Mrs K Peerbux

College View

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection was undertaken on 01 October 2015, and was unannounced. The service was last inspected on 9 April 2014 the service was compliant with the regulations that we looked at.

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 registered provider is the registered manager for this service. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

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 wellbeing and what action to take to minimise those risks. Staff had undertaken training in a variety of subjects to develop and maintain their skills, this was updated, as required.

People's nutritional needs were assessed and monitored; their preferences and special dietary needs were known and were catered for. Staff encouraged and assisted people to eat and drink, where necessary. Advice from relevant health care professionals was sought to ensure that people's nutritional needs were met.

Staff supported people to make decisions for themselves they reworded questions or information to help people living with dementia understand what was being said. People chose how to spend their time.

We found when inspecting people's care records that there was no record of an incident where a person had been unwell and that medical advice had not been sought. During our inspection some fire doors were held open by inappropriate means and some storage of some cleaning chemicals and slug pellets had to be addressed. Window restrictors were not in use in two areas and a person required a bed rail bumper to be replaced. These issues were dealt with at the time of our inspection.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

There was signage 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 people find their room. Staff helped to guide people to where they wished to go. The communal areas were located on the ground floor. General maintenance occurred and service contracts were in place to maintain equipment so it remained safe to use.

A complaints procedure was in place. This was explained to people living with dementia or to their relations so that they were informed. People's views were asked for informally by staff and through surveys. Feedback received was acted upon to help people remain satisfied with the service they received.

The registered manager undertook a variety of audits to help them monitor the quality of the service. However, the issues we found at the time of our inspection had not been identified by this process.

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?

Requires improvement

The service was always not safe. We found some issues with the environment and one person's medicine records did not match the number of medicines held at the service.

Staff knew how to recognise the signs of potential abuse and reported issues. This helped to protect people. There were enough skilled and experienced staff to meet people's needs.

People told us they felt safe living at the home. Staff knew about the potential risks present to people's health and wellbeing.

Staff were informed about the action they must take in an emergency to help to protect people's wellbeing.

Is the service effective?

Good

The service was effective. Staff monitored people's health and wellbeing.

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.

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

Is the service caring?

Good

The service was caring. People were treated with dignity and respect.

Staff were knowledgeable about people's needs, likes, dislikes and preferences. Staff supported people to be as independent as possible which helped them live the life they chose.

There was friendly banter between people living at the service and the staff. Staff listened to what people said and acted upon it.

Is the service responsive?

Requires improvement

The service was not always responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

There was no record in one person's care file of an incident where they may have been unwell and medical advice had not been sought as required.

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

A complaints procedure was in place which was available to people and their relatives.

Summary of findings

Is the service well-led?

The service was not always well led. The registered provider undertook audits which had not identified the issues that we found during our inspection relating to the balance of one person's medicine, wedging open of fire doors and an issue where a person was unwell not being recorded in the person's care records.

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

Staff we spoke with understood the management structure in place.

Requires improvement

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 checked whether the registered 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 1 October 2015 and was unannounced. It was carried out by one adult social care inspector.

Prior to our inspection we had not asked the registered provider 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. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the building. We watched lunch being served and observed a medicine round. We looked at a variety of records; this included three people's care record and risk assessments. We looked at the Medication Administration Records, [MARs]. We inspected the records relating to the management of the service; this included policies and procedures, maintenance and quality assurance documentation, complaints and compliments. We also looked at staff rotas, staff training, supervision and appraisal records and recruitment information.

Most people living at the service were living with dementia, some could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that the staff understood individual's needs and preferences.

We spoke with the registered provider and care staff. We were introduced to everyone living at the service. We spoke with three people and with four relatives. We interviewed four staff. We were not able to speak with any health care professionals to gain their views. We spoke with the local authority safeguarding team to gain their views about this service prior to our inspection.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. One person said, "I feel safe and well cared for. I have only used my buzzer once staff were quick to attend." Another said, "I feel safe here at the home. It is nice to be pampered and for staff to help me."

We spoke with relatives who were visiting the same person they all confirmed that they felt the service was safe for their relation. One relative said, "The staff are lovely and friendly. I have never seen anything of concern with the staff or service users."

Staff we spoke with knew they must protect people from abuse. They were able to tell us about the different types of abuse that may occur and they told us they would report abuse straight away to the registered provider or management team. Staff undertook training about safeguarding vulnerable adults, there was a whistleblowing policy in place. At the time of our inspection one issue was being investigated by the local authority safeguarding team. A member of staff we spoke with said, "I have had safeguarding training. Any concerns about the wellbeing of residents I would report to the local authority or to the Care Quality Commission. I would raise the issue, no problems. I have never needed to raise any issues."

The registered provider monitored the staffing levels provided. They said they ensured staff on duty had the right skills to support people. Staff we spoke with said there were enough staff provided on each shift to meet people's needs. We inspected the staff rotas we saw that staffing levels were flexible if people needed to be escorted to hospital or if there were outings taking place. Procedures for recruiting staff were robust this helped to protect people from staff who may not be suitable to work in the care industry. Staff we spoke with told us they covered sickness, absence and holidays to help provide continuity of care to people.

We reviewed three people's care files. Risks to people's wellbeing such as the risk of choking, falls, or receiving tissue damage due to immobility were seen to be in place. This information was reviewed regularly and as people's needs changed. People were assessed for walking aids or wheelchairs, hospital beds, pressure mattresses and cushions. Staff ensured that the assessed equipment was used to help maintain people's wellbeing. The registered manager told us that if equipment was needed for people this was ordered straight way.

During our inspection we undertook a tour of the premises. Throughout the service we saw hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with personal protective equipment, for example; gloves and aprons. These were found in communal areas and in people's bedrooms. We found one person had bed rails on their bed but that one of the protective rail covers had a hole in it which may have meant the person could have bruised themselves on the bed rail. This issue was resolved to make sure the person's wellbeing was protected. We found that there was bleach and laundry de-scaler stored in an unlocked laundry cupboard. These were immediately removed from the premises. We inspected the secure garden. We found an open container of slug pellets in a planter hanging on the wall outside the patio doors. These items posed a potential risk to people living with dementia. We spoke with the registered provider regarding this. They reminded the staff to make sure all items were securely locked away in future.

We saw that there were two windows that could be opened wide, one was upstairs and has a window restrictor fitted by this catch had been removed to air the room by the cleaner. This was replaced. The second window was a small window in the first floor shower room. The registered provider told us staff would be reminded not to leave bedrooms with windows wide open and they confirmed a window restrictor would be fitted to the shower room window to help prevent any accidents from occurring or unauthorised access being gained to the home.

People had personal evacuation plans in place for staff to refer to in the event of an emergency. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff undertook fire training to help them prepare for this type of emergency. During our inspection we found that there were two fire doors held open by inappropriate means. This was discussed with the registered provider who removed these items so that the fire doors would be activated in the event of the fire alarm sounding, which helped to maintain people's health and safety.

The registered provider and management team undertook audits of accidents and incidents to see if there were any

Requires improvement

Is the service safe?

patterns present to help them prevent issues from reoccurring. Advice was sought from relevant health care professionals to try to prevent further accidents from occurring.

The registered provider showed us records of general maintenance that was undertaken. Service contracts were in place to maintain the equipment. Water checks, electrical and gas checks were in place. The registered provider and registered manager could be contacted at any time by staff for help and advice in the event of an emergency.

We inspected the medicine systems in operation in the service. The registered provider told us about the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place, the pharmacy pre packed people's medicine to assist the staff to be able to dispense these safely. Photographs of people were present which helped staff identify people and allergies to medicines were recorded. This helped to inform staff and health care professionals of any potential hazards. We checked the audited balance of medications for people at random, we found for one person their audited balance of one medicine stock was incorrect. The registered provider told us they would review their weekly audits to make sure this could not occur again.

We observed part of a medicine round, the member of staff had received training about how to undertake this safety. They were competent at giving people their prescribed medicines. They took their time to correctly check the medicine to be given; they checked the person's identity and stayed with them until their medicine was taken. The member of staff said, "We use a Lloyds system, I understand this very well. I had training which covered the safe handling of medicine. The manager watches us and they do a competency test before we are able to give out medicines."

Good

Is the service effective?

Our findings

People we spoke with said the staff looked after them well and met their needs. One person we spoke said, "It is the best place in the world. The food is very good. I like to generally relax and choose how to spend my time." Another said, "They look after me nothing is too much trouble."

A relative said "We are always made welcome and feel included. [Name] seems to enjoy the food."

We observed staff delivering care and support to people in the communal areas of the service. We saw staff understood people's needs, likes, dislikes and preferences. Staff were skilled at encouraging people to do what they could for themselves which promoted their independence and helped people live the life they chose.

We saw records which confirmed that staff undertook regular training in a variety of subjects which included; moving and handling, medicine administration, safeguarding, first aid, infection control, dementia and The Mental Capacity Act 2005. Staff we spoke with told us that training was on-going and had to be completed which helped to maintain and develop their skills. A member of staff we spoke with said, "We have plenty of training, we have to do it to keep our skills up to date." A programme of supervision and appraisal was in place this helped to highlight any further training or support staff required.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. People had their mental capacity assessed and where necessary the registered provider gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully. One person had a DoLS in place at the time of our inspection. Other applications had been sent to the local authority and were awaiting review. There were policies and procedures to help guide staff which helped to protect people's rights. Staff were aware of how to protect people's rights. A member of staff said, "I know about the Mental Capacity Act and DoLS. When people can't make their own decisions we have best interest meetings to keep people safe and protect their rights."

The registered provider confirmed that advocates could be provided locally for people who needed help or support. Information about this service was available to people.

People had their nutritional needs assessed on admission. This information was regularly reassessed and reviewed to make sure people's dietary needs were being met. Staff were aware of people's dietary needs, preferences likes dislikes and food allergies. A carer was cooking lunch on the day of our inspection. The food served looked appetising and nutritious. Staff we spoke with confirmed people could have something to eat and drink at any time. We saw the staff provided large and small portions of food to people as well as second helpings. Most people ate independently; those who required some prompting or assistance were helped by patient attentive staff. People chose where they wanted to eat, most people ate in the dining rooms where there was a sociable atmosphere. People were asked for their views about the food at mealtime and at the residents meetings that were held to make sure people felt included to make decisions about the meals provided at the service.

We saw the building was suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. These were provided to people who had been assessed as requiring this equipment to help maintain their wellbeing. Signage was provided throughout the service to help people find their way around. People had their names or pictures in a frame near their bedroom door which assisted people living with dementia to find their bedroom.

The back garden was accessible and garden furniture was provided. The garden was secure so people could walk around to promote their independence.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for. One person said, "I love it here, everyone is so nice with one another. The staff are caring, they respect my privacy." Another person said, "It is nice to be pampered." People we spoke with confirmed that the staff were caring and kind.

A relatives we spoke with said, "The staff always make us welcome and we feel included. Staff worry if [name's] wife does not visit, she is invited for Christmas dinner and always sits with [name]. When people have a birthday they have a party. On the whole we are very happy."

We observed that staff were attentive and they offered help and assistance to people where this was required. For example, a person was finding it difficult to eat their lunch so a member of staff asked the person if they would like some help, this was requested. The member of staff sat with the person patiently assisting them in a caring and unobtrusive way so that the person's dignity was maintained. Another person was feeling a bit emotional and staff spoke with them to cheer them up.

We observed that the staff and registered provider asked people in the communal areas of the service if they were alright or if they needed anything, the staff listened and acted upon what people said. We observed that everyone was included in conversations and that staff spent quality time with people. Staff knelt down or sat by people's side to make sure they had good eye contact with people to aid conversation.

We saw that staff addressed people by their preferred name. People looked relaxed in the company of staff. We saw that staff knocked on people's bedroom doors before being invited to enter which respected and maintained people's privacy.

During our visit we spoke with staff. They all told us they would not want to work anywhere else. They said they treated people as they would wish to be treated. A member of staff said, "I like it here because it is a good home with no issues. There are not too many staff it is small and we get to know the residents properly, it is a family home." Another member of staff said, "It is a nice job. The residents make me happy and smile. You get attached, they say you shouldn't, but you do."

We saw that visitors were made welcome and they could attend the service at any time. The relatives we spoke with told us how they were invited to have meals and join in with activities or special occasions being held at the service. They told us this made them feel very welcome and they treated the service like a second 'home'.

Requires improvement

Is the service responsive?

Our findings

During our visit people told us they felt the staff responded to their needs and said they were supported by the staff. One person we spoke with said, "They [staff] look after me well I am given all the help and support I need." Another person said, "I am being looked after very well here."

Relatives told us they were satisfied that the staff and management team responded to their relations needs in a timely way and supported them well. A relative said, "We are involved with regular meetings held about [names] care with his keyworker. We are kept informed if he is not so well. They send for a doctor. This gives us peace of mind." A 'key worker' is an allocated member of staff who helps to support the person and their family. Another relative said, "Activities are advertised so we know what is happening."

Before people were offered a place at the service an assessment of their needs was undertaken. People and their relatives were invited to visit the service so that all parties could talk about their needs. This allowed the registered provider and staff to assess if the person's needs could be met by the staff. We saw in people's care records that information was gained from the local authority and from discharging hospitals to help inform the staff. This information was used as a base line by the staff to start to develop people's care plans and risk assessments. Staff we spoke with confirmed that as a person's needs changed their care records were updated. Staff told us how they reviewed people's care with the person and their relative to make sure it reflected the care people wished to receive.

One person's care records that we looked at did not contain information that staff had told the registered provider the person may be unwell. The registered provider had failed to ensure the person had their condition reviewed by a relevant health care professional. No record of this incident was in the person's care records and although the person had not come to harm the lack of recording of this information in the person's care records or monitoring of the situation showed us that the service required some improvement in this area.

We saw that people's care records contained phone numbers for doctors, district nurses and other relevant health care professionals who were supporting people at the service. People's nutritional needs were assessed on admission and we saw evidence that confirmed people's nutritional intake was monitored by staff and health care professionals to make sure people's dietary needs were met.

Staff we spoke with told us how they monitored people's condition on a daily basis and reported changes in people's needs at the staff handovers between shifts. Information about people's health; dietary needs, emotional state and activities undertaken were shared so staff were informed. Staff told us they contacted health care professionals if people were not well to gain help and advice.

We saw during our visit that there was equipment was provided to help maintain people's wellbeing. For example, we saw pressure relieving mattresses and cushions were allocated to people who were at risk of developing skin damage due to being frail or immobile.

During our visit we saw that the staff prioritised care, for example, we saw a person needed some assistance to go to the bathroom, staff attended to this person quickly. Another person said they were not able to walk very well and so a member of staff walked with them to make sure they felt alright.

The registered provider told us how they monitored and analysed accidents and incidents that occurred looking for any patterns so corrective action to prevent further issues could be taken. This information was shared with staff and with relevant health care professionals to reduce the risks to people's health and safety. However, as mentioned earlier we saw that people's needs had not always been responded to.

The registered provider did not provide an activity co-ordinator. We saw that the care staff spent time with people to engage in activities. Photographs of events that had occurred were displayed. A programme of activities was displayed. Staff also undertook spontaneous activities with people to make sure their minds were stimulated when they wanted to engage. We saw staff sitting and reminiscing with people about their lives. Each person had an album of their life history which staff used to help people remember events and people in their lives. We saw people went out when they wanted too. One person had their car at the service and took themselves out when they felt like it. Outings to local amenities, parks and to the seaside occurred. Relatives were invited to events such as birthday parties and Christmas celebrations.

Requires improvement

Is the service responsive?

A complaints procedure was in place this was available to people and their relatives. People we spoke with told us they had no complaints to make. One person we spoke with said, “I can’t see me having any complaints.” Staff we spoke with told us they would sort out any small issues if they could but said they would report any complaints to the management team for them to deal with. The registered provider had commenced a comments and suggestions box this was in reception to try and gain more feedback from people.

Requires improvement

Is the service well-led?

Our findings

During our inspection the people we spoke with told us they were happy with the service they received. We observed that the registered provider was available for people, relatives and staff to speak with. One person living at the service said, "They all look after you nothing is too much trouble." Another person said, "I would not want to live anywhere else I love it here."

Relatives we spoke with said the registered provider and staff consulted with them and acted upon what they said. They confirmed they were asked for their opinions about the service. A relative said, "There are relatives and residents meetings we can bring up anything that needs bringing up. On the whole we are very happy."

The registered provider had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. Staff we spoke with told us that they were asked for their views by the registered provider about ways in which the service could be improved. Relatives told us that the ethos of the service was to encourage people to live the life they chose.

The registered provider worked at the service and observed how the staff were delivering care to people. The staff we spoke with told us they understood the management structure in place.

Staff we spoke with during our inspection said they enjoyed working there and told us they felt they could raise issues with the management team at any time. Staff meetings were held. A member of staff we spoke with said, "We have staff meetings there are minutes so if we cannot attend we can catch up."

Quality assurance surveys were sent out to people, relatives and staff. We saw some of these surveys that had been returned. The registered provider confirmed they were committed to researching information about models of best practice for people living with dementia.

The registered provider monitored accidents that people had whilst at the service; they told us they looked for any patterns of gained advice from relevant health care professionals to prevent a re-occurrence.

The registered provider and senior staff assessed and monitored the quality of service provided by undertaking a full range of audits. This included a medicine audit; a medicine stock count was also undertaken weekly. However, although audits were undertaken they had not prevented the issues that we found on our inspection; fire doors being held open by inappropriate means, the balance of medicine for one person was not correct, chemicals stored in an unlocked cupboard and a bed rail bumper needing to be replaced to ensure it remained effective. This confirmed that the auditing systems in place and quality monitoring was not always effective.

The registered provider had also failed to ensure that one person who was unwell had their condition reviewed by a relevant health care professional, this information was not recorded in the person's care records. Although the person had not come to harm the lack of auditing of the person's care records and monitoring of the situation required improvement.