Collinson Care Ltd

Collinson Care Home

Inspection report

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Date of inspection visit: 20 November 2014
Date of publication: 23/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection on 20 November 2014 and was unannounced.

The service provides accommodation and personal care for up to 29 older people, some of whom may be living with dementia, mental health issues and physical disabilities. On the day of our inspection, there were 22 people supported by the service and three others were in hospital.

At the last inspection on 14 May 2014, we had told the provider to make improvements to ensure that there were sufficient night staff to provide care safely, particularly when people were awake and in communal areas in the morning. Although we saw that additional were available when necessary, we found the provider had not recently reviewed the staffing levels to reflect the changes in the needs of people who used the service.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. At the time of our inspection, there was a new manager in post and they had commenced the process to register with the Care Quality Commission.

People's needs had been assessed, and care plans took account of people's individual care and treatment needs, preferences, and choices.

People were not always supported to pursue their hobbies and interests.

People were supported to have sufficient and nutritious food and drinks and to access other health and social care services when required. They were also enabled to maintain close relationships with their family members and friends.

There were risk assessments and systems to safeguard people, so that the risk of harm to people could be minimised. Medicines were managed safely.

The staff had received appropriate training and support, and they understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The provider had effective recruitment processes in place.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to enable them to improve the quality of the service.

The provider did not always effectively use their quality monitoring and environmental risk management systems to effectively drive improvements.

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?

Requires Improvement

The service was not always safe.

The staffing levels and skill mix did not always reflect the changing needs of people who used the service.

Environmental risk management systems were not always used effectively so that prompt actions were taken to rectify identified issues.

Staff were recruited safely and trained to appropriately meet people's needs. They had guidance to enable them to raise concerns.

Is the service effective?

Good

The service was effective.

The requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards were met.

People were supported to have enough and nutritious food and drink.

The staff had received regular training to enable them to effectively meet the needs of the people they supported.

Is the service caring?

Requires Improvement

The service was not always caring.

Interactions between the staff and people were respectful.

The staff protected people's privacy and dignity.

The staff did not always engage with people in a way that promoted positive relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs had been assessed and appropriate care plans were in place.

The service did not always enable people to pursue their hobbies and interests.

People's complaints were handled sensitively, and action was taken to address the identified issues to the person's satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager was very new to the service and had not had sufficient time to fully identify and make the necessary improvements required to provide good quality care.

Summary of findings

Quality monitoring systems were not always used effectively to drive improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service.

Collinson Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 20 November 2014, and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience, whose experience was in the support of a person living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 other information we held about the service, including notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with eight people who used the service, three relatives, five care staff, one domestic staff, the chef, the manager and the provider. We also observed how care was being provided in communal areas of the home.

We looked at the care records for seven people who used the service, and the files of two care staff to review the provider's recruitment processes. We also looked at the training information for all the staff employed by the service and information on how the quality of the service was monitored and managed. These included a review of the records in relation to complaints, incident and accidents, and quality monitoring processes.

Following the visit to the home, we spoke with three health and social care professionals to obtain their views about the quality of the care provided by the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection on 14 May 2014, we had found that two night staff were not sufficient to safely support people who were awake early in the morning and wanted to get up before the day shift commenced. The action plan we received from the provider stated that an additional member of staff had been introduced to work from 6am each day to provide the required support. They told us that they would also review staffing numbers regularly. Although the rotas showed that they had not consistently followed this action plan, there was no evidence that this had a negative impact on the care people received. The manager told us that the additional staff had been rostered on duty when required, but this had not been necessary lately because people did not wake up early during the colder months of the year.

Some of the people said that there were not sufficient staff at night and during shift changeover times, including a person who said that they had to wait longer to be supported during these periods. However, this was not the view of everyone we spoke with as one relative said, "I think there are enough staff. There are only two at night, but I am not aware of any problems." Another said, "There are enough staff, although they are very busy."

The staff also had varying views about the staffing levels. One member of staff said, "There are normally enough staff during the day. Some staff have left recently, but new staff are coming in and we use bank and agency staff when required." One member of the night staff said, "Two staff are enough to support people we have at the moment, we will need three if the home is full. We have someone on call daily and they always support us with any emergencies." However, another member of staff felt that they needed additional support before everyone was settled in bed and in the mornings, if some people chose to wake up early. They also said, "We found it helpful when the manager or team leader came in early to help us in the morning. Not many people wake up early now, but we would not be able to look after them in the lounge if we were helping others."

The provider acknowledged that they had vacancies and showed us that they were currently recruiting new staff so that people were supported by a regular and consistent group of staff. They told us that in the meantime, they used agency staff to ensure that there were sufficient staff to support people safely. Although we observed that people were being supported safely during our inspection, we did not see any evidence that the provider had re-assessed the staffing numbers, skills and experience the staff required to appropriately support people who had been admitted in recent months with advanced dementia and other complex needs. We discussed this with the provider and they assured us that they would review these issues so that people were not put at risk of receiving unsafe care.

We looked at the recruitment files for two care staff and saw that the provider had effective recruitment processes in place. We found that appropriate pre-employment checks had been undertaken, including obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed .

People told us that they felt safe living at the home. One person said, "I enjoy living here. It's very nice and I do feel safe." Another person said, "I can lock my bedroom when I'm out to protect my belongings, but I have never felt the need to lock myself in at night." The relatives we spoke with told us that they had no concerns about their relatives' safety. People also told us that they would speak with the care staff or the manager if they had any concerns or felt unsafe. The provider had guidance for the staff to enable them to raise any concerns they might have about people's safety and they had also received relevant training. We observed that the staff understood their responsibilities in relation to safeguarding people and they knew the procedures for reporting any concerns they might have, including to external organisations, such as, the local authority and CQC. Our records showed that the provider reported any concerns appropriately and they undertook any action required, when advised to do so by the investigating local authority.

People had relevant assessments in place to address identified risks such as, falling while mobilising independently, pressure area damage, and poor food or fluid intake. These gave guidance to staff on how risks could be minimised and people supported to remain as independent as possible. We also saw that each person had a Personal Emergency Evacuation Plan (PEEP) that identified the support they would require to ensure safe support and evacuation in the event of an emergency.

We found the provider had systems in place to manage the risks associated with the day to day operation of the

Requires Improvement

Is the service safe?

service. However, we found these were not always used effectively so that prompt action was taken to rectify identified issues. We saw that three lights that were not working along the stairwell had not been recorded in the maintenance book to ensure that they were replaced promptly. This area was dimly lit and posed a trip hazard if people wanted to use the stairs. However when we pointed this out, the provider took immediate action to ensure that the light bulbs were replaced. We also noted that the maintenance staff did not always indicate when outstanding repair work had been fully completed. We noted that the provider recorded and analysed any incidents and accidents that occurred at the home, so that they learnt from these and took appropriate action to prevent them from reoccurring.

We observed medicines being administered and saw that these were managed safely, and people received their medicines as prescribed. The medicine administration records (MAR) had been completed appropriately, apart from one date where there were some gaps on the MAR. However, the provider had identified the omissions and had checked to ensure that the medicines had been given. Appropriate action had also been taken so that the staff member who had been responsible for the errors would improve their future practice. All prescribed tablets were in blister packs that were colour coordinated to match the administration times on the MAR.T he staff told us that this had significantly reduced the risk of medicine administration errors. We saw that there were systems in place for ordering, storage and disposal of medicines that were no longer required. The manager showed us a book where they recorded the medicines to be returned to pharmacy and we saw that the person who collected these also signed to confirm that they had been collected. This was necessary for the provider to assure themselves that these had been disposed of safely.

Good

Is the service effective?

Our findings

We saw that people's consent was sought before any care or support was provided, as the staff explained what they were doing and gave people time to agree to the support being offered. Where people did not have the capacity to consent to their care, we saw that mental capacity assessments had been completed in line with the requirements of the Mental Capacity Act 2005 (MCA) and the decision made to provide care in the person's best interest was documented in their records. The provider was aware of their responsibilities under the MCA and in relation to the Deprivation of Liberty Safeguards (DoLS). We saw that they had taken steps to apply for authorisations from the local authority for some people to ensure that they were appropriately protected under DoLS. The staff had been trained and they understood their responsibilities in relation to MCA and DoLS. One member of staff said, "We always assume that people have capacity and we support them to make decisions as much as possible."

The staff also completed other relevant training including dementia care, care planning, person centred care and risk assessment to enable them to provide care that appropriately met people's needs. People told us that the staff understood their needs and knew how to support them to maintain their health and independence. We saw that some of the staff were enrolled on a Level 2 or 3 of the Qualifications and Credit Framework (QCF) course in health and social care to enable them to gain a recognised care qualification. One of the staff we spoke with said, "I have the training I need to do my job. Sometimes people we support may be challenging, but I had the training to help me diffuse difficult situations." A relative of one person said, "I don't have any concerns about my [relative]'s care and the senior staff are always approachable if I need any information." The staff told us that they had regular support, supervision and appraisals to enable them to effectively carry out their role and we saw evidence of this in the records we looked at. We observed that the staff understood people's needs and they showed that they had the right skills to provide the care and support people required. For example, we saw that a person whose needs meant that they remained in bed for the majority of the time, was supported to reposition themselves regularly to reduce the risk of them developing pressure area damage to the skin. The staff understood that the also person required sufficient fluids and food to maintain their wellbeing and skin integrity.

People told us that they enjoyed the food and a number of them mentioned the effort the chef had made on many occasions to provide an alternative meal if they did not like what was on the menu. One person said, "The food is very nice.", but another person said, "I don't know what the food is like, I don't eat very much." However, the records we saw indicated that the person was eating regularly and had not lost any significant weight. One of the relatives we spoke with said that their relative enjoyed the food and they visited the home regularly to support their relative to eat because they wanted to be involved in their care. Another relative said, "The food looks good." The chef told us that they asked everyone what they wanted to eat just before they started preparing the meals, adding, "Some people tend to forget what they have selected if they are asked too early."

We observed a lunchtime meal and saw that most people chose to eat in the dining room, with only four remaining in their bedrooms. We noted that people were supported to have sufficient food and drinks and three people had different meals from those on the menu. One of those people said, "The chef knows what I like and spoils me." However, we observed that the staff did not always check if people still wanted the choice they had made earlier and they gave drinks to a number of people without asking what their preference was. People's care records indicated that where people were deemed to be a risk of not eating and drinking enough, the provider monitored this. They kept a record of how much the person ate and drank on a daily basis, their weight was checked regularly and where necessary, referrals were made to the dietetics service so that people received appropriate support to maintain good health and wellbeing.

People told us that they were supported to access additional health and social care when required and one person said, "I see a doctor when I need to." As well as GP services, we saw that people were supported to access other services including dentists, opticians, and chiropodists. We spoke with a practice nurse from one of

Good

Is the service effective?

the GP services that worked closely with the home and they confirmed that the provider worked in collaboration with them to ensure that people's needs were met in a timely manner.

Requires Improvement

Is the service caring?

Our findings

People we spoke with were positive about the staff that supported them. One person said, “The staff are nice and caring.”Another person said, “The staff are very kind.” The relatives we spoke with found the staff caring and supportive, and one of the relatives said, “The staff are lovely.” They also told us that they always felt welcomed when they visited the home and they could visit daily if they wished to. Information we saw in the ‘service user guide’ given to each person when they moved into the home confirmed this. A service user guide is a document that gives information about the provider, the services they provide and sets out how they will provide care that meets people’s needs.

People told us that they were treated with respect and dignity. One person said, “I am happy with the staff and they treat me with respect.” Another person said, “They are always respectful.” During our inspection, we observed that the staff were kind and respectful when they gave support to people. We also saw that the staff protected people’s privacy and dignity as they spoke discreetly to them when checking if they needed support with their personal care. The staff told us that they supported people in a caring and respectful manner and one of the staff said, “The best thing about working here are the people, the team work and the good atmosphere.” We noted that the staff responded quickly when people required care and that they gave them the time they needed to communicate their wishes.

Although the staff were busy, we noted that occasionally, they did have time to sit in the lounge where most people were. However, this was not always used as an opportunity to engage with people. For example, we observed one care staff sitting quietly between two people for more than 15 minutes and they did not talk to either of them. At times, we saw that the staff came in and out of the lounge without speaking with people. During lunch, we also observed that the staff occasionally supported people to eat without talking with them. We found this did not always promote positive relationships between people who used the service and the staff.

People told us that the staff understood their needs well and they provided the support they required. They also said that they were supported to maintain their independence as much as possible, they were involved in making decisions about their care, and the staff listened to and acted on their views. The staff we spoke with had been working at the home for a while and were knowledgeable about the needs of the people they supported. One of the staff told us that they supported people to make decisions about their care on a daily basis and they acted on people’s views and choices to ensure that they received the care they wanted. They said, “We support people to make a number of choices, including what to wear and what they want to eat. Most people are able to tell us how they want to be supported and have family members who are very involved.” We saw that people had access to information about independent advocacy services and they staff told us that where required, they would support people to contact these.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received care that appropriately met their needs. We observed that the staff acted promptly to support a person to return to their bedroom when they no longer wanted to sit in the lounge. Another person said, “I like it here, They look after me well." A relative we spoke with told us that the atmosphere at the home had changed in recent months, after the service had admitted people with more advanced dementia and other complex needs. They said, “My [relative] feels that they are not getting the level of staff support they used to, as the more needy people are keeping the staff busy.” They also said that their relative found the lounge area was no longer pleasant as the behaviours of others were distressing, and this had a detrimental effect on them because they were now isolating themselves in their bedroom. The provider had failed to recognise the impact of the changes on the person’s wellbeing. During the inspection, we observed that the home did not have any areas where people who preferred a quieter environment could sit. We discussed this with the provider, who assured us that they would review how the limited communal areas could be used in a way that met everyone’s needs.

We saw that people’s needs had been assessed and appropriate care plans were in place to ensure that people were supported effectively. People told us that their preferences, wishes and choices had been taken into account in the planning of their care and treatment, and we saw this in the care plans we looked at. Where possible, people had signed their care plans to indicate that they agreed with the planned care and were involved in the regular reviews. We saw evidence of reviews in the records and the staff also confirmed this. The relatives we spoke with were happy with the level of information they received and one relative said that they were confident that their relative was provided with the right kind of support on the days they were unable to visit. People told us that they were able to personalise their bedrooms.

The staff told us that they enjoyed their work and they worked regularly with an identified group of people to enable them to provide consistent care. This also meant that they got to know those people really well, including understanding their needs, preferences and choices. One of the staff said, “I like working here. We review people’s care plans every month and we have a care review once a year with family members and people’s social workers attending.”

Some people told us that they were supported to take part in activities they enjoyed, but we saw that very few activities were planned to occupy people on a daily basis and could lead to people being bored. The provider had one activities coordinator who worked on three afternoons a week and the care staff supported people to pursue their interests and hobbies during other times. We asked people if they had opportunities to go out and one person said, “I am not sure I want to go out. There is entertainment sometimes, although I would like to have more quizzes.” We saw that a number of seasonal activities had been planned, including a Christmas party on 12 December 2014 and a New Year’s day tea party. A relative we spoke with told us that the information they had received prior to their relative moving to the home indicated that people would be supported to pursue interests and hobbies in the local community, but this had not been provided. We advised them to discuss this further with the manager so that they were clear about whether this was provided by the service.

People told us that they could speak with the staff or the manager if they were not happy with any aspects of their care. One person said, “I have no reason to complain as the care is good.” A relative also said, “The manager is new, but he has made an effort to get to know people. I am confident that he will deal with any concerns I might have.” We saw that people had been given information on how to raise any complaints or concerns. We also saw that any complaints received by the provider had been recorded, investigated and responded to appropriately. We noted that where necessary, any complaints where concerns had been raised about the safety of the care provided had been referred to the local authority safeguarding team for investigation. The manager told us that they discussed any concerns raised during staff meetings to ensure that they were learning from these and appropriate actions taken to make improve the quality of the service.

Requires Improvement

Is the service well-led?

Our findings

There was a new manager in post at the time of the inspection and they had commenced the process to register with the Care Quality Commission. People acknowledged that the manager was still new at the home, but they found him approachable and very pleasant and one person said, "The manager has made an effort to get to know everyone in their short time here." Most relatives we spoke with told us that the manager had introduced himself to them and was visible within the home. We found that one of the directors was very involved in the management of the service, knew people who used the service well and they provided support to the manager during their early days at the service. This ensured that the staff had managerial support in the weeks before the new manager started and there was continuity of care.

The manager had held a staff meeting and we saw that they had completed a service development plan that set out what they wanted to achieve so that the service provided high standards of care and support that met each person's needs. This had been shared with the staff and a copy was also displayed at the entrance to the home. The manager had also planned to share this with people who used the service and their relatives, but a meeting planned for 19 November 2014 had been cancelled because none of the relatives had attended. We saw that in this plan, the manager had identified that confident and skilled staff were essential in achieving their goals, and the staff we spoke with agreed that a stable care team would lead to further improvements in the quality of the service they provided. However, they acknowledged that recruiting new staff was the starting point, but that it would take time to develop their skills and knowledge. The staff also told us that they were encouraged to raise any concerns they might have about the quality of the service provision and they demonstrated an awareness of the provider's whistleblowing policy. Whistleblowing is when a member of staff reports suspected wrongdoing at work.

We saw that 'Residents and Relatives' meetings were planned regularly to enable people to give feedback and contribute to the development of the service, but some of the people we spoke with told us that they chose not to attend these. The manager told us that they would review the frequency and purpose of the meetings to make it easier for people and their relatives to attend these, as they valued their input in improving the service they provided. Additionally, the provider encouraged people and their relatives to provide feedback whenever they wanted. The provider had an 'open door policy', which meant that people could speak with the manager at any time without a need for an appointment. The provider had also sent questionnaires to people and their relatives and we saw that mainly positive comments had been received in response to the surveys completed in May and August 2014. However, some of the comments indicated that people wanted more and varied activities to be provided. These improvements had not been made at the time of our inspection. The provider had acknowledged this and told us that they were considering increasing the staff hours dedicated to this. They were also exploring working with volunteers to provide further support to enable people to pursue their interests and hobbies.

The team leaders had completed a number of quality audits to ensure that the service they provided was safe and effective. These included audits in how medicines were managed, health and safety, cleanliness, infection control, and complaints. The information from these audits was collated into a monthly quality report and where necessary, action plans were in place when issues had been identified. We noted that the provider did not always effectively use their quality monitoring and environmental risk management systems to drive improvements, as identified issues had not always been rectified promptly. However, we saw that the manager had started to review the provider's other quality monitoring systems to determine how best these could be used to effectively identify, assess and monitor any risks that could lead to poor care outcomes for people.