

Linkside Services Limited

Collingwood Care 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?

Good ●

Summary of findings

Overall summary

This inspection took place on 13 July 2016 and was unannounced. There were no concerns at the last inspection of June 2013. Collingwood Care Home provides accommodation for up to 21 older people. At the time of our visit there were 18 people living at the service. The provider was currently extending the home and was in the process of registering with the commission to increase the accommodation for up to 26 people.

There was a registered manager in post. 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.

The service was important to the provider, registered manager and staff team and they clearly wanted the best for people. One relative recently wrote to the home complimenting and thanking them for their services. They stated, "I have always been overwhelmed by the huge kindness and compassion shown by all staff especially the manager who has been a tower of strength through various challenges we have encountered. Thank you all for your help and support, the manager must be proud of her team".

People told us they were 'content, happy and settled' living at the home and we received positive comments about their experiences throughout our visit. There were no visitors present during our visit. However we read some recent written compliments the home had received from family members. Comments included, "Thank you for all the care, consideration and attention" and, "There is such a lovely feeling as you step through the door".

Staff wanted to keep people safe and protect them from avoidable harm. The registered manager listened to people and staff to ensure there were enough staff on duty to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service to help ensure that the staffing levels and skill mix was effective.

Staff had the knowledge and skills they needed to carry out their roles effectively. They attended training sessions and shared what they had learnt with colleagues. The provider, registered manager and deputy supported staff at all times.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. Staff had a good awareness of people's needs and treated them in a warm and respectful manner. The registered manager and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. People experienced a lifestyle which met their individual expectations, capacity and preferences.

Feedback from people, relatives and staff was a vital part of the quality assurance system, through annual surveys, 'residents' meetings and care reviews. They were listened to and action was taken to make improvements to their quality of life. The provider and registered manager monitored and audited the quality of care provided striving to meet the ever changing needs of people living in the home.

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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with the management of medicines.

Is the service effective?

Good ●

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Good ●

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to join in activities.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider were well respected and had communicated the vision and values of the service effectively.

Quality checks were in place to monitor and improve the service provided.

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in June 2013. At that time we found there were no breaches in regulations. This inspection took place on 13 July 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met and spent time with all 18 people living in the home and we spoke with four people. We spent time with the provider, registered manager, deputy and four staff on duty. We received feedback from three visiting healthcare professionals who regularly visit the service. There were no relatives available for us to speak with at the time of inspection. However, we did look at all the feedback they had given in the surveys they had completed in February 2016 and, compliments in thank you cards and correspondence. We looked at people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

The service was safe. Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Staff confirmed they attended safeguarding training updates and this was a good way to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. The registered manager told us how they monitored for signs of infection. If a person had fallen they reviewed the environment to see if risks could be eliminated for example moving furniture and reviewing walking aids and footwear.

Staff knew about specific risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these.

People we spoke with confirmed there were sufficient numbers of staff on duty 24 hours a day. People were able to request support by using a call bell system in their rooms. Staff were present in communal areas throughout the day to offer assistance. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.

The registered manager had commenced recruitment for new staff in light of an additional five people who would be living at the home following completion of the extension. This was to ensure the home was fully staffed prior to taking new admissions and that staff had received all relevant training and a thorough induction. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience during each shift.

The registered manager was supernumerary on each shift and available to offer support, guidance and hands on help should carers need assistance. Everyone covered vacant shifts rather than use agency staff. This was because it promoted continuity and consistency of care. The registered manager and deputy were on call after 5pm weekdays and every weekend.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been

completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed administering medicines until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed. One visiting health professional wrote to us and said, "Medication appears well organised and I feel confident that prescribed medications are given correctly. The manager is very quick to ensure recommendations from other clinical staff visiting their patients are passed on in a timely manner if new medication is needed."

The provider had taken steps to ensure that people who used or visited the service were safe whilst the extension building works to the home were being completed. Site barriers had been installed so that people were not able to access the sites and signage was visible to warn people of any danger. Provision had been made to avoid any obstruction in order to ensure emergency service had 24 hour access to the home.

Is the service effective?

Our findings

The service was effective. The registered manager listened to staff feedback about training they received which helped to ensure it had been useful and effective. Staff were supported with training in order to keep up to date with best practice, extend their skills, knowledge and in some cases their roles. Staff confirmed this and comments included, "I love the training and take every opportunity I can to access this" and, "I particularly enjoyed the dementia awareness course and it was very helpful and I found the topic fascinating". The provider felt investment in training was another way of valuing staff.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, continence and catheter care, person centred approaches to care and prevention of pressure sores. Staff provided feedback on all training received.

The service had a small, steadfast group of staff. They felt supported on a daily basis by the provider, registered manager, deputy and other colleagues. Additional support/supervision was provided on an individual basis. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences. The registered manager and deputy conducted practical observation sessions to help staff develop their practical skills, for example, medicine rounds and catheter care.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

People received a healthy nutritious diet and staff supported people when they needed to gain or lose weight. In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day. Mealtimes were flexible wherever possible and people were supported if they

wished to receive meals in their rooms. The dining room was popular with people and they enjoyed the social atmosphere of dining together. Menus reflected seasonal trends and meals that people had chosen were traditional favourites. People were asked if they enjoyed their food each mealtime and food topics were included in the "residents" meetings. The minutes reflected how satisfied people were and that they were able to influence any changes/preferences.

If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required. Food and fluid intake was recorded if required, so that any poor intake would be identified and monitored. People were weighed monthly but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. One visiting health professional wrote to us and said, "The home is always well prepared for my visit. There is always preparation in advance for visits including access to care plans, medication records and care records. The staff are well informed and up to date with knowledge of the residents. The manager is always available to talk to if required. I have a regular weekly discussion with the manager about any current concerns and we try and anticipate developing health problems".

People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

The home worked in partnership with the hospitals, community social workers, the community mental health and the frailty team. The registered manager told us they had found these resources and this level of expertise 'extremely useful when supporting people whose needs may have changed'. There were various examples where these referrals had helped support people and improved their quality of life in addition to maintaining their safety. One person's mental health wellbeing had recently deteriorated and they were presenting with psychotic episodes and some behaviours that staff were finding difficult to manage. Following assessment and guidance new medicines were being trialled and the person's condition had greatly improved.

Is the service caring?

Our findings

We read written comments received in surveys. People and their relatives wrote, "The staff are very friendly and also very willing to help me at any time", "It's always a pleasure to visit", "Thank you for all your kindness and care we are so lucky that our relative lives in such a lovely environment and is treated so well".

Staff were cheerful, motivated and seemed to enjoy their roles and responsibilities. They were committed to the people they supported. Visiting health and social care professionals wrote to us about their experiences with staff. Comments included, "At Collingwood, I felt staff were very attentive and caring and there was always a good atmosphere and a positive feel to the place", "Staff appear positive and dedicated to caring. They communicate with patients kindly and respectfully" and, "I've actually visited this care home on a number of occasions and found the residents extremely happy and pleasant. What I liked most was that the care given to residents appeared to be second to none".

The service promoted keyworker roles to encourage an enhanced personalised approach. The keyworker role provides a link between the service, the person and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. We discussed the keyworker role with staff and their views on the value of this system. Comments included, "To me it's about building a bond with people where they have trust and confidence in you and can tell you anything" and, "I like the keyworker role, it works well and you must be a good listener". People went shopping once a week to promote independence especially for those who have no relative or friend to purchase items for them. The provider told us, "Keyworkers work hard at providing care for each individual by working on a one to one basis. One resident enjoys going to a local pub for a meal and a pint of beer and enjoys going for a walk".

Staff were in the process of further developing personal profiles 'about me'. These were based on the 'This is me' profiles originally promoted by the Alzheimer's society. The information gathered lent itself to a person centred approach for any person who wanted to receive individualised care and is widely used in the care sector. People had taken time to provide details about preferred daily routines and what level of assistance they required. We saw information about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Important things included, being reassured and having a cuddle, having company and being with family. One staff member told us there was always opportunity to sit with people throughout the day, having a cup of tea, sharing news and a time to get to know people well.

The registered manager and staff were committed to ensuring people's night-time experiences were enjoyed as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night.

People were smartly dressed and looked well cared for. It was evident people were supported with personal

grooming and staff had sustained those things that were important to them prior to moving into the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and weekly hairdressing.

Throughout our visit staff supported people with kindness and compassion. Their approach to people was respectful and patient. It was evident that staff had fostered positive relationships with people that were based on trust and personalisation. Staff provided us with good background information about people's lives prior to living at Collingwood. This included family support and existing relationships. One staff member spoke with us about how relationships and contact was maintained, for example, looking through family photograph albums, sending cards and emails to their family and friends and by making phone calls. People invited their family and friends to social events, these were welcomed and attendance was very popular. Other acts of kindness included welcoming new 'residents' with fresh flowers in their rooms and a card made by people living at Collingwood during craft sessions.

Is the service responsive?

Our findings

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People were, 'very content' and, 'more than satisfied with the care and support they received'.

The registered manager or the deputy completed a thorough assessment for those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. Information from other written assessments for example hospital social workers were also considered.

When a person moved into the service pre-admission assessments were used to develop care plans based on the individual's needs. These care plans were reviewed and further developed during the first four weeks of admission. Plans captured a holistic approach to care and included the support people required for their physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes.

In addition to a monthly review, formal annual care reviews helped ensure people continue to receive support that was responsive and meaningful. Other key people were invited to contribute to the reviews and included family members, advocates, staff and social workers, where relevant. In addition to this, care plans were monitored and evaluated every month by staff to help ensure they were up to date with current needs and personal preferences. Short term care plans were written for those people with acute conditions for example chest and urinary infections.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records. Keyworkers wrote a monthly account with the people they supported. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

The registered manager gave some good examples where people's health and emotional wellbeing had improved since moving to the home. They felt that the staff approach, gentle encouragement, building up trust and confidence and making people feel special had a positive impact on people overall. One person had become socially isolated and had neglected themselves around personal care, skin integrity and poor nutrition prior to admission. Living at the home had improved their overall demeanour, they were feeling much happier about life and they were motivated each day to get up, washed, dress, eat well, enjoy company and join in. The family were very pleased with the results especially seeing their relative's improvement.

People were confident in their surroundings and with each other. The atmosphere in the afternoon was very

pleasant and people were doing their own things to relax and pass the time of day. Activities on the afternoon we visited included arts and crafts and jewellery making. Attendance was good and people were enjoying themselves. People were offered and provided with a range of activities, outings and things of interest. They handpicked what they liked to do or take part in. Activities were always included on the agenda at the 'residents' meetings, the minutes we looked at indicated that people were satisfied. Particular favourites for people included arts and crafts, games, reminiscence, quizzes and one to one interaction.

The service had a complaints and comments policy in place. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on. A reminder about complaints was included in the homes surveys. One relative recently wrote, "I cannot imagine needing use your complaints procedure considering the outstanding care you and your staff have given my mother since she joined you". There had been no complaints in the last year.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people and their relatives. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. People spoke openly about what they liked and didn't like and were encouraged to influence change. Examples where suggested changes had been recently respected included the provision of an additional grab rail in a bathroom and smaller portions at mealtimes for those with small appetites.

Is the service well-led?

Our findings

The service was well led. It was evident that the whole staff team were proud of the service and wanted it to be a positive experience and place for everyone. Their passion, knowledge and enthusiasm of the service and the people in their care was evident. The home had a longstanding positive reputation within the local community. Community health and social care professionals wrote to us and stated, "My opinion is that this is one of the best run homes I visit and one that I would be happy to have my loved ones live in", "I enjoyed going to Collingwood as they were always highly organised, efficient and welcoming and, "I've always found the care home to be well organised".

People told us they were 'delighted and very happy' living at the home. Written comments received from people and their relatives in this year's surveys include, "It's always a pleasure to visit, it's like a hotel service", "There's such a lovely feeling as you walk through the door" and, "There's a wonderful family atmosphere".

The registered manager felt supported by the provider. They told us they were encouraged to make decisions and implement change in order to improve the service. Both the registered manager and provider recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought the manager's views. In addition the registered manager told us the provider was, "On the ball, very interested in what was going on in the home, easy to talk to, and would always help and support when asked".

The provider had considered people living in the home and staff when making plans for extending the premises. This included larger bedrooms with en suite facilities, increased communal living space by way of an orangery, a consultation/treatment room and a larger laundry facility. They had fully supported the registered manager in taking measures to ensure a continued smooth running of the home specifically around additional staff recruitment, induction and training. In addition to this the provider had ensured that the existing home was in good repair/decor and to bring some areas 'up to date'. Last year all three bathrooms had been completely redecorated and refurbished with new bath and shower suites.

The provider spoke with us about their ethos on supporting staff. Staff wellbeing was paramount in helping to ensure they felt valued, empowered and supported. This approach had a positive impact both individually and as a team in addition to the care and support people subsequently received. The provider oversaw each appraisal at the end of the year and this was an opportunity to recognise and celebrate staff performance in addition to awarding staff for all their efforts. One member of staff told us, "I enjoyed my appraisal; it gave me the opportunity to explain how I was feeling, discuss my progress and plan for the year ahead".

The registered manager considered ways to improve the service and the care and support people received. They were currently piloting a time in motion exercise to review current practice, daily routines, what was working well and not so well. The intention of the pilot was to help identify where time management could be improved and how this would enable staff to spend more time with people living in the home.

Staff were very positive about the registered manager, their skills and leadership. Comments included, "She is extremely approachable", "You can trust the manager and she acts on things straight away" and, "She is conscientious in protecting residents and staff". One staff member told us, "Both the manager and provider are easy to talk to and make me feel at ease".

The provider and registered manager were knowledgeable about the people in their care, the policies and procedures of the service and they shared with us their views, aims and objectives. New initiatives and 'plans for the future' were in the PIR and we spoke with them about this during our visit. They wanted to continue to enhance the existing personalised approach of the service. They had a clear view on how this would be achieved and what it meant for people and staff. The home was also preparing to take part in a scheme with Avon telecare which is supported by the University West of England. The scheme will be considering the use of daily living aids which will support people living in the home, to enhance their way of life and help reduce the risks of harm.

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.