

Striving For Independence Care Limited

College Road Care Home

Inspection report

4 College Road
Wembley
Middlesex
HA9 8RL

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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

About the service

College Road is a care home registered to provide accommodation and personal care to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were protected from abuse and avoidable harm. Safeguarding procedures were in place, which staff were aware of. We also saw staff had been recruited safely. There were enough staff deployed to keep people safe. Risks to people had been identified, assessed and reviewed. There were measures to reduce risk. We observed good practice in relation to the management of medicines.

People's care, treatment and support achieved good outcomes and promoted a good quality of life. People's needs had been assessed before they used the service. They received care that was informed by reputable national guidance. Their assessments considered individual requirements and preferences. Staff received training, professional development, supervision and appraisal to enable them to carry out their duties. People's care records showed relevant health and social care professionals were involved in their care.

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. When people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) were followed.

The service involved people and treated them with compassion, kindness, dignity and respect. People had access to support and care regardless of their individual circumstances. People were from different cultural and religious backgrounds and the service understood and addressed their needs. Their likes and dislikes had been recorded in their support plans. People's privacy was promoted, including the way information was handled. Staff maintained people's independence by supporting them to manage as many aspects of their care as they could.

The service met people's needs. People received person centred care. People's care plans outlined their abilities, and the support required to ensure they had control, choice, and independence. People who displayed behaviours that challenged had specific care plans outlining what this meant to them and how it affected them. People's communication needs had been considered, which ensured they lived meaningful

life through increased involvement, choice and independence.

There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits, accidents and incidents, were used to drive improvements.

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 6 April 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service 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 ●

College Road 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

College Road is a care home. People in care homes receive accommodation and personal care. Care Quality Commission (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

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). 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. Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.

During the inspection

We were not able to speak with people because of their complex needs. We attempted to contact people's relatives and were able to speak with one relative. We also spoke with two advocates who worked with two people who lived at the home. We spoke with six members of staff including, the registered manager, assistant manager, service director and three support staff. We reviewed a range of records, including recruitment information and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

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 who used the service were protected from the risk of harm and abuse. A relative told us, "I have never had cause for concern. My loved one is well looked after."
- There was a safeguarding policy and procedures and staff were aware of this. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They were aware they could contact the local authority safeguarding team and Care Quality Commission (CQC) when needed.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and reviewed. Risk assessments covered a range of areas, including falls, choking and diabetes. In each case, there were measures to reduce risk.
- People who displayed behaviours that challenged the service received positive behaviour support (PBS). PBS is a person-centred framework, which is proactive and preventative and aims to teach people new skills to replace behaviours that challenge the service. Staff were aware of the triggers to specific behaviours and the least restrictive way to make certain people were safe.
- Regular in-house fire safety checks had been carried out. Fire equipment within the service had been serviced and maintained on a regular basis. Fire alarm and fire extinguishers were in good working order. Personal Emergency Evacuation Plans (PEEPS) had been completed for each person. PEEPS give staff, or the emergency services detailed instructions about the level of support a person would require in an emergency such as a fire evacuation.

Staffing and recruitment

- Safe recruitment procedures were in place. This included, at least two references, proof of identity and Disclosure and Barring Service checks (DBS). DBS checks help to establish whether a potential member of staff was barred from caring for people.
- There were enough staff deployed to keep people safe. The rota was planned around people's needs and preferences, including people's appointments and activities.
- There was a contingency plan in place to respond to staff shortages. There was a team of bank or agency staff to cover for staffing shortages. An on-call system was also in place for emergencies or outside the office hours.
- People's relatives confirmed there were enough staff to safely look after people. They told us, "Staff are always available."

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. We observed good practice in

relation to the management of medicines, including storage, disposal, completion of medicine records (MARs), and the administration of medicines.

- There were policies and procedures in place including, the guidance from the National Institute for Clinical Excellence (NICE). MARs were completed correctly and regularly audited.
- Staff had received medicines training. They confirmed they had been trained and assessed as competent to support people to take their medicines.

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Staff had completed training in infection control and prevention. They were supplied with suitable personal protective equipment (PPE), including gloves and aprons.

Learning lessons when things go wrong

- There was a system for managing accidents and incidents to reduce the risk of them reoccurring. There were records to show how the service had managed incidents to make improvements to the service.
- The service had installed a colour coded warning system to alert managers of any incidents. The amber warnings were raised for minor incidents. This was investigated and signed off by senior care staff. Red warnings were matters of high importance such as medicines errors. These were investigated and signed off by senior managers. The registered manager told us, "This is an effective system. It flags up anything untoward in real time and we are able to address concerns immediately."

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.

Staff support: induction, training, skills and experience

- Staff received training, professional development, supervision and appraisal to enable them to carry out their duties. Training covered a range of areas, including infection control, safeguarding, managing challenging behaviour, equality, diversity and inclusion, and Mental Capacity Act 2005.
- New staff had completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. New staff also shadowed experienced members of staff until they were ready to provide care on their own.

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

- People were supported to access health and social care service when needed. There was evidence of appointments with healthcare professionals such as people's psychologists, psychiatrists and GPs.
- People received their annual health checks. Annual health checks are for adults and young people aged 14 or over with a learning disability. By having annual health checks, it ensured problems would be spotted earlier, so that people received the right care.
- There were Health Action Plans (HAP) for people. A HAP contain actions needed to maintain and improve the health of an individual and any help needed to accomplish these.

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

- People's needs had been assessed before they used the service. They received care that was informed by guidance from reputable national organisations such as NICE.
- People's assessments considered their individual requirements and preferences, including meeting their emotional, physical, psychological and cultural needs. People's support plans included guidance about meeting these needs.
- People's relatives and other professionals involved in people's care told us people's needs were met. One professional said, "This person is settled. Staff manage and provide for his needs."

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

- People's nutritional needs were met. Care plans considered their individual requirements in relation to nutrition and these were known to staff. People had been involved in drawing up menu plans.
- People had nutritional assessments and those at risk of malnutrition were referred to relevant healthcare professionals such as dietitians and speech and language therapists via their GP.

- People's dietary requirements were known to staff. Staff had taken steps to make sure people's nutrition and hydration needs were met. There were healthy eating guidelines to manage blood glucose for someone with diabetes and separate guidelines for someone whose medical condition required that they ate less salt and protein.
- Records reviewed relating to nutrition confirmed people's nutritional needs were being met. Where staff had concerns relating to people's food intake, this was raised with appropriate professionals.

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.

- Staff received training and understood the requirements of the MCA. Staff sought people's consent. There was a system in place to seek support from advocates, where people were unable to express views. An advocate told us how she had been involved in mental capacity assessment to support one person to understand the implications of his choices, so he could make informed decisions. The professional told us, "College Road is suitable to support this person's needs using the least restrictive practice."
- Mental capacity assessments and best interests decisions had been completed for specific decisions, including where medical interventions were required.
- Relevant procedures had been followed in relation to DoLS. There were three people who were subject to a DoLS for their safety. Conditions on authorisations to deprive people of their liberty were being met. This was monitored monthly to ensure people did not remain restricted unnecessarily even when their needs changed.

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

- The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The service was a home fitting into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.
- The premises provided a spacious environment where people could move freely with no restrictions. People's bedrooms were personalised to reflect their preferences.

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 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 had access to support and care regardless of their individual circumstances. People received holistic care. All factors about them had been considered, including the physical, emotional, social, cultural and religious aspects of who they were.
- There were people from different cultural and religious backgrounds and the service understood and addressed their needs. People were supported to visit their places of worship. The menu was in line with people's cultural or religious needs. Afro-Caribbean options were available, and people were given choice of fish on Fridays.

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

- There were systems and processes to support people to make decisions. The service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care.
- People were involved in the planning of their care. An advocate representing one person using the service told us the person's needs were being met.
- The service used many platforms to enable people to express their views. These included, regular meetings with their keyworkers, access to advocacy services, regular surveys and care reviews. Communication was tailored to meet people's needs, which meant there was a supportive environment to real choice and control.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They told us they knocked on doors and asked for permission before entering people's rooms. There were curtains in people's rooms to maintain privacy.
- People's likes and dislikes had been recorded in their support plans. Staff maintained people's independence by supporting them to manage as many aspects of their care as they could. People undertook household chores with minimal support to increase their level of independence.
- Privacy was upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

Is the service responsive?

Our findings

Responsive – this means 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 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

- People received person centred care. Their care plans outlined their abilities, and the support required to ensure they had control, choice, and independence.
- People's assessments showed they had been involved in the assessment process. Their relatives were involved wherever possible. A professional involved in people's care told us, "This person was able to voice their view and had indicated they liked to live at the home."
- People who displayed behaviours that challenged had specific care plans outlining what this meant to them and how it affected them. This ensured they received care that met their needs.
- People's support plans were regularly reviewed to monitor whether they were up to date and reflected their current needs. This meant any changes in people's needs could be identified and acted on at an early stage

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 had been considered. Their support plans identified and recorded information and communication needs. Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person. The formats ranged from Makaton, objects of reference, facial expressions, pictures and gestures. As a result, people lived a meaningful life through increased involvement, choice and independence.

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

- People maintained personal relationships with family. People's relatives told us they were always made welcome. One relative told us, "I have always been invited for various activities at the home." We saw evidence people's relatives were invited to special events such as birthdays, Christmas parties and BBQs.
- People participated in a range of activities, which included regular outings for meals or leisure walks. They also attended a day centre throughout the week. They undertook gardening activities.

Improving care quality in response to complaints or concerns

- There were a range of approaches to gather people's views and experiences, including a complaints procedure, which people's relatives were aware of. A relative told us, "I am happy with the service. I speak with the manager when I am not happy about something and this is sorted out quickly."
- People and their relatives told us they could discuss any concerns and felt listened to. No complaints had been raised since our last inspection.

End of life care and support

- No one was receiving end of life care. There was an end of life policy in place. People's choices and preferences regarding their end of life care had been explored with them and documented. However, this had not been completed for other people due to complex needs. As people were already involved with advocacy, the service should liaise with them more to engage people in discussions about end of life care. This is important to promote people's wishes.

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 service was committed to promoting person-centred care. Support plans, including behavioural support plans, addressed issues of choice, inclusion and independence. These values were demonstrated by the care that was being delivered to people. For example, people or their representatives were involved in care, which ensured people's choices were promoted.
- People were empowered. They had regular meetings with their key support workers. This enabled staff to keep up to date with people's changing needs, so they could continue meeting these. Where it was difficult for people to understand options available to them, the service sought input from advocacy services. Advocacy services helped people to exercise their rights and ensure care was tailored to meet individual need. People kept their medicines and money in their rooms. This was consistent with values of person-centred care.

Continuous learning and improving care

- There were ongoing efforts to improve the service. Regular checks and audits had been carried out to monitor the service's performance against standards to be achieved. Checks had been carried out in areas related to health and safety, infection control, care records, and accidents and incidents. The service had also responded positively to CQC reports, local authority monitoring reports and surveys.
- The service had adopted an electronic care planning system. This ensured information about people's care was recorded in real-time and instantly accessible. In so doing, it meant staff and members of the management team were informed of any changes in people's care during the shift. We saw the quality of information and accuracy of records such as care plans and risk assessments had improved significantly.

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 complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events.

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

- There were clear management structures in place. The registered manager was supported by an assistant

manager, senior care workers and the director of the service. Staff were aware of their responsibilities and the reporting structures in place.

- The registered manager was up-to-date about people's needs. She could tell us knowledgeably about issues and priorities relating to the quality and future of the service. Likewise, she was well-informed about the support each person was receiving. A relative told us, "The manager is involved and understands everything about my relative." □
- Staff were empowered through effective delegation and opportunities to develop skills. Audits were carried out weekly, monthly and quarterly. Assistant manager and senior support staff completed a series of audits and checks to monitor the service, including infection control, support plans, medicines, administration and health and Safety checks.

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

- The home had an open and positive culture. The registered manager operated an open-door policy. Relatives told us, "The manager is approachable. We can phone and speak with her at any time."
- The service used a range of ways to receive feedback from people, people's relatives and staff. Surveys were carried out annually. People had regular one to one meeting with their keyworkers. Staff told us team meetings provided an opportunity to raise issues and felt confident and supported in doing so.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had been fully considered.

Working in partnership with others

- The service worked together and with other health and social care professionals to understand and meet people's needs. We could see evidence of this in records, including appointments with relevant professionals.