics of a "Good" rating in all areas

Rating at last inspection: At our last comprehensive inspection of this service in November 2016, we rated the service as 'Good'.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was exceptionally responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Collingwood Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector

Service and service type:

Collingwood is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority.

We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 10 people who used the service, to ask about their experience of the home and care provided.

We observed staff providing support to people in the communal areas of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- Everyone we met said they felt safe and totally relaxed at the home. Comments made included "It's a very relaxed place and I'm not afraid to speak my mind and if there is anything worrying you, you can speak to the staff and they deal with it."
- Staff knew what the signs of abuse were and what to do to report safeguarding concerns. They were all fully confident the registered manager would address any concerns and take the right actions.
- Everyone we spoke with they felt there were enough staff available and the service never used agency staff. The registered manager told us staff absences were normally covered by other members of the team.
- No one told us of any long waits for assistance. One person said "I have a buzzer that I have to press and they come quite swiftly. Sometimes it's really busy you may have to wait, but they always come and tell you that. "

Using medicines safely

- Overall medicines were managed. People told us they were happy with how they received their medicines and they received them when needed.
- Medication administration records were up to date and showed people had received their medicines as prescribed.
- Staff responsible for the administration of medicines had completed training about this and their competency had been checked to ensure they were safe. However, one staff member left the drug trolley open and walked away from it while giving people medicines. This was brought to the immediate attention of the registered manager who took swift action.
- Checks on people's medicines were completed to ensure people were receiving them correctly .

Assessing risk, safety monitoring and management

- People were protected from unnecessary risks by processes that were well understood by staff.
- Risk assessments were in place and these set out risks to people's health and safety. This included risk from falls, and the risk of skin break down. The risk assessments were all being reviewed to make sure they were still up to date. Actions were in place to reduce these risks. For example, one person was at risk if they went out alone, actions were identified to support them to stay safe.
- Risk assessments were written about the premises and general activities in the home. This included gardening with a group of volunteers.
- An emergency evacuation plan was in place for each person. These were to set out the support they would need in the event of a fire or other emergency evacuation.

Preventing and controlling infection

- The premises looked clean and hygienic throughout. People told us their rooms were cleaned every day.
- Cleaning schedules were in place for staff to be aware of their duties. There were also arrangements for regular 'deep cleaning' of specific areas of the home.

Staff had access to plenty of personal protective equipment (PPE) such as disposable aprons and gloves. These were used by staff when supporting people with personal care.

- A hygiene rating of five (highest rating) had been awarded to the home in relation to the kitchen so that people could be assured their meals were prepared in a safe way.

Is the service effective?

Our findings

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

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

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

- People were all very positive about the care they received from staff. One person told us, " I can't find fault with the staff, they seem to be able to think for themselves, if we are in trouble the staff respond swiftly." Another comment from a person at the home was " "It's a very relaxed place and I'm not afraid to speak my mind and if there is anything worrying you you can speak to the staff and they deal with it."
- Staff knew the detail of each person's assessment of their needs, care and support. These were being reviewed and updated to make sure they were still current. People were being actively involved in this process if they wanted to be.

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

- People we spoke with told us that they had a choice of meal each day and could choose what they liked. One person living at the home told us, " The food's really good, and if you don't like something they will get you an alternative."
- The chef went around the home and spoke to each person and asked them what meal choices they would like for tea.
- People chatted with each other during lunch and there was a calm, unhurried atmosphere. Food was hot, well presented and there were different choices available.

Supporting people to live healthier lives, access healthcare services and support

- People confirmed they were well supported with their health needs. A member of staff always accompanied them to hospital appointments, the dentist and optician appointments.
- Staff had a good understanding of how to support people to maintain good health. Care plans were in place for staff to follow in relation to health issues. For example, skin conditions, and dietary needs.
- Records showed people were supported to healthcare professionals. There were examples of staff accessing urgent reviews by a doctor in response to people's changing health needs. For example, when a person's mental health had seemed to become very unsettled.

Staff support: induction, training, skills and experience

- Staff told us they completed a range of training to undertake their role effectively. One staff member said, "We are encouraged to go on lots of training."
- New staff completed an induction before they could work independently and were supported to complete the care certificate. This is nationally recognised training.
- All staff said they were very well supported by the manager and other senior staff.

People received support from care staff who had the appropriate skills and knowledge to meet their individual needs. People told us that they did not have any concerns and were confident in the staff's abilities.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood how best interest decisions were made using the MCA. Staff had also had training on the MCA and demonstrated they knew when they needed to act in people's best interests.

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

- People's bedrooms had been personalised and reflected individual's preferences and choices. One person told us how they were encouraged to bring small items of their own furniture to make their room look more homely.
- Communal areas were clean and uncluttered to try to reduce the risks of people falling over items. However, in many areas in the home grab rails had been used to place boxes of plastic gloves and towels. This meant people who used the grab rails may trip.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were all positive about the care and support they received from staff. One person said, "I like it here very much, all the staff are very kind and they are not too busy to stop and have a little chat with you, they are never too busy for that". Another comment was, "They are very nice, the staff are all polite, respectful and friendly. I don't need very much help; the food is very good. I go out to the shops. I would recommend the home, they don't interfere with me, I've not found that they have left me needing anything."
- Staff spoke caringly and with real warmth about the people they were supporting. One staff member said, "The majority of residents tell us how grateful they are, we try to keep doors closed when we are doing private things, if someone wants to chat with you, wait until you're on your own with the person."
- There were constant very positive interactions between people and staff.
- We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation.
- Our observations of care showed staff understood the importance of equality and what this means when meeting people's individual needs. The registered manager gave us examples of how consideration was given to people's individual, religious and cultural needs.

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

- People told us they were very well supported to make decisions about their care and support. We saw people deciding with staff how to spend their day, whether to join in the activities and where to eat their meals.
- The staff could explain how it was each person's choice what they wanted to do. For example, if they wanted to stay in bed.
- One person told us, "There is no pressure here we can get up when we like and do what we want to do".

Respecting and promoting people's privacy, dignity and independence

- Everyone we asked told us they were treated with respect and their privacy and dignity always maintained.
- The team gave us examples of the ways they promoted people's privacy and dignity. One said, "We always cover people before we help them with personal care."
- People were encouraged to maintain relationships that were important to them.
- Staff had received training on equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act.
- Relatives and friends were encouraged to visit and they told us they could visit at any time.

- A confidentiality policy was in place and the staff team understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's policy.

Is the service responsive?

Our findings

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

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

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

- The registered manager conveyed a constant commitment to improving and providing person-centred, high-quality care.
- The staff embraced the provider's vision for the service. Staff knew this meant to treat each person as a unique individual and as they would a family member.
- The staff team told us they worked together well as a team to provide care and support.
- The staff team knew people's individual needs and ensured good outcomes for people.
- The registered manager understood their responsibilities for learning lessons when things went wrong to ensure people were provided with good quality care.

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

- The service had its own newsletter and regular good news stories were shared in it. These often featured stories about activities, events and trips people had been involved in and celebrated.
- Staff told us how they could make their views known. One staff member said, "We have staff meetings every few months, 'The team get on really well and we all help each other and I wouldn't have a problem there is really good teamwork here.'" Another staff member told us "On the staff meetings agenda we are advised to bring up anything we want brought up" A further comment was, "We talk about any concerns and the manager will act on these."

Continuous learning and improving care

- The registered manager had a successful track record. They also constantly worked hard since our last inspection to improve services for people. For example, they had developed an improvement plan to further improve the quality of care plans, and to make sure all policies and procedures were up to date.

Working in partnership with others

- The registered manager worked in close partnership with commissioners of services, the local authority quality improvement team and other healthcare professionals. This meant people received safe care appropriate for their needs.
- The home was working with a local charitable organisation 'Tales of the Vale' initiative is part of a Forgotten Landscape, a large scale natural and cultural heritage project funded by the Heritage Lottery Fund, which aims to enhance community engagement, this has picture and sounds on a display for people to listen to and interact with. People were keen to attend a local history lecture on the day of our visit.

Is the service well-led?

Our findings

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

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

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