

Striving for Independence Homes LLP

College Road Care Home

Inspection report

SFI Care Homes
4 College Road
Wembley
Middlesex
HA9 8JL

Tel: 02087951586

Date of inspection visit:
15 April 2016

Date of publication:
20 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 15 April 2016 and was unannounced. At the last inspection on 1 October 2015 we had found that while some improvements had been made from the inspection of March 2015, the service was still in breach of regulation in relation to the way it monitored the quality of care. We wrote a letter to the provider requiring documentation necessary for the purposes of monitoring how the service was addressing the shortfalls. The provider complied with this request. At this inspection we found some improvements had been made. There were systems to monitor the quality of the service. A range of audits had been completed. Risks to people had been identified and action taken to reduce the risks.

College Road Care Home is a care home that provides care, support and accommodation for up to three people with learning disabilities. At the time of our inspection there were two people living in the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found considerable improvements had been made in relation to the monitoring of the quality of care. There were appropriate records of people's finances including their spending. Staff carried out daily and weekly checks of people's finances to reduce the risk of financial abuse. Risks to people were identified and monitored. Audits had been carried out to identify any improvements that were needed.

There were sufficient staff to meet the needs of people and the service had conducted appropriate recruitment checks before staff started work.

People had been involved in the planning of their care. We also saw that their relatives were involved as appropriate. Support plans and risk assessments provided information and guidance for staff on how to support 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.

Risks to people were assessed and monitored. People received appropriate support with the management of their finances. There were procedures in place for the safe handling of their money.

There were arrangements to deal with emergencies. Staff had a good awareness of how to respond and were clear about actions to take if evacuation was required.

Staff recruitment procedures were effective and there were sufficient numbers of staff to meet people's needs. Staff knew how to protect people from abuse or neglect.

Is the service well-led?

Good ●

The service was well led.

People's views were sought about the running of the service and audits were completed to identify any problems which were then addressed.

There were a range of processes in place to monitor and improve the quality of the service.

College Road Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 April 2016 and was unannounced. The inspection team consisted of two inspectors.

As part of our planning we looked at the information we held about the service including information from any notifications the provider had sent us and audits. A notification is information about important events that the provider is required to send us by law. We also asked the local authority monitoring team for their views of the service.

During the inspection we looked at support plans and risk assessments of two people, staff files, people's medicines charts and other paperwork that the service held. We also spoke with a local authority monitoring team and a relative of one person.

Is the service safe?

Our findings

People's relatives were complimentary about the care at the home. Their comments included, "[My relative] is really safe. We are at peace."

Management of people's monies showed that action had been taken to make improvements with regard to the management of people's monies by the service. People received appropriate support with the management of their finances. There were procedures in place for the safe handling of people's money. Each person had a 'financial profile', which described what support they needed with their finances. The money belonging to people was subject to a regular audit or checked at regular intervals to reduce the risk of financial abuse. Each entry on the individual account record was countersigned to provide a witness to each transaction. The money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift. A financial audit trail was kept for each person using the service and this audit trail was made available for inspection by responsible local authorities.

People's care needs had been assessed. Risk assessments had been prepared and these were different for each person, reflecting their specific risks. The assessments contained action for minimising potential risks such as risks associated with the use of transport, antisocial behaviour and having a shower. However, in some examples there was little detail in the section about the action taken to minimise the risk. For example, shower/bathroom risk assessment recorded, 'minimum supervision' as action taken to minimise the risk. Also, the risk assessment for someone for leaving the premises without supervision for their safety recorded, '[The person] needs supervision'. There was no step by step detail of action to be taken to minimise the risk. Bathroom risk assessment should include checks of the water temperature to prevent scalding. Following the inspection, the service sent us evidence that they had updated the risk assessments.

Appropriate recruitment checks took place before staff started work to reduce the risk of unsuitable staff being deployed at the service. Staff told us they went through a thorough recruitment and selection process before they started working at the home. Staff files evidenced that all necessary checks were completed prior to staff beginning employment. Checks were also made on agency staff before they came to work at the service. A relative told us, "I find staff numbers okay during my visits. When I am there, they do not seem rushed."

The home had policies and procedures in place to protect people in order to ensure risks of abuse were minimised. Staff had received training on safeguarding adults and demonstrated an understanding of the types of abuse that could occur and what they would do if they thought someone was at risk. They told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.

Essential maintenance work had been carried out. These included safety inspections of the portable appliances, gas boilers and electrical installations. The fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out for staff and people. The home had an updated fire risk assessment. Each person receiving care had a personal emergency evacuation plan (PEEP) in place. These

described step by step how each person was supported to evacuate the building if there was an emergency.

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. We checked medicine administration records and found all medicines administered had been recorded and each entry had been signed appropriately. There were no gaps in both medicine administration records. Medicine administration records tallied with the stocks in the medicines cabinet. Medicines that were to be administered 'as required' (PRN) were included on the medicine administration records and there were appropriate guidelines for their administration.

The home had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of hygienic practices such as washing their hands before preparing food and ensuring that the premises were kept clean. The environment was clean. We saw a record of deep clean of the environment and kitchen appliances having recently taken place. Colour coded mops and buckets, and chopping boards were seen. There were records of kitchen cleanliness checks that were carried out twice a day.

Is the service well-led?

Our findings

At the last inspection in October 2015 we had found a breach of regulation in relation to the way the service monitored the quality of care. Measures were not being taken to consistently identify and mitigate risks for people living and working in the home. We wrote a letter to the provider requiring documentation necessary for the purposes of monitoring how the service was addressing the shortfalls. The provider complied with this request. At this inspection we found some improvements had been made. There were systems to monitor the quality of the service. A range of audits had been completed. Risks to people had been identified and action taken to reduce the risks.

There were systems to monitor the quality of the service. We saw in some examples that action had been taken to improve the service following audits. Improvements had been made in the maintenance of the home and these were areas highlighted in a recent audit. A range of audits had been completed in areas including medicines, infection control, fire alarm tests, and care records. We discussed with directors the need to record timescales for completion of tasks identified through audits. This is important to ensure the identified actions are signed off and dated when completed to demonstrate the issues had been followed up. The registered manager and the service director agreed they would address these issues following the inspection.

Regular meetings had been held with people to obtain their views. We saw that a topic was discussed at each meeting, for example, birthdays, day trips, shopping, food, accommodation, health, and activities. These showed the involvement of the person in their care.

Regular staff meetings also took place to ensure staff were kept informed about changes to people's needs. The directors, managers and other staff attended the meetings. A range of topics were discussed including practice topics such as infection control-deep cleaning, service user monies procedures, incidents reports, health and safety, daily activity records, safeguarding, reports, menu, cleanliness of environment, and safety of people using the service.

The managers spoke openly about the shared values of wanting to provide a good quality service that encouraged people's independence and involvement in their care. Directors spoke about the improvements made regarding the recruitment of new staff. Six staff were completing the Care Certificate induction. The service had introduced the 'employee of the month' award to recognise good staff practice, which staff said was working well. At the time of this inspection, the service was working towards 'investors in people award' and they had a scheduled meeting with representatives of investors in people.

The service had also gathered feedback from staff and people through surveys, meetings and one to one discussions. There was an annual satisfaction survey that was carried out in December 2015. This survey indicated people and their representatives were positive regarding the services and care provided.

Risks to people were monitored and reviewed through staff meetings and 'resident meetings'. People's current needs were also recorded in daily records and reviewed in daily handover meetings. For example, we

saw records of people's contact with health professionals including optician, dentist and GP. Also, hospital appointments and health checks had been completed.