

Bupa Care Homes (ANS) Limited

Collingwood Court Nursing Centre

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Collingwood Court Nursing Home provides accommodation and nursing care for up to 80 older people, some of whom had dementia. There were 77 people using the service at the time of this inspection.

This unannounced inspection took place on 8 and 9 June 2015. The last inspection of Collingwood Court took place on 24 July 2014. We found the service was not meeting the regulations relating to the care and welfare of people, respecting and involving people, assessing and

monitoring the quality of service, and complaints. We asked the provider to take action to make improvements. They sent us an improvement plan. At this inspection, we found that the provider had made some improvements.

The service did not have a registered manager. The position was currently vacant. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Staff were not properly supported and supervised to ensure they were effective in their roles. Staff morale was low and staff told us that they did not have leadership and management support.

Record of incidents and significant events were not always maintained. Feedback we received from professionals raised concerns in the way referral forms for DoLS we completed. They did not always include relevant information which raised concerns about the level of staff knowledge on Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service obtained feedback from people about the quality of service provided. However, an action plan was not in place to address areas for improvement identified. Complaints were managed and responded to appropriately.

Systems in place to monitor and assess the quality of service did not always identify areas where improvements were required.

People received care and support in a safe way. The service identified risks to people and had appropriate management plans in place to ensure people were as safe as possible. Medicines were kept securely and people received their medicines as prescribed. Staffing levels were sufficient to safely meet the needs of people at the service

Staff were knowledgeable in recognising the signs of abuse and knew how to report it by following the provider's safeguarding procedures. Allegations of abuse were appropriately investigated and followed up on.

Staff had been trained in the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed and best interests decisions were in place where required. People were not unlawfully deprived of their liberty.

People had their individual needs assessed and their care planned to meet them. People received care that reflected their preferences and choices. Care plan reviews were held to ensure that the care and support people received reflected their current needs.

We observed that people were treated with dignity and respect by the staff. People told us they enjoyed the food provided and their nutrition and hydration needs were met.

Training programmes had been developed to ensure staff had the skills and knowledge to provide care to the people they looked after.

There were planned activities that took place to keep people occupied. People were encouraged to do as much as possible for themselves.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

We have made a recommendation about support and training for staff in relation to reporting, and recording.

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?

Some aspects of the service were not safe. Incidents and adverse events were not always reported.

Staffing level was sufficient to adequately and safely meet the needs of people.

Staff knew how to recognise signs of abuse and neglect and how to report it.

People received their medicines safely as prescribed and medicines were managed safely.

Risks to people were assessed and managed.

Requires improvement



Is the service effective?

Some aspects of the service were not effective. All staff members were not properly supported and supervised to ensure they were effective in their roles.

Consent was obtained from people before care and support was provided. People were not unlawfully deprived of their liberty.

People had sufficient to eat and drink and enjoyed the meals at the service. People received appropriate support with their health needs and benefitted from the support and advice from healthcare professionals.

Requires improvement



Is the service caring?

The service was caring. People told us staff were kind and friendly, and treated them with respect. People's preferences in relation to how they wanted to be cared for was respected.

Staff understood the needs of the people they cared for and supported them in line with these.

Good



Is the service responsive?

The service was always responsive. People received care and support which met their individual needs. Complaints were responded to appropriately and people were asked for their views of the service.

People were supported to follow their interests and participate in activities they enjoyed.

Good



Is the service well-led?

The service was not always well-led. There was no registered manager and deputy manager in posts. There had been high turnover of managers and staff told us it had affected their morale.

Requires improvement



Summary of findings

Staff told us that they did not always get the support and leadership they required to do their jobs. There were systems in place to monitor and review the quality of the service provided but these did not always identify areas of concern.

Collingwood Court Nursing 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 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.

This inspection was carried out by two inspectors, a specialist professional advisor 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. The specialist professional advisor was a registered nurse.

Before the inspection, the provider completed 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 plan to make. We reviewed the information we had received about the service which included notifications from the provider about incidents at the service. We also reviewed the improvement plan the provider sent us following our last

inspection and a report from the local authority monitoring team. We spoke with the contract monitoring officer from the local authority. We used these to help us plan the inspection.

During the inspection we spoke with 10 people using the service, five relatives and friends. We also spoke with the area manager, quality assurance manager, the manager managing the service, five registered nurses, seven care staff, one domestic staff and four visiting professionals. We looked at 10 care records, medicines administration record charts for people and 13 staff records. We also reviewed records relating to the management of the service including complaints, quality assurance reports and health and safety records.

We undertook general observations of how people were treated by staff and how they received their care and support throughout the service. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we spoke with a safeguarding and quality manager from the local authority.

Is the service safe?

Our findings

At our last inspection of 25 July 2014, we found that the service was not safe. People's care was not planned and delivered in a way that protected their health and well-being.

At this visit people told us they felt safe. One person said, "Yes, I feel very safe here, I really like this home..." Another person told us, "they look after me very well and I feel safe." A relative of a person also told us "Yes, [my relative] feels safe in here..."

The risks to people's health and well-being were identified and management actions put in place to reduce such risks from happening. People had assessments to identify whether they were at risk of developing pressure sores, falls, malnutrition, continence and mental well-being. There were action plans to manage risks that had been identified. For example, people who had or were at risk of developing pressure sores had pressure relieving mattresses and staff followed guidance to minimise the risk of it developing. Tissue viability nurses were involved in the treatment of people with pressure sore. Staff told us that they found the support from tissue viability nurses helpful and it has helped improved pressure ulcer prevention and management.

People at risk of malnutrition and dehydration were supported appropriately. For example, food and fluid intake charts were maintained and monitored. People were supported to eat and drink nutritious food at regular intervals to reach a healthy weight range. This ensured that people were supported appropriately to reduce risks to their health and well-being.

During the mid-morning tea round, we observed one person coughing seriously while having a drink. Staff told us that the person had swallowing difficulties and had been recommended to have thickened fluid and pureed diet but the person had refused to comply with the recommendation of the speech and language therapist (SALT). We checked their care record and it confirmed what staff had told us. Their care record showed that a mental capacity assessment had been carried out and the person was capable of making decisions with regards to their care and treatment. The risk management plan in place stated that staff should always supervise and observe this person while they ate and drank and encourage them to take small

bites at a time to reduce the risk of choking. We observed staff supporting the person as detailed on their management plan. However, we were concerned that a SALT or GP review had not taken place for over six months and a re-assessment of the person's capacity had not taken place to ensure the plan in place was still relevant. We spoke to the nurse in-charge about our concerns and they immediately arranged for a SALT and GP to reassess this person.

Staff did not always report adverse events or incidents so appropriate management plan could be put in place to minimise such risks from reoccurring. During our discussion with staff, two staff members mentioned two separate incidents they had dealt with relating to difficult behaviours from people that challenged them. We checked the incident log and these were not recorded. We saw that there was a system in place for reporting such incidents. We spoke with the staff members and they confirmed that they should have recorded them but did not. There was a risk that no action would be taken in order to minimise or prevent such recurrence. We spoke to the clinical lead and they told us they would work with staff to improve this.

We recommend that the service seek support and training for staff in relation to reporting and recording of incidents.

People received their medicines safely and medicines were handled in line with the organisation's procedure. We saw that only qualified nurses administered medicines and people's care plans detailed any allergies they had and the support they required to take their medicines. Medicine administration records (MAR) we reviewed were fully completed. Appropriate codes were used to show where required where people had refused their medicines or in hospital.

Medicines were stored safely and securely. Medicines were kept in a locked trolley and stored in a locked room when not in use. Medicines were organised and clearly labelled in the trolleys and were all within date. Medicines which required storage at a temperature controlled environment were suitably kept and the temperature monitored daily to ensure they were safely preserved.

Controlled medicines were kept in a secured and locked cabinet. Unused and expired medicines were collected by specialist contractor for safe disposal and a record was

Is the service safe?

maintained for this. Medicine audits were completed daily to ensure all medicines were accounted for. We reviewed the audit and the quantity in stock tallied with what had been administered.

People told us that their calls for help were responded to promptly and they received the support they required from staff. There were suitably qualified nursing and care staff on each shift to support people safely. Staff told us that they were usually enough on each shift to meet people's needs safely except on occasions where there emergencies in the home.

Staff did not seem rushed and we saw that they had time to engage with people in conversations. People who required individual care and support had staff allocated to them to provide individual care for them. We looked at the staff rota and saw that there was a qualified nurse on duty on each

unit at every shift who provided leadership to the team. Emergency shortfall on the rota was covered by bank or agency staff. We spoke to the area manager about how they planned staffing levels. They told us that they determined it based on people's dependency and occupancy levels.

The service had procedures in place to safeguard people from the risk of abuse and neglect. Staff demonstrated they understood the types of abuse; signs to recognise them and how to report it to the manager in accordance with the organisation's safeguarding procedures. Staff we spoke with felt confident to use the whistle-blowing procedures. We reviewed recent safeguarding concerns raised and saw that they had been investigated appropriately and were reported to the local authority safeguarding team and notifications sent to the Care Quality Commission as legally required.

Is the service effective?

Our findings

People and their relatives told us that staff looked after them the way they wanted. One person told us, “The carers really look after me well here. I have no problems.” Another person said, “Everything is alright here, no problems. They look after me very well and I feel safe.” A relative of a person using the service also told us, “Yes, I think it’s alright here for [my relative]. They look after [people] well and I’ve got no complaints at all...” Another relative said, “[My relative] gets what they want here. She is happy.”

However, we found that people were cared for by staff were not adequately supported and supervised to do their jobs effectively. The staff records for qualified nurses showed that they had not received supervision for more than a year. One nurse we spoke with said, “We don’t get any support. We don’t have opportunity to discuss concerns we may have.” Another told us “I am not supported in the role. I am stressed. We get information about the tasks that need completing but not about concerns we may have.” They told us that they had daily meetings with the leaders of other departments in the service but these meetings were focused on tasks for the day that needed to be done and did not discuss or address concerns individual staff may have at work.

We spoke to the clinical manager about staff concerns; they explained that this was due to the instability of managers in the service. There was a plan for staff to have clinical supervisions and have opportunity to address issues affecting their jobs. We were concerned that key staff members such as nurses were not getting regular support and supervision to ensure they provided quality and safe care to people. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records for care staff showed that they had meetings with their line manager regularly. This included group supervision sessions and clinical supervision. Care staff also confirmed that they got the support they required from their unit managers and they were able to discuss any area of concern with them which are resolved quickly.

The provider had developed a training programme for staff to ensure they had up-to-date knowledge and skills to carry out their jobs. Training records we looked at showed that staff had attended training in key areas such as infection

control, first aid, safeguarding adults, dementia awareness, communication skills, managing behaviour that challenges, health and safety; and medicine management training for all qualified nurses. Staff told us that they received training in their roles and had training to update their knowledge and skills when required. Staff had also received training in specialist areas such as diet and nutrition, pressure ulcer management, and palliative care. Staff stated that they had received training sessions from tissue viability nurses on pressure sore management they had appointed two members of staff as pressure ulcer champions to improve pressure ulcer prevention and management in the service.

Staff obtained permission from people before they provided them with care and support. We saw that people and their relatives had been involved in making decisions about their care and support. Care records we looked at showed that mental capacity assessment were completed where there were doubts about a person’s ability to make a decision and this was done with the person, their relative and a relevant professional. Record showed that staff had completed training in the Mental Capacity Act MCA (2005) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with explained the importance of ensuring people consented to their everyday care and support. We saw that risk assessment, and mental capacity assessment had been carried out and consent had been obtained from people, their relatives and relevant professionals before the use of bedrails and covert medicines were implemented. They were clear that people’s choices were the most important and if they had concerns about the choices people had made, they would report it to their manager for a best interests decision to be made.

The service made DoLS referrals to the local authority safeguarding team to ensure people’s rights were respected in line with relevant legislation. At the time of our inspection, there were eight people on the Deprivation of Liberty Safeguards (DoLS) and we found that the service was complying with the conditions of their DoLS.

The service supported people with their nutritional and dietary needs. People told us that the food was good. One person said “The food is okay.” And another person said “The food is good, I enjoy it.” People had food supplement drinks given to them as prescribed. At lunchtime, people were provided with choices of food and drink. People who required assistance were supported by staff. We saw staff

Is the service effective?

cut up food for people to make it easy for them to eat. Staff fed those unable to feed themselves and encouraged those who required prompting to eat. People who had their meals in their rooms were also given the support they required. People ate at their pace and staff supported them throughout their meal. People were provided with drinks and snacks throughout the day.

People were supported to access healthcare services they required. We spoke with a visiting healthcare professional and they told us that the service liaised with them in a

timely manner to ensure people's healthcare needs were met and followed recommendations made. Records showed visits from external health professionals including a dentist, speech and language therapist, podiatrist, tissue viability nurse, GP and palliative care team. The GP visited twice a week or as when required. Recommendations made by professionals were implemented. This showed that people received the intervention they required to manage their health and well-being appropriately.

Is the service caring?

Our findings

At our last inspection of 25 July 2014, we found that the service was not caring. People's privacy, dignity and independence were not always respected.

At this inspection, people told us the staff were kind, caring and respected their privacy and dignity. One relative told us, "The staff are really friendly and although we've just arrived we're pleased [my relative] is in here – we did look at other homes, but chose this home as the staff are so friendly..." Another relative said, "The staff are always friendly and we always have a laugh when I come in."

People were cared for by staff who treated people with respect, dignity and empathy. We saw that staff knocked on people's room doors and obtained permission before they went in. People were supported with personal care behind closed doors. Staff took their time to support people and did not rush them when completing a task. For example, we observed a staff feed a person who was unable to eat independently. They communicated appropriately and they were patient, allowing enough time for the person to eat at their own pace. We also observed staff support another person to transfer from their wheelchair to a chair. They gave the person gentle prompts and gave them the reassurance they needed. We observed positive interactions between people and staff throughout the day. Staff spoke with people politely and gently.

Staff demonstrated they understood the needs of the people they looked after. The care plans had detailed information about people's personal histories such as backgrounds, personal preferences and abilities. We

observed a staff member give feedback about a person's condition and progress to a professional. They did so confidently and as outlined in the person's care plan. Another staff member talked about a person's daily routine and triggers made them distressed and their behaviour challenging if the routine was not followed. We saw staff communicate with people using methods they understood. They used body language, eye contact and spoke to people slowly and in an appropriate tone. Staff told us that it was important they knew and understood the needs of people and how to care for them accordingly.

People were involved in making decisions about their day-to-day care and support. Staff asked people what they wanted to do and how they wanted it done. We heard staff ask people what they wanted to do after lunch, "where they wanted to sit?" and "Where do you want me to take you to now?" and they respected their requests. We saw that relatives had been involved in care planning where required. Staff told us that where possible they ensured that relatives had input in the process as it helped to tailor the person's plan to meet their needs.

The service provided end of life care to people who were at last stages of their life. People's care records detailed the care and support people wanted as they approached the end of life. This included people's decisions about whether they wished to be resuscitated and if they wished to be hospitalised or not. Records showed that people, their relatives and GP had been involved in planning this aspect of their care. The service worked with palliative care nurses to meet the needs of people at this stage of their life. Staff followed the plan agreed and communicated effectively with professionals involved where there were changes.

Is the service responsive?

Our findings

At our last inspection of 24 July 2014, we found that there was not an effective complaints system available and comments and complaints people made were not always responded to appropriately.

At this inspection, we saw that the service addressed complaints effectively. People and their relatives told us that they knew how to make complaint if unhappy with the service. The complaints records showed these were investigated promptly and action taken to resolve them. People who had made a complaint received a written response to concerns they had raised. We tracked some recent cases and saw that the service had taken steps to resolve the issues raised.

People provided their feedback to a survey report produced in May 2015. There were three areas noted which required improvements as stated on the report. These included promptness of staff attending to people's needs, respectfulness of staff attending to needs of residents and amount of information provided to people. At the time of our inspection an action plan had not been put in place to address these areas. We saw minutes of a meeting with people and their relatives which was held in March 2015. It discussed various areas of the service and gave updates on upcoming events. However, these meetings did not always happen regularly.

People's care and support was planned in a way that met their individual needs. Pre-admission assessments were carried out before people came to live at the home. This was done by qualified nurses. The assessment included people's histories, background, physical and mental health; social and personal care needs and preferences. The information gathered during the assessment process was used to decide whether the service could meet the person's needs safely. Care plans were developed according to

people's identified needs, preferences and how staff would support them to meet those needs. How people wanted their care delivered, when and by who were detailed in their care plans.

When we arrived at our inspection at 6.30am, we saw five people washed and dressed and seated in the lounge having a cup of tea. People told us it was they chose to get up early. One person said, "I get up at 5am and the night staff help me to wash and get ready for the day I like to get up early so that I'm ready at 7am for my breakfast." Their care plans also stated that they liked to get ready early in the morning.

People were supported according to their needs. We saw that the service had supported people appropriately to manage their weight. Three people who were losing weight rapidly had been referred to dietician and had food supplements prescribed which we observed staff encouraged them to take. Their weights were monitored weekly by staff and actions taken where required. People who had diabetes had input from their GP and specialist diabetes nurses to manage this. Records showed that staff were monitoring glucose levels and taking actions as required. Care plans were reviewed monthly or when required to ensure they were up to date and reflected people's needs. People told us that the staff supported them to achieve their goals. One person told us, "When I first arrived at the home I was using a walking frame, but the carers here told me to try and walk without the frame – look at me now, no frame, and I don't need it."

People told us that they enjoyed the activities which took place. There were planned activities that took place such as art and craft, day trips out, and film shows. We observed a story telling activity taking place on the day of our inspection. People were encouraged and supported to take part in it. People seemed interested and engaged. There was also exercise group which consisted of throwing a ball for them to catch. One person told us of their recent visit to the cinema and said they would like it to happen more regularly if possible.

Is the service well-led?

Our findings

At our last inspection, we found that the systems in place to monitor and assess the quality of service provided were not effective as issues were not always identified and improved.

At this inspection, we saw that there were various systems in place to monitor the quality of service provided. These included a monthly medicine audit, care plan audit and clinical audits where various aspects of people's care were reviewed such as pressure ulcer management, falls, diabetes, hospital admissions, safeguarding, documentation and accidents and incidents. We found that these audits did not identify issues. For example, had not identified that staff were not having regular support and supervision. The provider also completed a monthly provider review and an annual 'Home Review Audit' which covered areas such as finance and administration, safeguarding, maintenance, staffing, training, environment, and health and safety. We saw action plan from the last audits and they were being implemented.

There had not been a registered manager in the home for over one year. There was also no deputy manager in post. The manager and deputy manager of other provider homes were sharing their time between the homes they worked at and Collingwood Court on temporary basis.

Staff we spoke with talked about the lack of leadership and management direction in the home. They said the instability of managers had affected their motivation and morale in the job. One staff member said "We need a manager that will stay." Another said "We don't have the support we need to do our jobs. Basically, we just get on with it." And a third staff member said "No management, no leadership. We are not sure who to approach if we have problems. We just carry on just for the residents." We discussed these concerns with the area manager who told us that they had recruited a manager that will start in July 2015 and had planned a comprehensive induction for them to enable them settle quickly in the role so they can properly support staff to deliver their jobs effectively.

The health and safety officer from the provider carried audits which covered various health and safety issues such as fire, gas safety, electrical, repairs and maintenance. There was also a maintenance person who was responsible for day-to-day repairs and maintenance. The home was in good state of repairs and health and safety records were up to date.

The commissioning authority carried out regular monitoring visits and made recommendations for improvement. The recommendations from the most recent report in May 2015 were being addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff did not receive appropriate support, and supervision necessary to enable them carry out their duties effectively. Regulation 18 (2)(a)