

Striving for Independence Homes LLP







College Road Care Home

Inspection report

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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?		Requires improvement	

Overall summary

This inspection took place on 1 October 2015. The inspection was announced.

College Road Care Home provides accommodation and personal care for a maximum of three people with learning disabilities. There were two people using the service on the day of our inspection.

The service had a registered manager. 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 and associated Regulations about how the service is run.

At our last inspection on 9 March 2015 we found the provider was in breach of five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider had not taken steps to reduce risks where recruitment checks were not complete or satisfactory. Staff did not receive regular supervision. The principles of the Mental Capacity Act 2005 and Deprivation of Liberty

Summary of findings

Safeguards were not applied in relevant situations. Planned care did not always meet people's needs. We also found the provider did not run effective systems for monitoring the quality of care.

CQC received an updated action plan from the provider on 22 July 2015. This contained information about the corrective action the provider would take to address the issues we raised at the last inspection. At this inspection we found that the provider had addressed the shortfalls identified previously, however, there were areas that still required improvement. These areas related to quality monitoring and record keeping.

There were sufficient staff to meet the needs of people. Staff had received a range of training to enable them to perform their roles and they had been

A relative of a person receiving care felt their relative was safe. Staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised.

The two people receiving care had relevant risk assessments in place. These reflected current risks and ways to reduce the risk from happening.

There were appropriate arrangements for the management of people's medicines and staff had received training in administering medicines.

Staff received training and they were supported through regular supervision and appraisal. We saw staff had received training in the Mental Capacity Act (MCA) 2005 and people's capacity was assessed in line with the MCA.

Staff knew people's needs well. They treated people with dignity and respect and we observed care was provided with kindness and compassion.

Summary of findings

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.

A relative told us people were safe using the service and with staff who supported them.

Recruitment procedures ensured that people were looked after by suitable staff.

Assessments were undertaken of risks to people who used the service.

People received their medicines as prescribed and medicines were kept secure.

Good



Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs.

Staff contacted health care professionals when they were needed to meet people's needs.

People were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

We saw people's privacy and dignity was respected. Staff treated people with kindness and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Staff knew people well and understood their needs and preferences.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were regularly reviewed to make sure they received the right care and support. Staff were knowledgeable about people's preferences and needs.

People needs were responded to. Relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place.

Good



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

Audits were not always effective at identifying shortfalls. Some policies were out of date which meant staff could not have access to up to date guidance and practice.

We found some deficiency in record keeping. Key information was recorded in multiple places and records were difficult to find and follow.

Personal and confidential information about people and their care and health needs was kept securely and in a way to protect their privacy and confidentiality

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.

We undertook an unannounced comprehensive inspection of College Road Care Home on 1 October 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 9 March 2015 had been made and because of safeguarding concerns that had been reported to us.

On the first day of the inspection, the inspection team consisted of two inspectors. The inspection on the second day was carried out by one inspector. We reviewed the information we held about the service. We considered information which had been shared with us by the Local

Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, newly appointed manager, director of the service and care staff. We also spoke with a relative of one person receiving care. Both people who lived at the home had limited verbal communication. We spent considerable time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at areas of the building, including people's bedrooms, bathrooms, the dining rooms and communal lounges. We reviewed records of the service, which included quality assurance audits, staff supervision schedules, staffing rotas, food and fluid recording charts and policies and procedures. We looked at two care plans and the assessments, along with other relevant documentation to support our findings.

Is the service safe?

Our findings

At our previous inspection on 9 March 2015 the service was in breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider did not always operate effective recruitment procedures.

At this inspection we saw that the provider had addressed the shortfalls in the recruitment process. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included obtaining a criminal records disclosure, evidence of identity, right to work in the country, and a minimum of two references to ensure that staff were suitable and not barred from working with people who used the service.

The home had policies and procedures in place to protect people in order to ensure risks of abuse were minimised. Staff were aware of the provider's safeguarding policy and the whistleblowing policy. They had received training in safeguarding people. They understood the procedures they needed to follow to ensure people were safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. 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.

Before this inspection the provider notified us of a safeguarding matter that related to the safekeeping of people's money. This had been reported to the relevant authorities. At this inspection we found the provider had taken steps to address this. There was a revised procedure for managing people's money. This ensured a manager employed by the provider other than the registered manager took responsibility for safeguarding the finances of people who used the service. We also saw that money belonging to each person was kept securely in a locked place with the key held by the person in charge of each shift, records of receipt in of money and expenditure for each person were kept and each transaction was countersigned by a second member of staff. There was a financial audit trail kept for each person using services.

We looked at the staff rota and discussed staffing levels with the registered manager. Staff we spoke with said the staffing levels were adequate. However, we noted that the rota was not sufficiently clear as to who was on duty in the home as the registered manager and the acting manager were both recorded as working during weekdays although in practice they may be working at another of the company's home. This was addressed immediately by the manager during this inspection.

People's care needs had been carefully 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. Staff demonstrated they knew the details of these management plans and how to keep people safe.

The provider had carried out essential maintenance. 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 and one of these had been carried out after dark. 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 provider demonstrated they understood their roles and responsibilities in relation to infection control and hygiene.

Is the service safe?

The home had an accident book. Only one accident was recorded since the last Inspection and this related to a fall sustained by a person. There was appropriate guidance to staff for preventing a re-occurrence.

Is the service effective?

Our findings

At our previous inspection on 9 March 2015 the service was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because staff did not receive appropriate on-going or periodic supervision in their role to make sure competence was maintained.

At this inspection we found this had been addressed. The managers of the home carried out regular supervision and annual appraisals. Staff confirmed that this took place and we saw evidence of this in their records. This ensured that staff received appropriate support.

At our previous inspection we also found that where people lacked mental capacity to make an informed decision, or give consent, staff did not always act in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and associated code of practice. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we examined how the MCA 2005 was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. Staff understood the importance of ensuring people consented to the support they provided. They told us if they had any concerns about people's ability to consent, this would be discussed with the registered manager. They were knowledgeable about the MCA, and how important it was for people to agree to support provided. We saw the registered manager had completed this MCA process when it was needed. For example, we saw that MCA assessments had been completed to support people with managing their finances.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. There was one DOLS authorisation for a person living at the

service. We saw the provider had followed the correct process to gain authorisation. Staff had received the relevant MCA and DoLS training and we confirmed this from records.

People were supported to maintain good health and enabled to access healthcare services when needed. People were supported by a number of healthcare professionals, including GP, chiropodist, community specialist nurses, and opticians. Staff ensured people accessed health and medical support in timely manner when needed. There was evidence of recent appointments with their doctor and hospital professionals. We saw that annual health checks and immunisations had been carried out.

A training matrix was available and contained the names of staff currently working at the home together with relevant training they had completed. Training which had been provided included Health and safety, Food Hygiene and Infection Control. This was confirmed by a staff we spoke with and evidenced in the training records of staff.

The nutritional needs of people had been attended to. We observed that care staff assisted people and ensured that they had drinks when they returned home from the day centre. The home had a menu in pictorial format so that people could point to them to indicate their preferences.

Staff were pleasant and regularly talked with people. Staff demonstrated an understanding of care issues and how the needs of people could be met. One person had a medical condition that required a specific diet. Staff gave us information which reflected what the doctor advised. We saw that appointments had been made for this person with their hospital consultant.

The arrangements for meals were satisfactory and people could make suggestions during meetings with staff regarding what they wanted to eat. Staff told us that people went out shopping with them. Staff were aware of the importance of promoting healthy eating and they stated that salads were served two or three times a week. They encouraged people to eat fresh fruits and fresh vegetables were served with people's meals. We noted that there were fresh fruit, vegetables and meat in the fridge. The record of meals provided included cultural meals.

Is the service caring?

Our findings

A relative spoke positively about the attitude of staff. We observed that staff showed interest in people and interacted well with them. Staff greeted people warmly when they returned home from the day centre. People appeared relaxed and comfortable with the registered manager and care staff. A relative of one person receiving care told us they were happy with the care that their relative was receiving.

Staff treated people with dignity and respect. They were aware that all people who used the service should be treated with respect and dignity. Staff said they would ensure that doors were closed when they assisted people with their personal care. They informed us that they would knock on doors before entering bedrooms and close the curtains if necessary, which we observed. The registered manager ensured we received consent from people before we examined their bedrooms.

Both bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people feel at home.

Staff carried out assessments of people's care needs with their help. These assessments contained details of people's background, care preferences, choices and daily routines. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved.

Information regarding people's past history and social life were documented in their records. Guidance on how to communicate with people were included in the profiles of people. The provider had explored a range of methods in order to meet people's communication needs so that individuals could be involved in their care. For example if a person could not communicate verbally, other communication methods were used. These included communication cards, object of reference, and in other cases, gestures or sign language were used. Information was available in pictorial format around the home to help people to communicate with staff.

Staff held regular meetings where people could make suggestions regarding their care and activities they liked. The minutes of these meetings were available. Care staff assisted people make choices regarding what they clothes they wanted to wear.

There were arrangements to meet the varied and diverse needs of people. Care records of people contained details of people's religious and cultural background, their interests, and activities they liked. There were arrangements in place to ensure that the religious and cultural needs of people were responded to. The records of one person indicated that they wanted to attend religious services. This had been responded to and was evidenced in the daily log we examined.

Is the service responsive?

Our findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because people were not receiving person centred care.

At this inspection we found this had been addressed. People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. A relative we spoke with told us they were involved in the care of people.

Care plans reflected their health and social care needs. They had been kept up-to-date and reviewed. We saw care files divided into sections, thus making it easier to find relevant information. Comprehensive assessments of people's care needs had been carried out with their help and the help of their relatives and representatives. These assessments contained information regarding people's background, behaviour, preferences, choices, daily routines and likes and dislikes. This was important because we saw that staff were knowledgeable about what kinds of things people liked and disliked, which ensured they provided appropriate care and support.

Both people at living at the home had a care plan that was personal to them. The care plans were up to date and addressed areas such as people's personal care, nutrition and activities that people can participate in. The care records contained a daily checklist for staff in areas such as cleanliness, personal care to be given and activities to be engaged in.

The home had a complaints policy and procedure, which was on display in the office and in the service user guide. The policy was available in a pictorial format so that it was easily understood by people. Staff were aware of action to take when a complaint was received. They stated that they would report it to the manager and record in the complaints book. The provider had not received any complaints since our last inspection.

People were involved in a range of activities. We saw the daily activity timetable of people was written in an accessible way, with pictures to indicate the type of activities. We observed that the two people who used the service went out to a day centre in the morning and returned in the afternoon. Their records also contained evidence that they went out for walks.

We noted that one person stated that they wanted a particular dish. Staff told us that this person had been given the dish the night before. This was evidence when we looked at the fridge which contained some leftover food from the previous evening.

Is the service well-led?

Our findings

At our previous inspection on 9 March 2015 the service was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the registered provider did not have an effective system in place to monitor and assess the quality of service provided to people. Audits and quality assurance monitoring were not effective at identifying, assessing and managing risks relating to the health and welfare of people in the home.

At this inspection we found that some but not all of these areas had been addressed. Whilst audits of the environment and care records were carried out, we found processes to monitor the quality and safety of the service were not robust. Audits carried out at the home were not identifying some of the concerns we found.

The provider did not always maintain an accurate, complete and contemporaneous record for each person or documents necessary for the delivery of care. We looked at policies and procedures and found that these were not always reviewed or up to date. For example, we saw that safeguarding policy and procedures had not been updated to reflect current practice. This meant that staff did not always have access to up to date guidance and practice. We also saw the care records of people using the service were not signed by people or their relatives to show people were involved in their care.

We looked at the staff rota and noted it was not clear as to who was on duty in the home. The registered manager and the acting manager were both recorded as working during weekdays although in practice they may be working at another of the company's home. The registered manager stated that she provided cover on some evenings. However, this was not documented.

We asked the provider for the records of safety tests. The periodic test of gas appliances and fire extinguishers were available and in date. However, key information was recorded in multiple places and records were difficult to find and follow. Most records of audit were not kept at the home but at another of the company's home. Records of maintenance work were not readily available. An electrical report that was completed in February 2014 recommended some action to be followed up on but there was no record that action had been taken. The provider told us they had taken action but this was not recorded.

The examples above showed the provider had failed to implement their action plan, which stated that 'an effective quality monitoring process to help identify and address identified shortfalls' would be in place by April 2015. This is a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

However, we also saw improvements in other areas of governance. Meetings were held regularly with the managers and staff to share information about the service and changes to individuals' needs and arrangements. The minutes contained clear information about what the management expected from staff. Staff told us they were able to discuss issues relating to their work and the running of the service.

We saw that personal and confidential information about people and their care and health needs was kept securely and in a way to protect their privacy and confidentiality. Care plans were available to the staff and were put away after use so that they were not left on display. People could be confident that information held by the service about them was kept confidential.

We observed staff engaging with people to ensure their wishes and feelings were respected and saw evidence of regular meetings with them to enable them to provide feedback and make comments about the service to enable it to develop.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective systems and processes monitor and improve the quality and safety of the service. Also, some records relating to the care and treatment of each person using the service were not fit for purpose.