

C & K Healthcare Limited

College Hill Residential Home

Inspection report

64-66 College Hill Road
Harrow
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Tel: 02089541235

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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

College Hill Residential Home provides accommodation and care for a maximum of 11 older people some of who may have dementia. There were 11 people using the service on the day of the inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were protected from the risk of abuse because staff had a clear understanding of the safeguarding process. There were risk assessments in place to reduce risks to people's safety. These were reviewed regularly to ensure appropriate action was taken to mitigate the risk. We saw that people's medicines were handled safely. There were suitable arrangements for the recording, storage, administration and disposal of medicines. There were enough staff deployed to meet people's care needs and we saw evidence that new employees were checked before they could commence work to ensure they did not pose a risk to people who used the service.

Staff had access to a variety of training. Regular supervisions and appraisals were also provided to staff. People had choice of a nutritious and well-balanced diet. The service ensured that people's health was monitored and if required external health care support was sought to ensure people's health and wellbeing was maintained. People's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA). However, we found that the service could do more so that the environment was more supportive and enabling for people with dementia.

People told us staff were caring and compassionate. We observed that staff treated people with respect and dignity. People's individual preferences were respected. Staff demonstrated a good understanding of protecting and respecting people's human rights. They treated people's beliefs and cultures with respect. The service was mindful of the information they received about people. It recognised people's rights to privacy and confidentiality. The service had updated its confidentiality policies to comply with the new General Data Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

People received care that reflected their likes, dislikes and preferences. This was evident in all areas of care. People had been consulted when their care plans were written. The care plans were being regularly reviewed and updated to ensure they reflected people's changing needs and wishes. People confirmed that they could complain if needed. There was a complaints procedure which they were aware of. There was a programme of activities organised by the home, which people participated in.

There were structures, processes and systems to support good governance. The registered manager had established policies, procedures and activities to ensure safety. The service had effective systems in place to continually monitor the quality of care and people were asked for their opinions and action plans were developed to address shortfalls.

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 remains Safe.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well-led.

College Hill Residential 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 checked 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 16 October 2018 and was unannounced. The inspection was carried out by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of 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 records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

We looked around the home and observed how people interacted with staff. We looked at care records and associated risk assessments for five people along with other relevant documentation. We looked at other records including audits, maintenance records and policies related to the running of the home. These included staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures along with information regarding the upkeep of the premises.

During the inspection six people told us about the care they received. We spoke with five members of staff which included the registered manager, and service director.

Is the service safe?

Our findings

People receiving care told us they felt safe and secure living at the home. One person said, "Of course, I feel safe. All the staff are helpful." This was a view shared by all people spoken with.

We saw that there were safeguarding systems and processes to support staff to understand their role and responsibilities to protect people from avoidable harm.

People were protected from the risk of abuse because staff had a clear understanding of the safeguarding process. They could tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, or where appropriate, the local authority or the Commission. We saw evidence that they had received safeguarding training.

We checked how the service assessed and responded to risks for people. We saw that there were effective systems and processes in place to minimise risks to people. Where risks were identified in such areas as mobility or nutrition and hydration, people's care plans described the actions staff should take to minimise the risks. The risk assessments were reviewed on a monthly basis, which ensured people's safety and wellbeing were monitored and managed appropriately.

Staff had been recruited safely. They underwent appropriate recruitment checks before they could commence to work at the service. Pre-employment checks had been carried out to make sure new care workers were of good character to work with people. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

There were sufficient staff deployed to keep people safe. We asked people if they thought there were enough staff available at different times of the day to provide care. One person told us, "Yes, there are always two or three staff here." We saw people being attended to without delay. In instances where staff were busy, they kindly advised people of this and thereafter we saw them attending to people.

There was a process in place to monitor any accidents and incidents. The registered manager explained that all accidents were reported to her and then shared with directors of the service to ensure management oversight over any emerging trends. There was evidence that accidents were discussed in staff meetings and analysed to identify trends or corrective action.

There were procedures in place to make sure that regular and ongoing safety maintenance was completed. The fire risk assessment for the service was up to date. Each person had a personal emergency evacuation plan (PEEP). This ensured people's safety was protected during the evacuation of the building in the event of fire or other emergencies.

People's medicines were handled safely. There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. There was a system for auditing medicines. One

person told us, "They make sure I take my medicine for a [complex condition that I have]. I get them on time and they stay with me until I have taken my tablets." Another person said, "Yes, I receive my medicine on time. Staff explain to me."

We checked the communal areas of the home which were all clean and well maintained. We found the home was clean. Staff had completed infection prevention and control training and they understood the importance of infection control measures. They used personal protective equipment such as vinyl gloves and other protective measures when handling food or completing personal care tasks.

Is the service effective?

Our findings

People's needs had been assessed before they started to use the service. Assessments covered areas such as diet and nutrition, health and safety, and communication. Care plans included guidance about meeting these needs. People gave us positive feedback about how the service was meeting their needs. One person told us, "I have lived here for a [number of months] and my needs are well catered for."

The service worked with a range health and social care professionals. People told us staff accompanied them or arranged visits to hospitals and appointments with GPs. We saw that referrals had been made to relevant professionals regarding people's health needs.

We asked people if they thought staff were suitably skilled and knowledgeable about their needs. One person told us, "I can't complain." Another person said, "Oh yes, staff are skilled." We saw that people received care from knowledgeable staff who received regular training. Staff had attended essential training, such as safeguarding adults, The Mental Capacity Act 2005, moving and handling, and equality and diversity. Refresher sessions were also provided to keep their skills up-to-date. This demonstrated that the service ensured all staff were up to date with their training requirements.

Staff had also received induction training prior to commencing work. This was linked to the Care Certificate standards. The Care Certificate 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. This ensured staff were assessed against a variety of competencies, for the duration of their probation period.

There were systems and processes in place to support staff. All staff received a monthly one to one supervision session. Annual appraisals were also provided. We could see from personnel files that staff could to discuss their learning and development needs. Staff told us that they felt supported.

People's rights were protected because the registered manager ensured that the requirements of the Mental Capacity Act (MCA) 2005 were met. The MCA 2005 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 decisions 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 interest and legally authorised under the MCA. The registered manager and staff demonstrated an understanding of the principles of the MCA and best interests decision making. Where people lacked capacity, the home took people's interests into account.

We saw that if people lacked mental capacity to make specific decisions, where relevant, their relatives were involved in the best interests decision. Care records recorded whether people had capacity to make decisions about their care. We also saw that conditions on authorisations to deprive people of their liberty were being met. We saw from records that three people who lived at the home were subject to a DoLS authorisation.

We asked people if they got a choice on what they liked to eat. One person told us "I don't eat beef, but there is always something to choose from, including chicken, lamb or fish. The food is brilliant. I can get coffee in the morning, I can get fruit or biscuits. They know I don't take sugar in my coffee." Another person said, "The food is good here." A third person said, "Food is very good and varied." We saw that people were supported to eat and drink sufficient amounts of their choice and encouraged to maintain a balanced diet.

There were three people living with dementia. Although the service had made a few adaptations to the environment, we recommend that it seeks advice and guidance from a reputable source regarding creating dementia friendly environments.

Is the service caring?

Our findings

People told us that all the staff were kind and caring. One person told us, "Staff are caring. They are, they play dominions and draughts with me." Another person said, "Yes. Staff are very nice."

Staff understood the need to protect and respect people's human rights. We observed people's privacy and dignity was promoted and respected. Staff spoke with people in a respectful way. We observed they knocked and waited to be asked in before they entered people's rooms. Staff had a good understanding of respecting people's human rights. They had received equality and diversity training. They were aware of people's right to privacy, dignity and respect. Relevant policies were in place, including equality and diversity policy.

The service was mindful of the information they received about people. It recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive.

Staff were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, gender, interests, culture and language. This information enabled staff to involve people as they wished to be. For example, we saw people being assisted to attend their places of worship. One person who was Hindu, was assisted to attend a temple. We also saw that a church choir visited the home once a month for the spiritual needs of Christians.

People were supported to maintain their independence. Their care records contained information about their choices and independence. Staff understood each person's ability to undertake tasks related to their daily living. Staff were encouraged to take time to support people to participate as fully as they could. We observed one person, hung up laundry in the garden and later was sweeping the leaves in the garden.

Staff spoke with people in a friendly way and gave people time to respond. For example, people were given a choice of meals. People who were being assisted were given time to eat their food and staff offering drinks at timely intervals. Whilst we observed dignity was respected, we drew the registered manager's attention to an instance where this may have been compromised. One person was wearing a bib all the time from 10am until after lunch. This person had also been fed with a teaspoon.

We recommend that the service seek advice and guidance from a reputable source regarding use serviettes, or adapted crockery and cutlery to enable people to feed independently where appropriate.

People received compassionate and supportive care when they were nearing the end of their lives. The registered manager told us that when a person's general health deteriorated discussions were held with other members of the multi-disciplinary team. People had advanced plans in place. Some people had Do

Not Attempt Resuscitation (DNAR) forms in place, which were correctly completed and regularly reviewed.

Is the service responsive?

Our findings

The service supported people in a responsive way. When there had been changes in people's conditions, specialist input into their care had been sought immediately. We asked people if their healthcare needs were met and if staff acted speedily enough when any concerns about their health arose. One person told us, "When I came in initially the doctor came to see me and check me over. A chiropodist also came to see me." Another person said, "Yes, staff [act speedily enough when any concerns about my health arise]."

Assessments had been completed prior to people moving to the home to ensure the service could meet people's needs. People or their relatives were involved in developing their support plans. The care plans identified people's personal and healthcare needs. We found the information to be person centred and reflected how people wanted to be supported. The information that staff would need to know about people's care was presented in easy to read step by step format. One person had been identified to be at risk of complications of uncontrolled diabetes, and there was meaningful information written in a concise and clear format so that it was easy for staff to follow.

Although there was no Accessible Information Standard (AIS) policy in place, the service had taken steps to ensure people who used the service understood the information they were given. As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required to meet people's information and communication needs. Although people living at the home could verbally express their involvement in care, care plans had considered their communication needs. This showed the service was aware of the need to ensure people were able to communicate their needs and understood information that was given to them. Following this inspection, the registered manager told us the AIS policy was now in place.

People's care plans were regularly reviewed by care staff. This helped to ensure they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure that staff had up to date information. People's relatives were kept informed of any changes to their family member's care needs.

People were offered a variety of activities and outings. Activities included board games, cards, puzzles, music, quiz and arts and crafts. We asked people if they got to do the activities they wanted to. We observed one person teaching a member of staff how to play draughts. This person told us, "I like to play draughts and chess and dominoes." A mobile library visited the home once a month. One person liked crime books, another liked audio books and they found this service useful.

The service had a complaints procedure in place. This set out how people's complaints would be dealt with, including timescales for responding to complaints. This was shared with people, their relatives and staff. People told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.

Is the service well-led?

Our findings

People were happy about the quality of service. People knew who the registered manager was and found her to be helpful. They described the management at the home in complimentary terms, including 'approachable' and 'supportive'. One person told us, "[The registered manager] is excellent."

Staff were as complimentary. One member of staff told us, "The managers is approachable. She has an open-door policy." They felt free to raise any concerns knowing these would be dealt with appropriately. This view was also shared by people who used the service. We asked people who they would speak with if they had concerns. One person told us, "My sister would take it up. If you have a problem it will be sorted out in a day. The manager's door is always open."

The registered manager was well-informed about people's needs. She could tell us knowledgeably about people's needs. Equally, the registered manager understood her role and responsibilities and had ensured CQC were kept informed of all accident and incidents. We saw that accidents and incidents had been regularly monitored to ensure any trends were identified and addressed.

There was an open and inclusive approach to the running of the service. Regular staff meetings took place. Staff told us that this enabled them to share ideas and discuss any relevant issues. We looked at a sample of staff minutes and saw that topics of discussion were varied but in all cases staff were routinely asked for their views about the service and any concerns they may have. We saw from the minutes that staff could make suggestions for improvement and we saw that these were acted on, including improvements in activities provision.

People and relatives were regularly asked for their views on the quality of the service being provided. This included key workers spending one to one time with people, meetings and annual surveys. We spoke with people who confirmed their views were considered and that they had in the past been asked to complete surveys. We saw the results of the survey that was carried out in 2018 were positive. "I wish [my relative] had lived in the home much earlier. He has never been so happy. His mental health has never been so stable."

The service had a range of audits to review people's care records, hot and cold-water outlets temperature, infection prevention and control, health and medicines management. Where audits had identified issues, we saw that actions were taken to address these. The local authority monitoring team also carried out periodic visits. Their latest report had not identified any concerns.

Care documentation contained essential information such as updates on people's health and details of care reviews. These were up to date. There was a range of policies and procedures to ensure that staff was provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.