

Care UK Community Partnerships Ltd

Collingwood Court

Inspection report

Front Street
Chirton
North Shields
Tyne and Wear
NE29 0LF

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Website: www.careuk.com/carehomes/collingwood-court-north-shields

Ratings

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

Summary of findings

Overall summary

About the service:

Collingwood Court is a residential care home providing accommodation and personal care for up to 63 older people. At the time of this inspection 47 people were using the service, some of whom had dementia related conditions.

People's experience of using this service and what we found

People's health and social care needs were thoroughly assessed. Staff delivered care which reflected people's current needs. 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.

People received support from caring staff, who knew them well. Staff protected people's privacy and dignity and respected their wishes and choices. Independence was encouraged, and people were involved making decisions about their care.

People were safe living at Collingwood Court. There were enough staff on duty to meet people's needs. Staff were well supported by the registered manager to provide high-quality, person-centred care to people.

People's health, safety and well-being were protected by staff who followed appropriate risk reduction measures. Positive risk taking was encouraged to enhance people's quality of life. Medicines were well managed.

The premises were safe, and the home was clean and comfortable. Any accidents or incidents were fully investigated and reported as required. Lessons learned were shared with staff.

Staff recruitment was safe, and training was up to date. Competency checks were carried out with staff to ensure they remained suitable for their role.

A variety of activities were organised, which were interesting and meaningful to people as well as encouraging socialisation amongst people, their relatives and the local community.

The provider had a robust quality assurance process embedded throughout the service to ensure people received high-quality care. Regular checks of the service were carried out to monitor the safety and quality. The registered manager made continuous improvements and developments to the service with support from the wider organisation.

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

Rating at last inspection and update

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Collingwood Court until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Collingwood Court

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. This inspection was planned to check 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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Collingwood Court is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We arranged with the registered manager to return for a second day to complete the inspection.

What we did before the inspection

We reviewed the information we had received about Collingwood Court since the last inspection. We contacted the local authority and other professionals who work with the service for information. We used this to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eight people who lived at Collingwood Court and six relatives about their experiences of the care provided. We spoke with staff, including care staff, lifestyle coordinators, the administrator and the registered manager. We also spoke with a representative from the provider organisation and an external professional who was visiting the service.

We reviewed seven people's care records. We looked at the information kept regarding the management of the service. This included two staff files and records related to the quality and safety of the service.

After the inspection

We looked at further information submitted to us by the registered manager. We contacted seven members of staff by email with prior consent to check their skills and knowledge and gather their feedback about the service. We received one response.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe living in Collingwood Court with support from staff. One person said, "It is safe. I am lucky to be here, (staff) are really nice." Another person said, "I am safe, the carers are always walking around and at night time they check on you."
- Solid systems were in place to reduce the risk of abuse. The registered manager thoroughly investigated concerns and reported on to external agencies as required. An external professional said, "Where there have been issues, staff come really prepared to meetings and it's always resolved."
- The staff fully understood how to safeguard people from abuse. They raised their concerns appropriately, and with confidence.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people faced were identified through good assessments. There was person-centred guidance in place to help staff to reduce risks and avoid incidents or near misses.
- The premises were safe. Checks, tests and servicing were carried out as necessary. The registered manager oversaw the checks conducted by maintenance staff.
- The registered manager recorded any accidents or incidents, investigated them and took proactive action to address any matters arising.
- The registered manager shared learning from accidents and incidents with staff to promote safe working practices and further reduce the likelihood of a reoccurrence.

Staffing and recruitment

- Staff recruitment was safe. Pre-employment checks were carried out on all new staff.
- There were enough staff deployed throughout the day and night to meet people's needs. One person said, "The carers come quite quickly, when you need them."
- Agency staff usage was kept to a minimum. The registered manager strove to maintain consistency of agency staff.

Using medicines safely

- Medicines were managed well. There was a solid process in place to ensure staff safely ordered, stored, administered, recorded and disposed of medicines properly.
- Electronic medicine administration records had been introduced into the home. Staff were using the system properly and maintaining good records.
- Senior care staff and the deputy manager conducted checks of medicine records. This was overseen by the registered manager who received regular report and real-time updates on medicine administration. This

reduced the potential for medicine errors.

Preventing and controlling infection

- A team of domestic staff kept the home and people's belongings clean and comfortable.
- Staff were trained in infection control and prevention. Regular domestic audits were undertaken. The registered manager monitored cleanliness during regular inspections of each floor of the home. One person said, "The cleaners are very good and talk to you while they are working, they are very nice."
- Staff used personal protective equipment such as disposable aprons, gloves and hand gel to reduce the risk of cross infection when delivering personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a comprehensive approach to assessing people's needs. People had experienced good outcomes with support from staff.
- Care plans clearly described people's needs, wishes and choices, which guided staff to deliver care the way people had chosen. Staff supported people in line with their current needs. One person said, "(Staff) will do anything they can and will go out of their way for you."
- The support people received incorporated best practice and met relevant standards.

Ensuring consent to care and treatment in line with law 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were people with legally authorised restrictions in place for their own safety. The registered manager ensured restrictions remained lawful by tracking applications, authorisations and expiry dates.
- Staff were trained in the MCA and DoLS. They applied the principles of the Act to the support they provided which ensured people's legal and human rights were upheld.
- Best interest decisions were made in accordance with legislation and people's wishes, with their families and external professionals involved.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met, and any special dietary requirements were catered for.
- Guidance from external professionals was followed by staff to ensure people ate and drank safely. This included providing individually fortified food or soft textured food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good links with external health and social care services to improve people's health and well-being. They made prompt referrals to other services if people's needs changed.
- People were helped by staff to live healthier lives. District nurses, opticians and dentists all visited regularly to offer support. One person said, "I have seen a doctor and the chiropodist here."
- The provider encouraged staff to complete training in topics such as oral health, diabetes and pressure ulcer prevention to raise staff awareness of people's continued health and well-being.

Staff support: induction, training, skills and experience

- Staff were trained to deliver effective care. The team had the skills, knowledge and experience to deliver a good service. One person said, "(Staff) are trained. Everything is alright as far as I am concerned."
- A solid induction for staff was embedded into the staff probationary period. New staff undertook shadowing shifts to ensure they were suitable and competent.
- The registered manager and senior care staff gave staff ongoing support through formal supervision sessions, appraisals and daily observations. They also identified and addressed any training needs and areas of improvement.

Adapting service, design, decoration to meet people's needs

- People's rooms were adapted to meet their individual needs and decorated to a good standard. Rooms were personalised and contained people's own belongings. People's comments included, "I like my room, I can see what is going on outside and it is safe and secure" and, "It is beautiful here, it is lovely. I have a nice view from here."
- Communal areas of the home were also adapted and designed to meet people's needs. This included dementia friendly features and displays to prompt memories and generate conversations. A relative said, "As soon as you walk in there is a lovely atmosphere, I looked at a few homes and I liked this one as soon as we walked in."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. Staff displayed caring values, such as kindness and compassion.
- Overall people and relatives gave good feedback about the staff and the service they received. People's comments included, "If you are down (sad), they will sit and talk to you, it is brilliant"; "It is very comfortable, and they are easy to work with they are helpful" and, "I like it here, it is a happy place." A relative said, "They take time to chat and check everything is alright."
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their age, gender, disability or beliefs. People's diverse needs were clearly described in their care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity, and they respected people's choices. One person said, "(Staff) always knock before they come in." Another person said, "(Staff) make sure my door is closed when I am getting changed."
- Staff knew people very well and were familiar with all their needs. They recognised when people were in discomfort or distress and acted discreetly to provide appropriate support.
- Staff encouraged people to maintain or regain their independence.

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people were involved in making decisions about their care and valued their opinions. Staff helped people to get independent advice and support.

Is the service responsive?

Our findings

Responsive – this means that we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records were very personalised and contained information about people to help staff provide their support the way they had chosen. One person said, "(Staff) ask and I do get what I want" and, "I can go to bed when I want to and have a shower when I like."
- Care plans were drafted with the involvement of people, relatives and external professionals.
- Staff continued to meet people's needs by undertaking regular reviews of people's needs and choices. Any changes were promptly shared with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff used social care plans to help them engage with people and understand their needs, life history and what was important to them.
- A new lifestyle coordinator has been recently recruited to increase the number of hours staff could dedicate to providing meaningful activities which stimulated people and enriched their lives. Staff spent one to one time with people and arranged communal events such as entertainers, celebrations and visits from nursery school children.
- A reminiscence interactive therapy activity (RITA) scheme had been introduced. Staff used RITA software on an iPad or computer to interact with people. It worked very well with people with dementia related conditions. For example, by reducing agitation and improving communication. Staff helped people to use the system and access a variety of activities to achieve positive outcomes. An external professional said, "(Registered manager) and her team have embraced the technology to help support and engage residents, relatives and staff with meaningful activities. The outcomes for residents have been amazing and the home's hard work was recognised with a recent award."
- People were encouraged to forge new friendships within the home and maintain relationships with their families and friends to reduce isolation and loneliness. Visitors were made to feel very welcome in the home.

Improving care quality in response to complaints or concerns

- There was a small amount of complaints made about the service. The registered manager had investigated complaints and provided an explanation and response to complainants.
- Information about how to raise a complaint or concern was advertised around the home. The registered manager was visible in the service and took time to speak with people and relatives about any issues they had. One person said, "I know the manager, I had a chat with her the other day about something. She sorted it out, she is nice."
- Learning from outcomes from complaints or concerns was shared with staff to improve the service people

received.

End of life care and support

- There were three people receiving end of life care. Staff were trained and experienced to deliver a thoughtful and dignified service. There were some lovely compliments about staff from the relatives of people who had passed away.
- People's end of life wishes which included religious, cultural and spiritual preferences, were explored by staff through assessments. This helped staff care for people when they were unable to express those wishes for themselves. Where people had not wished to share their views, staff continued to seek sensitive ways of approaching the topic to gather further information.
- Advanced care planning, emergency care and resuscitation preferences were recorded, where people had chosen to share these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and care plans were in place which contained specific details about people's communication needs and abilities.
- Information was displayed throughout the home in various formats, such as easy read and graphics to assist people's understanding of the information provided.

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 the last inspection this key question was rated as good. At this inspection, this key question has remained the same. 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 registered manager and staff had created a person-centred culture which was fully supported by the provider. Staff felt able to deliver a good service which achieved good outcomes for people.
- People and relatives spoke highly of the registered manager. A relative said, "The manager is lovely and comes and asks if there is anything you might want. It is lovely here."
- External professionals told us the service was well-led. One professional said, "The manager is caring. I've got no problems with the management."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and responsibilities.
- The registered manager and provider had complied with regulatory requirements. There were solid policies and procedures which included best practice guidance.
- A robust quality assurance process was used to monitor the service. Audits were routinely undertaken to check quality and safety. Issues were identified and addressed. The registered manager shared outcomes and lessons learned with staff to continuously improve care.

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

- The registered manager and staff engaged with people and their relatives to keep them involved in the service. This included 'residents and relatives' meetings.
- The provider used annual surveys to gather people's feedback to help improve the service. Plans were in place to introduce a survey for external professionals.
- Staff meetings took place where the registered manager shared information and staff shared their thoughts. Meetings gave staff opportunities to be involved in how the service was operated.

Working in partnership with others

- Positive relationships were maintained with external professionals and other local services to provide a collaborate approach to meeting people's needs and achieving positive outcomes. An external professional said, "I can't fault them, all staff are accommodating. They bend over backwards to help and get me what I need."
- Relatives spoke positively about staff working with them, to ensure their family members were supported

well.

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 registered manager understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was confidence in the registered manager to act in a responsible manner if something did go wrong.