

Thurrock Borough Council

Collins House

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

We inspected this service on the 8 March 2016 and 10 March 2016. The inspection was unannounced.

Collins House is registered to provide personal care and accommodation for a maximum of 45 older people, some of whom may be living with dementia related needs. There were 43 people receiving a service on the day of our inspection.

A registered manager was 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 registered manager was supported by a deputy manager and team of senior care staff to ensure the daily management of the service.

The provider had effective recruitment procedures in place to protect people from the risk of avoidable harm. Staff were supported and received appropriate training which ensured they had the right skills and knowledge to meet people's needs. People told us the home was a safe place to live and that there was sufficient staff available to meet their needs. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. Accidents and incidents were recorded and monitored to identify and mitigate reoccurrence. There were safe systems in place for receiving, administering and disposing of medicines and people received their medication as prescribed.

Care plans were person centred and included people's preferences and individual needs. Care plans were regularly reviewed and people were involved in the planning of their care. Relatives were also invited to be involved in the review of their family member's care. People told us they were happy with the care and support they received; they were treated with dignity and respect and care was provided in a kind and caring way. People's nutritional needs were met and they were provided with a choice of meals. People received support to access health and social care professionals and services.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The registered manager was able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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.

People were protected from the risk of harm. Staff had received safeguarding training and knew how to keep people safe.

There were sufficient staffing levels to safely meet the needs of people.

People's medicines were safely managed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well supported and had the knowledge and skills required to fulfil their roles.

People were supported to eat and drink sufficient amounts and people enjoyed their meals.

People were supported to maintain good health and had access to healthcare professionals when they required them.

The registered manager had ensured appropriate applications had been submitted to the statutory authority in relation to the Deprivation of Liberty Safeguards. Staff had a basic understanding of the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff promoted people's independence and encouraged people to do as much for themselves as they were able to. People's privacy, dignity and independence were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care and support that was personalised to their individual needs. Care plans and risk assessments were reviewed regularly and updated when needs changed. Staff understood people's care needs and responded appropriately.

There were effective systems in place to deal with people's concerns or complaints.

Is the service well-led?

Good ●

The service was well led.

People who used the service and staff found the manager approachable and available. Staff felt well supported.

There were systems in place to seek the views of people, relatives, staff and stakeholders. Feedback was used to improve the service.

The service had quality assurance systems in place to ensure the service maintained its standards.

Collins House

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 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 the 8 March 2016 and 10 March 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including the local authority's monitoring report and statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with seven people who used the service, four members of staff, one volunteer, three health and social care professionals, the deputy manager, the registered manager and the provider. We looked at a range of records including four people's care plans and records, four staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "I was terrified when I first came here but not now I feel safe." Another said, "Its good here, I feel safe, the staff are good." A relative told us, "I know my [relative] is safe here."

People were protected from the risk of harm and abuse. Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protecting them from harm. The service had safeguarding and whistleblowing policies in place and staff had been provided with a 'Safeguarding Adults from Abuse' staff handbook. Staff we spoke with were able to identify the different types of abuse and what action they would take if they witnessed or suspected abuse. They were aware that they could report any concerns to outside authorities such as the Care Quality Commission (CQC) or the local authority. One staff member told us, "If I had any suspicion someone may be at risk I would report straightaway to my line manager or duty manager. We have a whistleblowing policy and I would [whistle blow] if something wasn't being addressed."

Risks to people's health and safety were well managed and staff had been trained in various topics which included fire safety, emergency first aid and moving and handling. Risks to people's individual safety had been routinely assessed, managed and regularly reviewed. Care plans included a variety of assessed risks to people such as mobility, pressure sore management, choking and moving and handling. Where risks had been identified staff had, where possible, managed these without restricting people's choice and independence. Accidents and incidents were recorded and monitored to ensure hazards were identified and reduced. For example where it had been identified a person had an increased number of falls; their risk assessment had been reviewed and appropriate actions put in place such as a referral to the falls clinic. There were processes in place to keep people safe in the event of an emergency. The provider had a contingency plan in place and staff understood what they should do in emergency situations and had access to a list of contact numbers to call which included the provider's senior management team. The service had an 'emergency grab bag' which contained relevant information and equipment should people need to be evacuated from the building.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. The service employed a handyperson who carried out repairs as and when needed. The registered manager and provider told us that funding had been secured to undertake a programme of works to refurbish people's rooms; these works were due to commence in the new financial year.

There were sufficient staffing levels to meet people's needs. People told us they felt there were enough staff and that they did not have to wait long for support. One person said, "I don't have to wait too long when I press my call bell." Comments from staff regarding staffing levels included, "We were short staffed and it was a strain especially if we were doing overtime but they have employed more staff and they are on board and learning the ropes. It's relieved the pressure," and, "Most of the time there's enough staff. Sometimes we [staff] are stretched you can never have enough staff". The registered manager told us they had experienced

staffing issues and had addressed this by setting up a bank of staff. They had also created additional shifts to support staff at busy times. The registered manager and the provider told us they would continue to review the staffing structure to ensure the service could meet people's assessed needs effectively and safely. Our observations were that there were enough staff on duty on both of the days when we inspected the service. People were relaxed and staff were not rushed.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and right to work and seeking references. The recruitment records we looked at confirmed that appropriate checks had been undertaken and that the provider's recruitment processes had been followed.

People received their medicines safely and as prescribed from appropriately trained staff. We carried out a random check of the medication system and observed a medication round. We found that the medication administration record sheets (MARS) had been completed to a good standard. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Training records confirmed that staff designated to administer medication had received appropriate medication training and had regular competency assessments, which included observations of practice, by the deputy manager. There were policies, procedures and guidance documents available to staff to support them in the safe management of medicines. The temperatures of the medication room and fridge were recorded daily to confirm the temperatures were within safe limits. Regular medication audits were undertaken by the registered manager and deputy manager.

Is the service effective?

Our findings

People received effective care and support. People we spoke with told us they were happy with the care provided. People's relatives also told us they felt the staff had the necessary skills and knowledge to care for their family members.

Staff told us, and records confirmed that they had received an induction programme which included an orientation of the home, getting to know people, fire safety procedures and reading the provider's policies and procedures. Staff told us they had shadowed more experienced staff before working on their own. One member of staff said, "I did four shadow shifts. I was asked whether I wanted to do more but I felt comfortable and confident to work on my own. The shadow shifts were good as they gave me an opportunity to get to know people and gain information about people's care from other staff." The registered manager told us that all new staff were required to complete the Care Certificate. The Skills for Care - Care Certificate is an assessment based learning programme which aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff had received appropriate training to support people and meet their individual needs. Staff told us and records confirmed that they had received relevant training in order for them to fulfil their duties. Most staff had completed, or were in the process of completing, a relevant health and social care qualification. Additional support was provided to staff to complete their training by the provider's training officer who visited the service each week. One staff member told us, "I am doing my NVQ Level 2 and I know [name of training officer] is there for support if required."

Staff told us that they felt supported and valued by the management team and received regular supervision and had an appraisal in place. Records we looked at confirmed regular supervision meetings had taken place where staff had the opportunity to discuss their responsibilities and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff had a basic understanding of the key principles of the MCA. We identified that not all staff had received training on MCA and DoLS. We discussed this with the registered manager who immediately arranged for staff to receive appropriate training/refresher training. Assessments had been undertaken of people's capacity to make decisions and the registered manager was aware of their responsibilities with regard to DoLS. Where people had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. People told us they were asked for their consent to care. One person told us, "Staff always ask for my consent before they do anything." Throughout our

inspection we observed staff asking for people's consent, and giving them time to respond, before giving assistance.

People were provided with sufficient food and drink to meet their needs and maintain a balanced and healthy diet. Where required, people's dietary needs had been assessed and their food, fluid intake and weight had been monitored to ensure that their nutritional intake kept them healthy. One person told us, "I get enough to eat and plenty to drink. They [staff] will suggest something else if you don't like what's on the menu; I had a beautiful Sunday roast this week." We observed the lunch time meal and saw that staff encouraged and supported people to eat their lunch. Some people were supported to make their meal choice and a pictorial menu card was used to aid communication. Where people were being supported to eat their meal, staff did so sensitively. People enjoyed a pleasant relaxing mealtime experience and we observed people chatting freely with each other and with the staff.

People were supported to access healthcare as required. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. The service had good relationships with healthcare professionals such as occupational therapists, speech and language team, mental health nurse, community nursing team and GPs. Regular meetings were held with the community district nursing team where people's healthcare needs were discussed such as pressure sore management. The registered manager told us these meetings were invaluable and ensured people's healthcare needs were being met appropriately. One healthcare professional told us, "On the occasions that I have been required/requested to visit I have found the staff friendly and responsive to discussion surrounding people's healthcare needs." Another said, "Staff know residents well, are always well informed and able to provide any requested information to me. They also contact me if they require any guidance or support."

Is the service caring?

Our findings

People told us that the staff were kind and they were well cared for. One person said, "I give them 10 out of 10, they're brilliant. The girls stop and talk to you and ask if you are ok. Nothing seems too much trouble." Another person told us, "Its A1 here, the girls are diamonds they look after you."

One relative said, "I can't fault them [staff]. They were really helpful when [relative] moved in, we were made to feel welcome, and nothing was too much trouble. They even offered to put up shelves for us."

Staff had positive relationships with people that respected their individuality. During our inspection we observed staff being caring and kind in their approach to people and they were sensitive to each person's individual needs, giving reassurance where needed and encouraging people to do as much as they could themselves. We saw staff spending time to chat with people. They addressed people by their preferred names and spoke to people politely and engaged in appropriate light hearted conversations which created a relaxed and pleasant atmosphere. One member of staff told us, "I love looking after people. If I get a war book out [name of person] face lights up, I bring in my dogs sometimes too they [people] love it. Seeing people happy makes me feel good; that they got that enjoyment makes my day that's what we are here to do."

Staff we spoke with were knowledgeable about the individual needs of people. They were able to tell us about people's likes, dislikes and choices as well as information about their past. Staff told us that they were able to support people effectively because they knew about their background and this information often helped to support people if they became anxious or distressed.

People were supported to maintain their independence. One person told us staff were supportive and responsive when helping them with personal care whilst still allowing their independence, "Staff encourage me to remain independent. They notice things I don't (and then take the appropriate action)." A member of staff said, "It's important for people to maintain their dignity and independence and that we do all we can to support this, we should not do things for people otherwise they will start to lose their independence."

People told us that staff helped them with their personal care and appearance. During our inspection we observed people being assisted with their personal care needs in a way which respected their dignity. People were able to access a visiting hairdresser each week, one person told us, "The hairdresser comes in and I feel so much better when I've had my hair done". The registered manager told us, "We encourage staff to become dignity champions this ensures dignity is understood and promoted." This demonstrated that the service was committed to ensuring people's dignity was respected and promoted.

People's diversity needs were respected and included in their care plan. People were supported to access religious support if they required this and the registered manager told us that parsons visited the service. People told us they were able to make their own choices and how they wished to spend their time; for example people could choose where and when they ate their meals, when they wanted to get up and go to bed and whether to have their doors open or closed. One person said, "They [staff] are very respectful of my choices." During our inspection we observed people being offered choices.

People were supported to maintain contact with friends and family and told us they could receive visitors at any time. There were several areas within the service where people could receive their visitors and have privacy.

Some people had advanced care plans in place. Advance care plans record people's preferences when they near the end of their lives. The care records we reviewed had Do Not Attempt Resuscitation (DNAR) forms in place which had been completed correctly.

We saw letters from relatives thanking staff for the care their relatives had received. One letter read, "We were most impressed with the cleanliness of the home and residents, the quality of care and the lighter touches which were indicators that staff really cared for the residents." One healthcare professional told us, "Collins House is a care home where people will receive the best care that is possible from individuals who care". Another said, "Staff are professional and provide a good quality of care, I have nothing negative to say."

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals which included looking after their social interests and wellbeing.

Each person's needs had been fully assessed before they moved into the service and relatives had been involved in the assessment process. One person said, "I was asked a lot of questions before I came here and I have a care plan which I signed." The care records we reviewed included a pre-admission assessment of needs, risk assessments and an individualised care plan. People's care plans contained information specific to the individual and included information about all aspects of support; for example information on people's past, interests, likes and dislikes, night time care, mental health needs and continence care. Staff understood people's needs and delivered personalised care; they told us there was enough information in the care plans to enable them to effectively meet people's needs. If an individual's needs changed these were discussed at daily handover meetings and recorded on the person's daily notes. This ensured staff were informed of any changes to people's care needs. People's care needs were reviewed regularly and where possible people had been involved in making decisions about their care and support. Relatives were invited to partake in the review process.

The service employed two activity co-ordinators and people were supported to follow their interests and take part in social activities. The activity co-ordinators were supported by a volunteer who came into the service each week. There was a varied programme of social activities available to people that included knitting, reminiscence, card games, bingo, chair exercises and pampering sessions. External entertainers also came to the home. Activity timetables and forthcoming events were displayed throughout the service. Comments from people about the activities included, "I went to the physical class; we had lots of laughs, it was fun. I also go to the coffee morning," and, "We had a good singer the other day it was brilliant, all the good old songs, I really enjoyed it."

People's views were listened to. Regular resident meetings were held which provided an opportunity for people to share any concerns about their care, discuss planned events and activities, fundraising, menus, staffing and general day to day management. There were notices displayed around the building informing people of meeting dates and times. The service also sent out annual surveys to people and their relatives to gather their views on the service provided and any suggestions for improvement. The last survey was carried out in April 2015.

The provider had a complaints policy in place for receiving and dealing with complaints and concerns. Information on the complaints procedure was available in the main foyer and was also contained in the information guide which was provided to people. Staff knew about the complaints policy and told us they would notify their line manager or the registered manager if anyone had a concern or complaint. People we spoke with told us they had no reason to complain but if they had any concerns they would speak to staff. They told us they felt confident they would be listened to and would be taken seriously. Records confirmed that complaints had been dealt with appropriately and responded to quickly.

Is the service well-led?

Our findings

The service had a registered manager. Both the registered manager and the deputy manager were visible within the service and knew people well. Staff told us that they were supportive and approachable. One staff member said, "No question is a stupid question. [Names of registered manager and deputy manager] are very approachable and you can always go and speak to them." Another said, "It's very open and honest we are all aware of everything that's going on. I have a good working relationship with the team and know what is expected of me. Management are very supportive and I can ask them anything." A healthcare professional told us, "The manager has always been approachable and any requests raised have been effectively dealt with within the home."

Staff demonstrated a strong commitment to providing a good standard of care to people and knew how to communicate any changes in people's needs. People and their relatives told us they were happy and satisfied with the care provided. The service actively encouraged involvement from people. Monthly resident meetings took place which provided people with an opportunity to discuss a range of topics and put forward ideas. We noted from the minutes we viewed that if any suggestions were unable to be implemented a full explanation was provided to people as to the reason why. The manager also gathered feedback on the service through the use of resident, relatives, stakeholder and staff surveys; feedback from these was analysed and an action plan developed to address any issues or to implement suggestions. We looked at the results of the 2015 surveys and noted most of the responses were positive. This demonstrated that the registered manager was continually striving for improvement and ensuring the service delivered good quality care.

People benefited from staff that felt supported, valued and listened to because they were confident in their roles and responsibilities and delivering good care to people. They understood their roles and responsibilities in relation to people and their care. For example, staff understood how to raise any concerns both with the provider and to external organisations such as the Care Quality Commission. Staff received regular supervision and had regular team meetings. We saw minutes of team meetings and noted there were opportunities for staff to discuss any issues or concerns such as changes to people's support needs and care practices. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service.

The service worked in partnership with health and social care professionals to continually improve the care people received at the service. Regular meetings were held with the community nursing team and staff regularly sought advice from health and social care professionals; this was recorded in people's care plans.

People's personal information was protected to ensure confidentiality. Personal records were stored in a locked office when not in use but they were accessible to staff when needed. Computers were password protected to ensure confidentiality.

The registered manager had a number of quality assurance systems in place for assessing and reviewing the quality of care people received and continually improve the service. Regular audits were undertaken for

example of people's care plans, medication management and health and safety. However, we identified that from December 2015 no monthly medication audits had been completed. We discussed this with the registered manager and deputy manager who told us the audits had lapsed due to the lack of administrative support, high levels of staff sickness and the implementation of new computerised systems by the provider which had impacted on their workload. The deputy manager confirmed that no medication errors had occurred since December 2015 as senior managers' were responsible for reporting any medication errors immediately to her. The provider told us that the administrative support function had been provided by an external organisation and the contract with them was in the process of being terminated. The provider was responsive to our concerns and confirmed that they recognised the impact of these issues on the service and informed us they would be putting in additional support. The registered manager told us that interviews for the administration support posts were being held during the week of our inspection. The registered manager had also developed a bank of staff to avoid future staffing issues. Following our inspection the registered manager confirmed a medication audit had been completed.

A quality monitoring report by the local authority undertaken in July 2015 for the service showed that a score of 94.9% had been achieved which evidenced a good service was being provided to people. Following the local authority's inspection we saw that the provider had developed an action plan for the completion of recommended actions.