

Mrs K Peerbux

College View

Inspection report

71 Bargate
Grimsby
Lincolnshire
DN34 5BD

Tel: 01472879337

Date of inspection visit:
08 December 2016

Date of publication:
31 January 2017

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

The inspection took place on 8 December 2016 and it was unannounced. The last inspection of this service took place on 1 October 2015, no breaches of regulation were found but the service was rated 'requires improvement' overall at that time.

College View is registered with the Care Quality Commission [CQC] to provide accommodation for up to twelve people who may be living with dementia. Accommodation is provided over two floors. There is a secure garden at the rear of the service and a car park for visitors to use.

The service had a registered manager in place, who is the registered provider. 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.

Staff understood they had a duty to protect people from abuse and knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission (CQC). This helped to protect people.

We observed that the staffing levels provided on the day of our inspection were adequate to meet people's needs. Staff were aware of the risks to people's health and wellbeing, they knew what action to take to minimise those risks.

Staff were provided with training in a variety of subjects to develop and maintain their skills. Staff received regular supervision and appraisals took place to help to monitor their performance.

People's nutritional needs were assessed and monitored; people's special dietary needs were catered for. Staff prompted and assisted people to eat and drink. People's nutritional needs were met.

Staff supported people to make decisions for themselves, they reworded questions or information to help people, especially those living with dementia to enable them to understand what was being said. People chose how to spend their time. People were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when people lacked capacity and important decisions needed to be made.

Signage was in place to help people find their way to the toilets and bathrooms. People had their names and pictures on their bedroom door to help them find their room. The communal areas of the service were on the ground floor. General maintenance occurred and service contracts were in place to maintain equipment to ensure it remained safe for staff to use.

A complaints procedure was in place. People's views were asked for informally by staff and through the use of questionnaires. Feedback received was acted upon to ensure people remained satisfied with the service.

A variety of audits were undertaken to monitor the quality of service provided. This helped to maintain or improve the service provided to people.

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.

There were enough skilled and experienced staff to meet people's needs.

People were protected from abuse.

The service was clean and infection control was maintained.

Safe medicine systems were in place.

Is the service effective?

Good ●

The service was effective.

Staff were provided with training, supervision and appraisals to maintain and develop their skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. This helped to protect people's rights.

People nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

Staff understood people's needs, likes, dislikes and preferences for their care.

Staff supported people to be as independent as possible which helped them live the life they chose.

Is the service responsive?

Good ●

The service was responsive.

People's views and experiences were taken into account in the

way the service was provided and delivered in relation to their care.

Staff responded to people's needs, they listened to what people said and acted upon it.

A complaints procedure was available to people and their relatives, issues raised were dealt with.

Is the service well-led?

Good ●

The service was well led.

Audits were undertaken to help identify issues so that they could be corrected.

People living at the service, their relatives and staff were asked for their views and these were listened too.

Staff we spoke with understood the management structure in place and felt supported by the management team.

College View

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 unannounced inspection took place on 8 December 2016 and it was undertaken by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission held to help inform us about the level of risk for this service. We contacted the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

We looked at the care records for three people who used the service and inspected their medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

During our inspection we talked to people using the service and with five relatives. We spoke with the registered manager, general manager and with three care staff who were present. We also spoke with one health care professional.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, the training records, the staff rota, quality assurance audits, complaints information and maintenance records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. 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 were unable to speak with us.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I am safe and happy here." Another person said, "I know I feel safe with the staff." Relatives told us they felt their relations were safe at the service and said this gave them piece of mind. One relative said, "Mum is safe here with the staff. I would not have her here if I felt she was not safe." Another relative said, "Staff are attentive. There are definitely enough of them. I can leave mum here and live my own life with no worries. She is safe and well cared for."

We found that there were effective procedures in place for protecting people from abuse. Staff were knowledgeable about the types of abuse that may occur and knew what action they must take to protect people. Staff undertook regular training about safeguarding vulnerable adults. There was a whistleblowing policy (telling someone) in place to guide staff about the action they must take if they suspected abuse may be occurring. Staff we spoke with said they would report any suspicion of abuse to the registered manager or contact the safeguarding team at the local authority themselves. The registered manager took action to help to keep people safe from harm. This helped to protect people.

People's care files we inspected confirmed risks to their health or safety were known by staff. Individual risk assessments were in place for each person, which covered a variety of risks, for example, the risk of falls or prevention of skin damage due to immobility. This information was updated as people's needs changed. Staff were knowledgeable about the equipment needed to be used to help maintain people's health and wellbeing, for example hoists to help move people safely. This equipment was provided and checked regularly to make sure it was safe to use and working properly.

Information was present to inform the staff and emergency services about the help people needed in the event of a fire. It included each person's capabilities during the day and at night. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff received fire training, which helped them prepare for this type of emergency.

The safety of the premises was monitored. The registered manager audited the general environment which included people's bedrooms. Furniture and fittings were assessed, water temperatures, gas and electrical safety checks were undertaken to help maintain people's safety. Staff were available to address any issues. General maintenance was undertaken and service contracts were in place to help to maintain a safe environment.

The registered manager undertook monthly audits of accidents and incidents that occurred. They looked for patterns that may occur and took corrective action to help prevent any further issues. We saw help and advice was sought from relevant health care professionals to help to maintain people's wellbeing.

Throughout the service hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with gloves and apron. These were found in different areas and helped staff to maintain effective infection control. The environment was kept clean and free from any unpleasant odours.

A maintenance programme was in place. Communal areas were free from obstacles or trip hazards. There was level access provided to the garden areas so people who were unsteady on their feet could access these areas safely.

Staffing levels were monitored by the registered manager who reviewed people's care needs to determine the number of staff required for each shift. Their skills were taken into account to ensure people's needs were met. For example, there was always a member of staff on duty who had undertaken training about how to handle medicines safely. We saw during our inspection there were enough staff provided to meet people's needs so people gained assistance in a timely way. Staff recruitment procedures were robust, which helped to ensure people who were not suitable to work in the care industry were not employed at the service.

We looked at the medicine systems in operation at the service. This included how medicines were ordered, stored, administered, recorded and disposed of. People were identified by photograph on their medication administration record (MAR). People's allergies were recorded to inform staff and health care professionals of any potential hazards. We observed part of a lunchtime medication round undertaken by a member of staff. The member of staff confirmed they had undertaken medicine training to help them undertake this safely. Audits of medicines took place which helped to maintain a safe medicine system at the service.

At our last inspection we had found some fire doors had been held open and some cleaning chemicals and slug pellets had not been securely stored, a person required a bed rail bumper to be replaced and window restrictors had not been in use in two areas. These issues were dealt with at the time of our last inspection and apart from one window restrictor required to be fitted to a small upstairs bathroom window, which was acted upon straight away there were no issues found with the safety of the environment.

Is the service effective?

Our findings

People we spoke with said the staff looked after them well and met their needs. We received positive comments about the food provided at the service. One person we spoke with said, "I am quite happy. The staff know what they are doing. The food is excellent." Another person said, "The food is very nice, if you tell them in time they will get it for us, I fancied garlic bread and they got it for me."

Relatives confirmed the service was effective at meeting their relations needs. We received the following comments; "There are enough staff, they are knowledgeable and skilled," "The food is excellent with lots of choice, it is well cooked," and "There are always staff on duty who know what they are doing. New staff learn the ropes. I have never had any concerns."

During this inspection we observed staff delivering care and support to people in the communal areas of the service. Staff encouraged people to do what they could for themselves, which promoted their independence and helped people live the life they chose. For example, one person wanted to be reminded when the hairdresser was available. Staff came to inform them the hairdresser was available and asked if the person needed any assistance to attend. We observed staff understood people's needs, likes, dislikes and preferences for their care and support.

We looked at staff training records which confirmed regular training was undertaken in a variety of subjects; for example; moving and handling, safeguarding people from abuse, first aid, infection control, dementia, equality and diversity, the Mental Capacity Act 2005 and Deprivation of Liberty safeguards, food hygiene, pressure area care and dementia awareness. Staff we spoke with confirmed there was plenty of training provided throughout the year, which had to be completed to maintain and develop their skills. A member of staff said, "There is plenty of training, too much. But it is helpful and informative." A programme of supervisions was in place for staff along with a yearly appraisal. This allowed the staff and registered manager to discuss any future training or development needs. The staff we spoke with told us they found this helpful and they felt supported.

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.

The Care Quality Commission is required by law to monitor the use of DoLS. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. 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. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. We were informed that three DoLS had been granted, and two applications for DoLS for people who met the

criteria were awaiting authorisation by the local authority. One person at the service had an advocate in place to help support them.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, best interests meetings were considered to discuss their care, relatives and other relevant people had input into these discussions.

Staff confirmed they had undertaken training about the principles of the MCA. They were able to describe how they supported people to make their own decisions. We observed staff offering choices to people and supporting them to make decisions about what they wanted to do, and what they wanted to eat and drink. A member of staff said, "We have had MCA training. We give people choices and we wait for their views, we do this every day."

People had their nutritional needs assessed on admission and this information was reviewed and reassessed regularly to make sure people's dietary needs were met. Staff understood people's dietary needs, including their preferences likes and dislikes. Staff undertook the cooking and ensured people's preferences were provided for them. If people had a poor appetite or were reluctant to eat and drink their nutritional intake was monitored by the staff and health care professional's monitored people's dietary needs.

We observed lunch; the food looked appetising and nutritious. Staff observed if people were not eating their lunch and they provided gentle encouragement and prompting. Other choices of food were offered to people if they were not eating well. The staff monitored people to make sure they had eaten their lunch and had a drink. People who required assistance were helped by patient attentive staff. People chose where they wanted to eat. The dining room's had a relaxed feel and there was a sociable atmosphere with background music playing. One dining room was provided for people who required more assistance to make sure their dignity was maintained , staff who were assisting them were not interrupted which helped people to concentrate on eating their meal.

The care home was a large house with parking provided at the front and secure rear garden. There was a lift provided to the first floor. We saw hoists and special equipment, such as hospital beds with pressure relieving mattresses were in use for people who had been assessed as requiring this to maintain their wellbeing. Signage was provided to help people find their way around and bedrooms were numbered or had picture frames with people's name's present to help orientate them to their own room. There was a welcoming and homely atmosphere at the service.

Is the service caring?

Our findings

People we spoke with told us the staff and registered manager were caring. We received the following comments; "The carers are all lovely. The place and people are nice," "The staff have endless patients with people, they are very good. It is a calling this line of work. I cannot say anything nasty about the staff," and "This is a care home with a capital 'C'. The staff are always polite and never rude, they are lovely." We observed staff treated people with dignity and respect during our visit.

Relatives told us they felt the staff were caring. We received the following comments, "The service is absolutely perfect, we could not wish for anything better. The service users are treated like a big family. They [The staff] have gone out of their way to make us welcome." "It is down to the staff that [Name] has got to the age she is. It is a proper 'home from home' where people are part of a big family. The staff are approachable, there are never any issues," Relatives we spoke with said the staff made sure people maintained their family life whilst living at the service.

Relatives told us they were always made welcome at any time and they were invited to stay for meals. The registered manager and general manager had an open door policy so that people, their relatives or visitors could speak with them at any time. A health care professional we spoke with said the staff were very welcoming, they told us, "The staff are calm and patient with people. They appear to care for people."

Staff we spoke with told us they enjoyed working at the service. One member of staff said, "I would not want to work anywhere else." Another said, "I love it here, we have got an amazing array of residents, they are all brilliant in their own way. Staff all work together, it is brilliant. I am paid for doing something I enjoy." Staff we spoke with said they treated people as they would wish to be treated.

We observed people were treated with dignity and respect and the staff promoted their independence and choice. The staff understood people's likes, dislikes and preferences regarding their care and support. We observed the staff listened to and acted upon what people said and they provided appropriate support to people. For example, we observed three people who needed encouraging and assistance to eat their lunch were helped by staff who knew their life history, they were able to listen to staff reminiscing about their family, friends, hobbies and work life whilst the staff encouraged people to eat. This increased people's enjoyment of their meal and stimulated conversation.

We saw staff promoted effective communication with people by taking their time to speak with them; they gained eye contact especially with people who were living with dementia. The staff rephrased questions to help people understand what was being said, and allowed people time to respond. We saw staff knocked on people's bedroom doors and waited for their response before entering their bedroom. Personal care was delivered to people in their bedrooms and in the communal bathrooms with the doors closed to maintain people's privacy.

Staff told us they treated people as they would wish to be treated. They told us they did not feel like they were coming to work they said they felt they were spending time with their extended family. This was a

sentiment shared by all the staff we spoke with.

The registered manager told us staff covered one another's absence and annual leave which helped to maintain continuity of care to people. The registered manager worked at the service, they told us this was the residents home and the staff respected this.

We saw resident and relatives meetings occurred. We saw discussions had taken place about the meals provided, entertainment and activities held at the service to gain people's views. Staff we spoke with told us people were assisted to make choices to promote their independence and live the life they chose at the service.

The registered manager and staff were passionate about providing end of life care. They told us how important it was to support people who lived there and their family at this time. People's preferences for their end of life care and support was recorded. This helped to make sure staff were fully informed and were able to provide the individualised care people wished to receive.

Is the service responsive?

Our findings

During our visit people we spoke with told us they felt the staff responded to their needs and said they were supported well by the staff. We received the following comments from people living at the service; "If I am not well the staff get the doctor for me," "You only have to ask for help and staff are there," "The staff are always ready to help when wanted it is wonderful. If I weren't well they would do something about it," and "My daughter visited with her husband and son before I came in. It is a very well run establishment, they [The staff] could not do much more for you than they do. I had to have a new GP so I went last week to register."

Relatives we spoke with told us the staff were responsive to people's needs and they confirmed they were kept well informed about any changing needs. We received the following comments; "I am kept informed of any changes in [Names] needs. I am kept in the loop," and, "If mum is not well they [The staff] keep us informed."

We saw evidence to confirm that before people were offered a place at the service an assessment of their needs was undertaken. This ensured that people, or their representatives could discuss the care and support needs required. It also allowed the registered manager to make an informed decision about if their needs could be met. People were encouraged to visit the service to see if it was the right place for them.

If people were admitted from home and had been receiving support from social services a copy of their care plan was gained from the local authority. Information was provided from discharging hospitals to inform staff about people's current needs. This information was used by staff to create people's individual care plans and risk assessments. People's needs were regularly monitored, reassessed and reviewed as their needs changed. This ensured staff provided the care people required. Staff we spoke with told us they reviewed people's care each month or as their needs changed.

We observed that people's care records contained phone numbers for doctors, district nurses and other relevant health care professionals. We observed from people's records that if a person was un-well staff contacted relevant health care professional for advice. Staff we spoke with told us they always acted upon any advice received. We spoke with a health care professional they said, "The staff informs us of any concerns. If staff have any concerns they let us know." The action staff had taken to help to maintain people's health and wellbeing was documented.

Staff told us how they reviewed people's condition on a daily basis and reported any changes in people's needs during staff handovers between shifts. There was a 'key worker' system in place. This is where an allocated member of staff helps to support named people and their relatives. We saw that staff prioritised people's care, for example, if people were trying to get up unaided or if they wanted attention staff attended quickly to help support them.

We saw equipment was provided to help maintain people's wellbeing, for example, we saw people were using pressure relieving mattresses and cushions which they had been assessed for to help prevent the risk of pressure damage to their skin.

Activities were provided at the service this included, quizzes, bingo. A Christmas party was being planned and everyone who was able to were going out to a local venue for a meal. We saw staff undertook spontaneous activities with people to make sure their minds were stimulated. One person we spoke with told us they had made key rings, book marks and jewellery for their relations for Christmas. The said, "We have been making jewellery, bracelets and other things." People chose if they wished to join in with activities, or not.

A complaints procedure was in place and it was available to people and their relatives. People we spoke with told us they had no complaints to make. One person said, "If I had a complaint I would speak up about it. If it is a small thing I ask the lady's about it, [The staff] and they come and see to it." Another person said, "I would tell them if I did not like things." Relatives we spoke with confirmed they would raise issues if necessary and they said issues raised would be dealt with. We looked at the complaints that had been received, all were dealt with appropriately.

Is the service well-led?

Our findings

People we spoke with told us they felt the home was well-led and they said they were satisfied with the service provided. We received the following comments; "I am safe and very well looked after, it is all I could wish for. The home is managed well," "It is a smooth, well run organisation. The manager must screen staff to get the right type of staff, they are very nice and helpful," and "We do have meetings I can bring anything up. I am quite happy here."

A relative we spoke with told us they felt the service was well-led. We received the following comments; "The manager and staff are approachable. Everyone is so friendly. We get surveys now and again we fill them in and send them back and there are residents meetings."

We observed the registered manager promoted an open and transparent culture at the service. There was an 'open door' policy in place so that people, their relatives, visitors or staff could speak with the registered manager or general manager at any time. Staff meetings took place, staff we spoke with said they did not need to wait for the meetings to be held to raise issues because the management team were available to them at any time. Staff confirmed their views were listened to and were acted upon.

The registered manager and general manager worked with the staff to observe how care was provided to people living at the service. This helped the management team to monitor the quality of service provided.

We saw a variety of audits were undertaken; these covered areas such as; infection control, care records, medicine management and the environment. We looked at the results of the audits that had been completed and saw that if issues were found action plans were put in place to record how the issue was resolved. We found the audits in place were effective.

There was an emergency contingency plan in place. This detailed the action staff must take if events such as a fire, gas or electricity supply failure occurred. If a severe emergency occurred the registered provider was able to take people to their other care service, temporarily if necessary. This helped to protect people's wellbeing.

We saw from records that we looked at that general maintenance, servicing and repairs were undertaken to ensure the home remained a pleasant place for people to live in. Equipment was serviced and maintained so that it remained in good working order and was safe for the staff to use. There was an on-going programme of redecoration and improvements in progress. Evidence we requested was provided to us and the registered manager sent in notifications to the Care Quality Commission.

People using the service and their relatives were asked for their views at resident and relative meetings as well as through questionnaires. We looked at the minutes of the resident and relatives meetings and at the questionnaire results. We saw the feedback received was positive. Staff also completed questionnaires where they were asked for their views. This helped the management team to monitor and maintain the service provided. We saw compliments and thank you cards had been received about the service provided

to people. These were displayed for the staff, people at the service and their relatives to read.