Parkview Society Limited

College House

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

Overall summary

College House is a care home for people with learning disabilities located in Newton Abbot. It is registered to provide accommodation and personal care for up to 12 people. There were 10 people living at the service at the time of our inspection.

The service did have a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The inspection took place on 2 June 2015 and was unannounced.

People told us they felt safe and enjoyed living at College House. Comments included, "Yes, I'm safe" and "yes, it's

Summary of findings

nice here." We saw people and staff relaxing together and enjoying a variety of activities throughout our inspection. Some staff had supported the people at the home for many years and it was obvious they had close friendships.

People's care needs were clearly documented and risks monitored and were managed well. People were encouraged to live full and active lives and were supported to participate in community life. Activities were varied and reflected people's interests and individual hobbies. On the day of our inspection people went to Newton Abbot, either by themselves, or in a small group with staff. We observed staff actively engaging with and encouraging people to be involved in activities around the home.

People had their medicines managed safely. People received their medicines as prescribed and on time. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, occupational therapist as well as to attend hospital appointments.

Care plans contained information about people's health and social care needs. People's likes and dislikes, daily routine and preferences were recorded. "You can help me by" information provided staff with guidance about specific care and support issues. The home used a keyworker system, with staff having the responsibility to oversee the care and support of one or two people. They were responsible for ensuring care plans were reflective of people's needs and wishes and that personal goals for the future were identified and supported. People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities.

The care plans included risk assessments specific to each person, including how to support people safely. Staff had a good knowledge and understanding of each person. People were supported by suitable staff and safe recruitment practices were in place.

The registered manager was aware of the recent changes to the interpretation of the law regarding Deprivation of Liberty Safeguards and had a good knowledge of their responsibilities under the legislation. All staff had undertaken training on safeguarding adults from abuse. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm.

People and staff told us the home was well run. The registered manager had a good rapport with people and staff. They said they had an 'open door' policy and encouraged people and staff to come in and talk, and we saw this throughout our inspection. Regular resident and staff meetings allowed people and staff to contribute to the running of the home, and share ideas for future improvements.

The registered manager used a variety of methods to review the quality of care provided at the home, both formal and informal. Feedback from people, friends, relatives and staff was encouraged and positive. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence.

We found the home to be clean and tidy with no offensive odours.

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.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

Recruitment procedures were safe.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Risks to people's health and safety had been identified and managed appropriately. Staff sought advice from health care professionals when necessary about how to keep people safe.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People received care and support that met their needs.

People's human rights were respected. Staff had received appropriate training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff were well trained and received appropriate supervision.

People were supported to have their choices and preferences met.

People were supported to maintain a healthy diet.

Good

Is the service caring?
The service was caring.

People were supported and listened to by staff who promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

Care records were personalised and met people's individual needs. Staff knew people's preferences and how they wanted to be supported.

Activities were meaningful and were planned in line with people's interests. Staff were aware of the risk of social isolation.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was an open, transparent culture. The management team were approachable.

Staff were motivated to develop and provide quality care.

Quality assurance systems monitored risks and raised standards of care for people. People's and staff experiences were taken into account to improve the service.

College House

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.The home was previously inspected on 1 September 2014 and found to be compliant.

This inspection took place on 2 June 2015 and was unannounced. One adult social care inspector undertook the inspection.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. Prior to the inspection we received a concern that specialist support services had not been contacted promptly in response to a person's changing needs. During this inspection we looked at how people were supported to access the care and support they require from health and specialist support services.

We met nine people who live at College House, the registered manager, the deputy manager and four members of staff. We looked at three care records related to people's individual care needs, three staff recruitment files, including their training records and examined records associated with the management of medicine and the running of the home including quality audits.

As part of the inspection we observed the interactions between people and staff. We discussed people's care needs with staff, observed people engaged in leisure activities as well as assisting with jobs around the home such as washing the dishes and putting the shopping away.

We also looked around the premises.

Good

Is the service safe?

Our findings

The home was safe.

People told us they felt safe living at College House. Comments included “Yes, I’m safe” “yes, it’s nice here.”

The care plans included risk assessments specific to each person, including how to support people safely with their mobility, personal hygiene, health conditions as well as involvement in social activities out of the home. These risk assessments gave guidance to staff on how people should be supported in order to keep them safe and under what circumstances staff should seek emergency medical assistance, for example following an epileptic seizure.

Staff had a good knowledge and understanding of each person. They knew how to anticipate situations which might cause people to become anxious. For example, staff described how one person could at times shout loudly and threaten people. They supported this person to tell them why they were upset, asking them to move to a less busy area of the home or to their bedroom to talk in private. Staff were aware of how to keep themselves and others safe if physically threatened. Staff did not use physical restraint; recognising if people become distressed they can be redirected. Staffs were in contact with the community learning disability team for further guidance supporting people in times of distress and thereby managing risk.

People were supported by suitable staff, many of whom had worked at the home for several years. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. There was information about safeguarding and people told us they could talk to the registered manager if they anything or anyone had upset them. Staff felt any concerns they raised would be taken seriously and investigated thoroughly. All staff understood their roles to protect vulnerable people and had received training in safeguarding. We observed people freely approaching staff comfortably and making appropriate physical contact indicating they felt safe within their home.

People said they had their own money to go shopping and buy whatever they wished and the home also held money for them for safekeeping. One person said “I can have more money when I want it.” Staff told us they always make sure people have money in their purse or wallet when they go out and receipts were obtained where possible. Larger expenses such as a holiday were agreed with the involvement of family and best interest decisions, where necessary.

People told us there were enough staff to meet their needs and keep them safe and staff confirmed this. On the day of the inspection there were three care staff and a cleaner on duty, as well as the deputy manager and registered manager. Two sleep-in staff were available overnight: one of whom was on-call. People told us they did not require support overnight, however if they wanted assistance, they could use the call bell in their room or the communal areas, or knock on the staff’s door. One person said they had a listening device in their room so staff could hear them if they had a seizure. They said they were happy to have this as it made them feel safe, and its use had been discussed and agreed with health care professionals responsible this person’s welfare to be in their best interest.

Medicines were managed, stored and given to people as prescribed. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. One member of staff administered medicines and, to reduce the risk of errors, another member of staff checked medicines had been given and signed for after each medication round. Staff received training through the local pharmacist and were observed for competency in administration by the registered manager. Audits and checks were undertaken to ensure medicines were kept safely.

We saw detailed information about people’s medicines in their files and their care plans. This gave staff guidance on when “as required” medicines may be needed. For example one person required regular pain medicine, and another had a health condition which meant they required a medicine at a specific time.

A personal evacuation risk assessment and management plan had been written for one person who required assistance with their mobility in the event of an emergency. The registered manger confirmed other people were able to follow instruction and were involved in fire safety testing and practice.

Good

Is the service safe?

We found the home to be clean and tidy. People who were able kept their own rooms clean and helped with the household chores which they enjoyed. We saw people assisting with clearing the tables, washing dishes and putting the shopping away.

Good

Is the service effective?

Our findings

The home was effective.

Prior to this inspection, a concern was raised with us that referrals to healthcare or specialist support services were not made in a timely manner when changes to health and wellbeing had been identified. We reviewed this with the registered manager and they confirmed a referral had been made to the learning disability specialist support service but some time had lapsed before this referral was followed up and in that time the risk to the person's well-being had escalated. The registered manager accepted that record keeping had not been as detailed as it should have been.

At this inspection, we found prompt referrals to health and support services had been made. Records were very detailed about an issue that required further guidance and support. Care notes indicated people had access to health care professionals and records of appointments and advice was recorded. For example, advice had been sought from a physiotherapist in support of one person's discomfort and mobility and staff supported them with daily exercises. Another person with a long term medical condition received regular health monitoring by a specialist nurse and a GP.

People were supported by sufficient staff to have their needs assessed, met and regularly reviewed. Staff confirmed they had the skills to meet people's needs. They said they had time to read people's care plans and people's needs were discussed at handover and staff meetings.

Staff confirmed they felt supported in their roles. Regular one-to-one supervision sessions and appraisals, as well as group meetings allowed staff to discuss their work, identify their training and development needs and suggest improvements, as well as plan events for the people they were responsible for. Staff said, "we talk about things and resolve things" and "we're a good team." Staff told us they benefitted from these formal sessions but also felt able to approach the registered manager informally.

Staff had a good understanding of both people's background and their likes and dislikes. Staff confirmed what was written in people's care plans about their preferences and routine. For example, one person's care plan said they liked to wear stripy jumpers and we saw this person was wearing one. Another said they wished to lose a "few pounds" and their care records showed they were being weighed regularly and their weight loss reviewed. They were also being supported to go to a regular exercise class.

No new staff had been employed at the home for some time. The registered manager described how newly employed staff would be supported by an induction to the home. The induction included working alongside an experienced member of staff to get to know people and understand the philosophy of the home. They would do this until they, and the registered manager considered them to be competent. This ensured staff had sufficient knowledge and understanding to meet people's care needs.

Staff received training in health and safety topics such as safe medicine administration, safeguarding adults, manual handling food hygiene and fire safety. Staff also received guidance and support from the local GP practice nurses as well as specialist community nurse regarding supporting people with diabetes and epilepsy.

The registered manager had a good knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), which provides the legal framework to assess people's capacity to make certain decisions, at a certain time. They were also aware of the recent changes to the interpretation of the law regarding Deprivation of Liberty Safeguards (DoLS), which provides legal protection for vulnerable people who are, or may become, deprived of their liberty. Care records showed applications to authorise restrictions to people's liberty had been made as some people were unsafe to leave the home unsupported by staff. Health and social care professionals had appropriately been involved in decision making and this was clearly recorded to inform staff.

College House was a home where people decided together on the menu. Meals were spaced throughout the day and were flexible dependent on people's activities and plans. Food was home-cooked, healthy and nutritious. People were able to choose an alternative if they did not like the lunch or tea time choice. We saw people enjoying their lunch and people were making drinks for themselves and each other throughout the day.

Staff encouraged people to consider healthy eating options for their health and weight. One to one discussions were held with people who had specific dietary needs to help

Good

Is the service effective?

educate them and prompt them to make healthy choices. For example, some people had diabetes and staff worked together with health care professionals to consider ways to help people understand the risks attached to not following a specific diet. Staff balanced people's right to choose what they ate with supporting and educating them to make good food choices for their well-being. When it was known someone had chosen to eat high sugar foods staff monitored their blood sugar levels more closely.

People were registered with a dentist, GP and optician. Regular checks were encouraged to support people's health. Additional health checks were offered to people such as bowel and cervical screening. Most people had capacity to make these decisions but required education, support and encouragement from staff to attend. Where people had declined health screening their decisions were respected and we saw records of these decisions in their care files. Some people were under specialist hospital care to support their health needs. Staff supported them to attend these appointments to maintain their well-being.

Good

Is the service caring?

Our findings

The home was caring.

People were listened to and cared for. Some staff had supported the people at the home for many years and it was obvious they had close friendships. People told us "I like the staff, they're nice" and "I like (name of staff)". Staff were friendly, and spoke to and of people with kindness and compassion.

We spent time observing people and staff going about their day to day activities. People were chatting and smiling with staff and talking about various issues including their plans for the day. There was affection and respect in these interactions and conversations.

Staff told us about the fondness they had of the people living at the home and their ethos of respecting people and promoting their personal development, saying "it's happy and homely." Staff involved people in the running of the home and the household chores people liked to do such as food shopping. We saw people laughing and joking with each other and the staff while putting the shopping away.

College House had a caring and welcoming feel. We saw staff and people in conversation together which was relaxed and friendly. Staff went about their work in a calm, unhurried manner. We observed people approaching staff to ask questions or to let them know what they were doing. We saw people spending time with the registered manager and sitting with staff, or accompanying them around the home helping with domestic tasks. Staff were polite, kind and gave people time when they needed it. They were knowledgeable about all the people at the home, their personal preferences and routines and background histories.

People's dignity and privacy were respected. Staff explained how they provided personal care in private and endeavoured to keep the shower room and bathrooms for the sole use of either the men or women living in the home to further protect their dignity.

The registered manager confirmed most of the people at the home had family involvement, but for those who did not, the home had contact with a local advocacy service, recognising it was important for people to be supported by others who were independent from the home.

People's religious needs were met. People told us they regularly went to church or to community church groups.

Good

Is the service responsive?

Our findings

The home was responsive.

People said staff helped them in the way they prefer and these preferences were recorded in their care plans. We observed staff to be calm and unhurried in their work and to have time to engage with people in conversation, in tasks around the home and to go out to community events.

Care plans contained information about people's backgrounds, health needs, level of independence and the activities they enjoyed. They were written and reviewed with the person using their preferred name and reflected how they wished to receive their care. For example, people's likes and dislikes, their daily routine and food preferences were recorded. Preferences were respected, and information was clear about how staff should offer support. "You can help me by" information related to specific care and support issues. For example, in relation to one person's diet and fluid intake their "you can help me by" section included "remind me to drink more" and in relation to communication, "listening to me – I sometimes get frustrated if I cannot make myself understood."

People were involved in developing and reviewing their care needs and where appropriate, family and healthcare professionals, such as social workers, were involved. The home used a keyworker system, with staff having the responsibility to oversee the care and support of one or two people. They were responsible for ensuring care plans were reflective of people's needs and wishes and that personal goals for the future were identified and supported. Each care record highlighted people that mattered to the person.

Staff were provided with clear instructions and information to deal with emergencies. For example, for one person with epilepsy staff knew when to administer medicine and when to call an ambulance. Staff supported people to attend hospital appointments to share verbal information with hospital staff and provide reassurance to people during this process. Where there were risks people's behaviour may challenge staff the care plans included clear guidance on the approaches to be used. For example, staff were guided to use non-confrontational responses, not to remain alone with someone who was threatening aggressive behaviour and to remove themselves and other people away to a safe area should the behaviour escalate.

Staff confirmed handovers were thorough and care records were accessible so they had up to date information. Handover meetings were personalised and people were central to how the day was planned and organised.

People told us they were able to maintain relationships with those who mattered to them. One person had regular visits to their mother, telling us "I see my mum a lot." The staff encouraged these relationships.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. There was a range of activities people could engage with both within the home and within the local community. Activities were developed according to people's choices, interests and needs and, where possible, people were supported to undertake some activities independently such as going to the local shops. Staff had sought advice from a community occupational therapist regarding involving someone at risk of social isolation in more activities that involved interaction with others. People had enjoyed a community exercise class on the morning of our inspection and after lunch people went for walks and to the shops.

People knew who to contact if they needed to raise a concern or make a complaint. No one we spoke with had any concerns and the registered manager confirmed the home had not received any complaints. People said they would talk to staff or the registered manager and we saw people freely go in and out of the registered manager's office to talk to them.

Good

Is the service well-led?

Our findings

The home was well-led

People and staff told us the home was well run. People spoke fondly of their relationship with the staff and the registered manager. The registered manager was supported by a deputy manager and had regular access to senior managers from Parkview Society Ltd, the registered provider.

The registered manager had a good rapport with people and staff. They said they had an 'open door' policy and encouraged people and staff to come in and talk, in private if they wished, and we saw this throughout our inspection.

People told us they had meetings with the registered manager and staff to talk about the running of the home, the activities they would like to do and what meals they would like to eat. The registered manager said these meetings were also used to share information and to discuss whether people had any worries or concerns. We saw records of these meetings and each person was asked their view. People had made requests and suggestions for menu planning and leisure activities, which had been actioned.

Regular staff meetings allowed staff to contribute to the running of the home, and share ideas for future improvements. For example, the arrangements for food shopping had been changed to on-line ordering for the majority of food as well as large and bulky items, this then allowed people to shop for small amounts either with staff support or individually to make it a more pleasurable experience. A communication book was also used to share day to day information and planned events. Staff said the communication between the registered manager and themselves was good.

The registered manager and deputy manager regularly attended the local learning disability forum to meet with other providers and health and social care professionals to keep up to date with developments in learning disability care and support and to share good practice.

The registered manager used a variety of methods to review the quality of care provided at the home, both formal and informal. The registered manager said relatives visited frequently and therefore their views were obtained more informally, however, periodic questionnaires were used to gather people's views, and asked for comments relating to how well the home communicates information, the quality of the support provided and any staff or management issues. No issues had been raised from the results of the most recent survey. Audits of accidents and incidents were undertaken to review any trends or identify issues that placed people at risk. Maintenance of equipment and fire safety checks were regularly undertaken to ensure people's safety.