

Mrs K Peerbux

College View

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?

Good ●

Summary of findings

Overall summary

About the service

College View provides support for up to 12 older people in one adapted building. Nine people were receiving a service at the time of this inspection.

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

We received very positive views from people about the support provided to them. People said they felt safe and staff were respectful.

Staff had positive links with health care professionals, which promoted people's wellbeing.

Care and support were tailored to each person's needs and preferences. People and their relatives were fully involved in developing and updating their planned care.

Staff had received training and support to enable them to carry out their role. Recruitment checks were carried out to ensure staff were suitable to work in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this practice.

The registered manager led by example to ensure people received a good service. People and staff told us the management team were approachable and listened to them when they had any concerns. All feedback was used to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 31 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

College View

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

College View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager and the cook.

We reviewed a range of records. This included two people's care records in full and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a commissioner of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The fire risk assessment for the service was not up to date. The registered manager took action to address this following our inspection.
- People felt safe, confident and happy when being supported by staff. One person told us, "I don't have to worry about being safe here; it has never crossed my mind that I wouldn't be safe."
- The equipment and environment had been checked for health and safety.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of control measures for staff to follow to keep people safe.

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when no-longer required.
- Protocols were in place to guide staff on when to administer 'as and when required' medicines.
- Information on topical medicines, such as creams was recorded in-line with best practice guidance to support the safe use of these medicines for people.
- Weekly and monthly medicine checks helped ensure medicines were stored and used appropriately.

Systems and processes to safeguard people from the risk of abuse

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary; any incidents had been managed well.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Staff were recruited safely; appropriate checks were carried out to protect people.
- People received care in a timely way. Feedback from people was positive, comments included, "The staff are always on hand; I never have to wait" and "They know when I call I do need them so I am never kept waiting."

Preventing and controlling infection

- The environment was clean and free from malodours to prevent the risk of people acquiring infections.

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of infections.

Learning lessons when things go wrong

- When incidents occurred lessons were learnt to prevent the reoccurring.
- The provider monitored accidents and incidents across their services to identify any trends or patterns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive and care and support was regularly reviewed.
- Care and support was planned, delivered and monitored in line with current best practice and evidence based guidance.

Staff support: induction, training, skills and experience

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet people's individual needs.
- Staff felt supported. Feedback was positive and comments included, "I do feel very supported; the team are great here, we all get on" and "The manager is always available and has been so flexible with me at times."
- A staff induction and training programme was in place. Competency assessments checked that learning had been embedded in practice.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking.
- People were protected from risks of poor nutrition and dehydration.

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

- Areas of the home were homely and pleasant. People had been encouraged to personalise their rooms with furniture and ornaments.
- Some dementia friendly signage was used within the environment to help orientate people.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- People could make individual choices and decisions about their daily lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were comfortable and well looked after; staff were friendly and considered people's individual needs. People said staff were friendly, one person said, "Staff are so kind and very caring, they put themselves out and get you anything you want."
- Staff communicated in a caring and compassionate way. They gave people time to respond.
- People were treated fairly and equally; information about their diverse needs was available to staff.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- Staff directed people and their relatives to sources of advice and support or advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, dignity and respect.
- People were comfortable and their personal care needs were met. They told us staff were friendly and caring in their approach.
- People were supported to remain as independent as possible. One person said, "The staff let me do what I can do and they do the rest. I want to be as independent as possible for as long as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and information on how best to meet their preferences were identified, met and reviewed.
- Staff were knowledgeable about people and had a good understanding of their preferences and interests; this enabled them to provide personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information shared with people met their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was range of group activities and entertainment for people to access.
- People spent their time in the main areas of the home and enjoyed the garden as the weather was warm. Visitors were not restricted to times when they could visit the service.

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure which was displayed in the home.
- Where complaints had been made, they were responded to in line with company policy.
- People and relatives knew how to provide feedback about their experiences of care and the home. One person told us, "I have never had cause to complain, if I did I would speak with the staff or the manager; they are all lovely."

End of life care and support

- People who were being supported with end of life care had their up to date care needs recorded and available for staff and visiting healthcare professionals.
- Staff understood the importance of anticipating people's needs. Staff had worked with the GP to ensure that 'just in case' medicines were available for someone whose condition could deteriorate quickly. This ensured that the appropriate medicine was available to keep the person comfortable when needed.
- People's religious and cultural beliefs were considered, recorded and respected.
- People were supported to make decisions about their preferences for end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service benefited from having a registered manager and a deputy manager who were committed to providing good quality care to people who used the service. One person told us, "The managers are very nice, they walk around the home every day to come and see us."
- Staff understood the provider's vision and worked as a team to deliver good standards. They told us they were listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Reflective practice was used to encourage people to be open and honest and learn from experiences.
- Duty of candour was evidenced.

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

- The registered manager understood their legal responsibilities.
- The culture of the service was open, honest and caring. The management team acted promptly to address any concerns identified during the inspection.
- The service was organised and well-run; people were treated with respect and in a professional manner.
- Regular checks ensured people were safe and happy with the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained. Events were well attended by the local community.

Continuous learning and improving care

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.