

Collinson Care Ltd

Collinson Care Home

Inspection report

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30 October 2023
31 October 2023

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13 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Collinson Care home Ltd is a residential care home providing personal and nursing care to up to 29 people. The service provides support to adults, some of whom may be living with dementia. At the time of our inspection there were 27 people present in the service.

People's experience of the service and what we found:

People received safe care and were protected from abuse and the risk of abuse. Risk assessments were undertaken for known risks to people's care and support. These were reviewed regularly or when something changed. There were usually enough staff to meet people's needs. Staff were recruited safely including checks to ensure staff were suitable for their roles.

People received their medicines from trained staff. Medicines administration processes were followed and checks were undertaken regularly which reduced the risk of errors. Staff received training in infection prevention and control. Staff used personal protective equipment (PPE) when needed to reduce the risk of cross infection.

Staff reported and recorded incidents and accidents such as falls. Appropriate follow up action was taken. Regular analysis of falls took place so patterns or themes could be identified. Lessons were learned when things went wrong and improvements were implemented to reduce the risk of recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Audits were carried out to monitor the quality and standards within the service. The manager had effective oversight of all key areas and was aware of their regulatory responsibilities. This included informing the Care Quality Commission (CQC) of notifiable events and incidents. The management team worked openly and transparently for the benefit of people living in the service.

Staff provided positive feedback about teamwork with their colleagues and feeling supported by the management team. The manager had recently started in post and was well regarded by staff as well as people and their families. When any issues or concerns were raised, these were taken seriously and dealt with by the management team. People and their relatives knew who to talk to if they had any issues or concerns.

The staff team worked well with health and social care professionals to ensure people received care and treatment to meet their needs.

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

Rating at last inspection

The last rating for this service was Good, published 1 May 2018. A targeted inspection to review infection prevention and control practices was published on 9 February 2021, this did not provide a rating.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Collinson Care Home on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Collinson Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of an 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. The inspector visited the service on 30 October 2023. The Expert by Experience made phone calls to relatives on 31 October 2023.

Service and service type

Collinson Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Collinson Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The registered manager had recently moved to another of the provider's services. A new manager was in post and was preparing their application for registration with CQC.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 11 relatives of people who received support for feedback on their experience of the care provided. We undertook observations as some people could not provide verbal feedback to us. We spoke with 7 staff including the manager, operations manager, team leader, senior care staff and care staff. We also received email feedback from 8 staff and 1 health professional who works with the service.

We reviewed a range of records. This included 4 people's care records and multiple medicine records. We looked at 3 files in relation to staff recruitment and support. We looked at a variety of records relating to the management and running of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- The provider followed local safeguarding processes when needed. Staff received training in safeguarding and information was on display for everyone to refer to. A member of staff said, "Carers always report to the management if there are any concerns [relating to] the residents."
- All people and relatives we spoke with told us they felt people were safe in the service. A person told us, "Yes, I can certainly say that. I do feel safe here."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risk assessments were completed and reviewed regularly, or when people's needs changed. These included risks to people's care such as pressure damage or falls and health risks such as diabetes or blood thinning medicine.
- A range of equipment was used to support people's safety. For example, call bells and sensor mats to alert staff if people needed assistance. One relative said, "[Family member] has a mat by their bed which lets staff know when they get out of bed." Another relative told us, "They have always got somebody around to help people, there is always someone observing the (living) room."

Staffing and recruitment

- The provider operated safe recruitment processes.
- Checks were carried out to make sure staff were suitable and had the right character for their roles. This included references, identity verification and criminal record checks.
- Most feedback confirmed there were usually enough staff to make sure people's needs were met and the staff team were consistent. One relative said, "I see the same staff when I visit, they are all quite friendly. From listening to staff talk I can tell they know [family member] and spend time with them."

Using medicines safely

- People were supported to receive their medicines safely.
- Processes were in place to ensure people received their medicines on time and in the way they preferred. Staff received training and their competency was checked to support safe medicines practice.
- When medicines were given 'as needed', for example for pain relief, guidance was available for staff to follow to ensure the medicine was given for the right reasons and at the right dosage.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff used personal protective equipment (PPE) including gloves and aprons when needed. For example, when supporting a person with personal care.
- The service was clean and there were no malodours. A relative said, "The home always smells clean, that's a good measure of a home, that the home and residents are being kept clean."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Some relatives told us they rang ahead to inform staff of their visit, but all were aware they didn't need to and could visit freely.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Processes were in place for incidents and accidents to be reported and followed up. These were reviewed by the manager to ensure all appropriate actions were taken.
- Regular analysis of falls were undertaken which helped identify if there were any themes or patterns developing. The manager planned to start undertaking a similar analysis of other accidents and incidents.

Is consent to care and treatment always sought in line with legislation and guidance?

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

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

- The provider was working in line with the MCA. People had a range of MCA assessments and best interest decisions where necessary in their care records for specific decisions. For example, taking medicines or managing their own finances.
- Staff told us how they offered choices to people who lacked capacity or whose capacity fluctuated. For example, meal choices, what to wear or where people wanted to spend their time.
- We received positive feedback about staff respecting people's choices. One relative said, "Staff know [family member] and respect their wishes as best they can, they won't force anything, they give lots of encouragement."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had systems to provide person-centred care that achieved good outcomes for people.
- An open and learning culture was promoted in the service. We received a lot of positive feedback from staff who enjoyed working in the service and felt supported to do their roles well. For example, "The management is supportive, and the communication between staff and management is good. Overall, Collinson Care Home is a fantastic place to work," and, "I feel that everyone works as a team and pulls together when needed."
- People and relatives told us the management team were approachable and available. One relative told us, "I have spoken to [manager] and she has been very kind to me. She said it is much your home as it is your [family member's]. Anytime I've wanted to speak to her I've been able to, her door is never shut."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour.
- The manager worked in an open and honest way, including when things went wrong. One relative told us, "They let me know if there are any problems, they are on the phone straight away."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The manager undertook a range of quality assurance checks covering key areas of the service. This ensured issues were identified and resolved promptly.
- The provider was aware of their regulatory responsibilities. This included submitting notifications to external agencies including CQC as required and ensuring the CQC inspection rating was on display in the service.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People and relatives had opportunities to share their views. This included in resident and relative

meetings, and feedback surveys. Survey results were collated and analysed to identify any areas for improvement and follow up actions.

- Team meetings were used to share information with staff and as a forum to discuss relevant topics. Staff also participated in one-to-one supervision sessions to discuss their development and any support needs.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The manager was keen to drive ongoing and continuous improvements for the benefit of people living in the service and was supported by the provider to achieve this. They used a service action plan to log and track areas for improvement. For example, they had identified people's mealtime experience could be enhanced.
- People and their relatives were involved in regular reviews of their care to ensure improvements or changes could be made when needed. For example, "I was called in to go through [relative's] care plan, [manager] went through it all with me. It was very good, they know exactly how to look after [my relative]."

Working in partnership with others

- The provider worked in partnership with others.
- The staff team worked with health and social care professionals involved in monitoring and providing care and treatment to people using the service. This included regular meetings with the GP and a multi disciplinary team of professionals. This ensured timely health care support was accessed when needed.
- One health professional who regularly supports people living in the service told us, "I believe [people] receive excellent care. The staff at Collinson [Care Home] are very professional and it is a pleasure to work alongside them."