

Care UK Community Partnerships Ltd

Collingwood Court

Inspection report

Front Street
Chirton
North Shields
Tyne and Wear
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Website: www.careuk.com/carehomes/collingwood-court-north-shields

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

Collingwood Court is a large residential care home in North Shields. The service provides accommodation, care and support for up to 63 older people, most of whom have physical and/or mental health related conditions. They do not provide nursing care. At the time of the inspection, 59 people were using the service. 56 people lived at the service permanently and three people were staying on a short term basis for respite.

We last inspected the service in December 2016, at which time we found the provider continued to breach one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, related to safe care and treatment from their previous inspection in March 2016. Subsequently, the provider sent us an action plan setting out the improvements they had made to immediately rectify the issue. This inspection took place on 20 June 2017 and was unannounced.

The service had a registered manager in post. This was the same registered manager who was present at the last inspections. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in December 2016 we identified that the procedure around the disposal of unwanted medicines which had been removed from its packaging was both unsafe and untraceable. The staff we spoke with confirmed this was their working practice. We spoke to the registered manager about this issue and it was immediately addressed. By the end of that inspection, safe working practices had been implemented. At this inspection, we checked that these had been sustained and found that they were.

At this inspection, people told us they felt safe at Collingwood Court and relatives confirmed this. Staff were able to describe their responsibilities with regards to safeguarding vulnerable people from abuse and they had attended an awareness course.

We found staffing levels to be appropriate and people told us they were responded to promptly. Safe recruitment procedures were followed and pre-employment vetting checks continued to be carried out.

Company policies, procedures and reporting systems were used effectively to enable staff to provide safe and good quality care. Improvements to record keeping, noted at our last inspection, had been sustained. Care plans were thorough, personalised and up to date. Regular reviews and updates took place following changes to people's needs.

Accidents and incidents were recorded and reviewed without delay to enable the registered manager to monitor people's well-being and make referrals to external health and social care professionals as required. People had good access to specialists for on-going monitoring of their needs.

Emergency plans were up to date and the safety and maintenance of the premises continued to be monitored. The home was attractively decorated and was clean and tidy. There were elements of a 'dementia friendly' environment incorporated into the design of the home.

CQC is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements.

People were supported to maintain a healthy and well-balanced diet. Catering and care staff followed best practice guidance and they were knowledgeable about people's special dietary needs.

A corporate induction process was in place for all new employees and any staff new to the care industry also completed a robust induction process which measured their competency. All staff were regularly supported by senior staff and the registered manager through staff meetings, supervision and appraisal sessions.

Staff displayed kind and compassionate attitudes and treated people with respect. We saw staff gave people choices and their dignity and privacy was protected.

The registered manager had not yet filled a vacancy for a second activities coordinator which meant people may not always have access to activities which met their individual preferences. The current programme of activities included meaningful and stimulating activities which were mostly offered on a group basis, although some one-to-one support was given by the activities coordinator and care staff. The service continued to welcome families, friends and visitors into the home and supported people to maintain links with the community.

The registered manager held meetings with staff, residents and relatives to gather their feedback of the service. People and relatives told us they knew how to complain and would feel confident to do so. Complaints records showed the registered manager followed company procedures to record, investigate and respond to all complaints or concerns as necessary.

The registered manager maintained records which showed the quality and safety of the service was robustly monitored through daily, weekly and monthly audits.

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 ●

We found that action had been taken to improve safety.

Measures were now in place to ensure medicines were managed safely and consistently throughout the home.

These changes meant the provider was now meeting the legal requirements in relation to safe care and treatment of people.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The serviced remained good.

Is the service well-led?

Good ●

We found that action had been taken to improve the governance of the service.

Action had been taken to address an unsafe practice and to implement improved systems to ensure safety.

Improvements had been made to audits to ensure issues were identified and addressed.

Collingwood Court

Detailed findings

Background to this inspection

We carried out this comprehensive 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 20 June 2017 and was unannounced. The inspection team consisted of one inspector 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.

Prior to the inspection we reviewed all of the information we held about Collingwood Court including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters which the provider is legally obliged to inform us of.

We reviewed the action plan which the provider had sent us following our previous inspection in December 2016. We also contacted North Tyneside Council's contract monitoring team and safeguarding adults team, to obtain feedback about any recent interaction with the service. We did not ask the provider to complete a Provider Information Return (PIR) on this occasion. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with 19 people who lived at Collingwood Court and six relatives who were visiting at the time. We spoke with five members of staff including the registered manager, the deputy manager, a senior care worker and other staff in care and non-care related roles. A representative from the provider's organisation attended part of the inspection and we were able to talk with them about the improvements made at the service. We spent time observing care and support at various times throughout the day and we observed people engaging with activities.

We examined two people's care records in depth and we looked at the medicine administration records for six people.

We reviewed two staff records and we looked at a range of management records which related to safety and quality monitoring.

Is the service safe?

Our findings

At our last inspection of the service in December 2016 we found that the provider continued to be in breach of Regulation 12 which related to the safety of the management of medicines. This was a continuing breach of the same regulation which had been identified in a previous inspection carried out in March 2016.

In March 2016, we found that the provider had not ensured the proper and safe handling of some medicines. In December 2016, we found that although most of the issues had been addressed, appropriate arrangements were still not entirely in place for medicines which had been refused by people once removed from the packaging. We found the practice which had been adopted by staff throughout the home was both unsafe and untraceable. This meant there was no way we could be sure if people had refused their medicine or track what medicines had been destroyed because staff were inappropriately destroying the medicines themselves. We alerted the registered manager to this issue and she immediately took action to rectify the concern.

At this inspection we found that the immediate action taken by the registered manager at the end of the last inspection had been sustained. Staff had followed safe working practices which included, placing unwanted medicine into a disposal bag, labelling it, securely storing it and returning it to the pharmacy for destruction. We found all other procedures in place relating to medicine management were safe. For example, ordering, receipt, stock control, storage and administration. We reviewed six medicine administration records and found they were completed appropriately. This meant the legal breach of Regulation 12 had been met.

People told us they felt safe. This was confirmed by relatives. One person told us, "I am looked after here." Another person said, "I think I am looked after very well here." A third person told us, "I like it here, it's nice."

Safeguarding procedures were in place and staff were knowledgeable about what action they should take if abuse was suspected. They had all attended a safeguarding awareness course. There were no organisational safeguarding concerns with the service reported by the local authority. Records showed the registered manager followed the local authority's safeguarding procedures and had notified the CQC of incidents as necessary.

Risk assessments were in place to describe risks which had been identified through the assessment and support planning process. We noted that risk assessments covered people's specific needs such as moving and handling, falls, malnutrition and pressure ulcers. This meant that risks were reduced and action was taken which helped to keep people safe.

We reviewed the records held regarding accidents and incidents which had occurred in May 2017 and the action taken by staff. Accidents and incidents continued to be monitored, recorded and analysed. This meant staff took reasonable steps to further protect people from harm, for example which may arise from their on-going health conditions.

The building remained well maintained. This was confirmed by people, relatives and the staff. Checks and

tests continued to be carried out on the electrical installations, gas, water and fire alarm systems, to ensure the premises were safe.

We checked staffing levels at the service. There were enough staff to meet people's needs. Staff carried out their duties in a relaxed manner and had time to provide social and emotional support. Safe recruitment procedures were sustained. We reviewed two staff files which showed that thorough checks were carried out to ensure applicants were suitable to work with vulnerable people.

The premises were clean and tidy. Staff used personal protection equipment such as disposable gloves and aprons when attending to people's personal care needs and hand sanitizer was available in every room to minimise the spread of infection. The malodour noted in some areas of the home during our previous inspection had reduced and new flooring had been laid in places.

Is the service effective?

Our findings

People and relatives told us that staff effectively met people's needs. They told us staff knew what they were doing. One person said, "I am well looked after here, I had a lovely bath this morning." Another person said, "It's like being on holiday all the time, I have every comfort here."

The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The registered manager had completed DoLS applications in line with legal requirements.

Staff followed the principles of the MCA. Mental capacity assessments had been completed for specific decisions such as covert administration of medicines. Best interest's decisions had been made following consultation with healthcare professionals and family members. Staff sought people's consent before carrying out any care or support.

Staff told us that they felt equipped to carry out their roles and said there was enough training available. New staff had completed or were in the process of completing a robust induction programme. Records showed staff had completed training in key topics related to the needs of people who lived at the service, such as moving and handling, health and safety and dementia care. Staff received on-going support to with their roles and responsibilities through supervision, appraisal and staff meetings.

Staff maintained daily notes on the electronic care records system in order to maintain an effective communication system. The improvements to these records had been sustained. We reviewed some daily records and shift handover records and saw these were also completed to a good standard.

People were supported to receive a healthy and nutritious diet. People were complimentary about the meals. One person said, "We get good dinners, the food is good." Another person said, "The food's very good, and I can't say anything bad about this place." The meals were well presented and looked appetising. There were good portions and hot and cold drinks were offered at the tables. Tables were nicely set and the atmosphere was calm and pleasant. Staff showed patience and kindness while serving meals. Staff provided discreet one-to-one support to ensure people who were at risk of malnutrition or dehydration received sufficient amounts of food and fluids. We saw meaningful interactions and conversations between people and the staff during lunchtime and the staff encouraged people to go to the dining room. People were offered a choice of hot meals and lighter alternatives were also available.

People told us and records confirmed that they were supported to access external healthcare services. Records demonstrated that people regularly saw their GP, consultants, opticians and chiropodists. Details about visits and follow up actions for care staff were clearly documented.

The communal areas of the home were well designed and furnished to a high standard. There were elements of a 'dementia friendly' environment. Doors, walls, handrails and flooring were painted with contrasting colours and signage was appropriately displayed in words and in pictures. The home had plenty of outdoor space and a gardening area for people to use. The room which had been designed to mimic a 'pub' had been redecorated to provide additional space for activities.

Is the service caring?

Our findings

People told us the staff were kind and friendly. Relatives confirmed this. One person said, "When I came here, from living alone, I thought I had landed in heaven." Another said, "I am happy here, sometimes lonely, but I feel safe and happy." A third person told us, "It's a nice place; the girls [staff] are special and look after me." A relative said, "We are very pleased with the care, she is looked after very well."

The home's relaxed and welcoming atmosphere had been maintained and it continued to look homely. We observed staff treated people with kindness and compassion. Staff could explain individual people's needs and it was apparent that they knew people very well. Solid relationships had been established and it was apparent people trusted the staff who cared for them. We read more compliments which the registered manager had received about the staff and the service they delivered to people.

Staff respected people's wishes and their privacy and dignity was protected and promoted. We saw staff knocked on people's doors before entering and ask before entering. Staff spoke to people respectfully and patiently.

Care records contained information about people's preferences, likes and dislikes. They contained details about people's life history in order for staff to get to know people and read about what people liked to do or talk about. There were no restrictions on visiting and relatives and friends were warmly welcomed into the home.

The staff provided advice and guidance on local services which may be of benefit to people and their relatives. We saw information was on display around the home and leaflets were made available to people and relatives.

The home remained proactive in supporting people at the end of their lives. Although nursing care was not provided at the home, many people had been able to stay at the home until their death with intervention from external healthcare professionals. Records showed the service had encouraged people to discuss their end of life wishes to enable the staff to provide care which met with their wishes and preferences.

Is the service responsive?

Our findings

People told us the service was very responsive. We spoke with one person who had been staying on a short term basis but a permanent place had been made available. Their relative told us, "The care staff have been very supportive. They are getting first class care." Another person told us, "They [staff] are all very good."

The improvements to the care plans which we saw at our last inspection had been maintained. We examined two people's care records and found them to contain detailed care plans which were regularly evaluated and updated as necessary. Each care plan contained a current situation, expected outcomes and actions for staff to take. Monthly care plan reviews had been documented and we saw that people's care plans and risk assessments had been updated if their needs had changed or there had been an incident.

Daily care monitoring tools were used to record food and fluid intake, hourly checks on people's welfare, incidents and post-fall observations. We found this information continued to be well maintained. These records continued to be checked on a daily basis by a senior care worker which meant any action required was implemented in a timely manner. This showed that staff responded well to meet people's needs. The 'Resident of the day' reviews continued to ensure staff in all departments were involved in discussions about people's care and support such as, care, catering, domestic and activities.

An activities coordinator was in post but the registered manager was still attempting to recruit a second part-time coordinator to increase the activities provision and provide cover at weekends. This meant at present people's individual social and emotional preferences may not always be met.

At our last inspection we recommended the provider reviewed the activities provision. At this inspection, we found that the activities programme contained meaningful and stimulating activities which were mainly provided on a group basis. The activities coordinator and the care staff provided as much one-to-one support as they were able to. One person showed us her drawings and told us, "I really love the drawing class." Another person said, "There is always something to do, painting and music." There were pictures on display of activities going on in the home, including visiting ponies, singers and computer experiences. On the morning of our inspection visit, we saw the activities coordinator led a game of dominoes in the newly refurbished activities room with 4 people. Later, we saw the activities coordinator led a craft session which 8 people attended. Tea, coffee, cakes and cold drinks were served throughout the day which encouraged people to sit together and socialise.

We reviewed the complaints and issues raised with the registered manager since our last inspection and saw these were recorded, contained investigatory notes and an outcome. The complaints register had been kept up to date which allowed the registered manager to track and monitor trends. People and relatives we spoke with did not have any specific complaints about the service. Some minor issues which were shared with us were passed onto the registered manager to address.

Is the service well-led?

Our findings

At our last inspection we found considerable improvements had been made throughout the service, but one aspect of the service had not been thoroughly audited which meant staff had carried out an unsafe practice in relation to medicine management. This was identified as a continual breach of Regulation 12, Safe care and treatment. The issue was immediately rectified at that inspection and we found at this inspection that the new, safe system had been sustained.

Daily, weekly and monthly audits of the quality and safety of the service were carried out by staff and the registered manager which gave them clear oversight of the whole service. The regional manager conducted additional checks on behalf of the provider. An on-going service improvement plan was in place which the regional manager monitored for compliance. This meant that the provider also had oversight of the service.

The significant improvements we noted at our last inspection had been sustained throughout the service. Staff continued to use the electronic monitoring system to record and monitor the care and support people needed and received. Written records of incidents, falls, risks and complaints about the service were up to date and comprehensive. They fully described the occurrence, any subsequent investigations, action taken and an outcome including referrals to other services if necessary.

Communication throughout the home continued to improve, with the robust use of the electronic monitoring systems and detailed handover meetings, staff were fully updated with people's needs, changes and any action they were required to take. Through these systems and the improvement of the leadership within the service, the registered manager had ensured appropriate and timely action was taken to meet people's needs.

Surveys were carried out to obtain people's, relative's and visitor's feedback. Regular 'residents and relatives' meetings' were also carried out to ensure that people and their representatives were involved in the running of the service.

The registered manager was working in partnership with a local GP surgery on a volunteering project. This has enabled the service to have access to 15 vetted volunteers who visited the home to engage with people through conversation, activities and events. On the day of inspection we saw one volunteer visited a person in their room for a chat. This provided an opportunity for social stimulation. The volunteer told staff they would return on a regular basis to talk with people.

People, relatives and external professionals told us the service was well-led. One person said, "I get lots of help from the staff, I think it's improved a lot since I came here." Another person said, "I like being here, I like the carers, I like the rooms" and, "The staff keep coming in to see that I am all right."

The registered manager had been registered with the Care Quality Commission (CQC) to provide regulated activities since October 2011. This meant they had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is

run. Prior to our inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The registered manager had sent regular notifications of deaths or other incidents which had occurred at the home as they are legally responsible to do.

The provider was displaying their previous CQC performance ratings, both at the service and on their website, in line with legal requirements. This meant people who used the service and people who are looking for a suitable care home were made aware of the performance of the service.

We have found that the registered manager has continued to be proactive towards improving the service and had engaged with the CQC on a regular basis to keep us informed of their progress.