Oaktree Care Ltd

College House Residential Home

Inspection report

Berrington Road
Tenbury Wells
Worcestershire
WR15 8EJ

Tel: 01584810270

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09 December 2016

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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

The inspection was unannounced and took place on 6 and 9 December 2016. The home is registered to provide accommodation and personal care for a maximum of 15 people. There were 15 people living at the home on the day of the inspection.

There was a registered manager in place. 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.'

People told us they felt safe and well cared. Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe. People were cared for by staff that demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse.

People got the assistance they asked for and staff ensured they were available to help people when needed. People told us they enjoyed meals times and were positive about the choice of food they received. People were supported by staff to have their medicines when they needed them and staff recorded when they had received them.

Staff understood people's individual care needs and had received training so they would be able to care for people in the best way for them. There were good links with healthcare professionals and staff sought and acted upon advice received, so people's needs were met.

People said staff were caring and their privacy and dignity was maintained and we made observations that supported this. People and relatives valued the positive relationships they had with staff. Relatives told us there were no restrictions on when they could visit and they were always made welcome by staff.

People received care that met their individual needs. People were encouraged to express their views and said staff listened to them and they felt confident they could raise any issues should the need arise. People chose how they spent their day and said staff respected their choices.

Staff spoke positively of the registered manager and felt supported and listen to. Staff said teamwork was good and the staff team supported each other. The quality of service provision and care was monitored by the provider and actions taken where required.

Since our last inspection on 2 and 8 April 2015, the provider had made improvements to the home. A new lounge area had been added to the home and new furniture purchased. People, relatives and staff all told us the changes had improved the daily lives of people living in the home.

People were positive about the care and support they received, the management of the home and the service as a whole.

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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns.

People were supported by sufficient staff to meet their needs and provide support when they needed.

People were supported by staff to take their medicines when they needed them.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People liked the food they received and were supported to access health professionals to ensure health needs were managed effectively.

Is the service caring?

Good

The service was caring.

People said they liked the care staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness.

People and relatives valued the positive relationships they had with staff. Relatives were free to visit whenever they wanted, they felt welcomed and supported by staff too.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs. Staff provided care that took account of their individual needs and preferences and offered people choices.

Staff were knowledgeable about people's care needs and their interests and preferences.

People and relatives were listened to by the provider and staff who then took action.

Is the service well-led?

Good

The service was well-led.

People were cared for by staff that felt supported by the registered manager.

The provider had systems in place to check and improve the quality of the service provided and take actions where required.

College House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on the 6 and 9 December 2016 and was unannounced. The inspection team consisted of one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

During our inspection we spoke to six people who lived at the home, we also spoke with four relatives, all of whom were visiting on the day of our inspection.

We spoke to the registered manager, the deputy manager, two care staff and the cook. We looked at records relating to the management of the service such as,
care plans for three people, the incident and accident records, medicine management, three staff recruitment files and staff meeting minutes and quality checks
and audits.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "I'm settled here and I'm safe here." Relatives we spoke with felt people were safe at the home. One relative said, "[Family member's name] is safe, staff known how to look after them I'm assured of that." People were comfortable when staff were with them and when they became upset staff offered reassurance which had a positive impact on people. We saw staff offer guidance and support to help people.

Staff we spoke with had a good understanding of the different types of abuse and confirmed they had attended safeguarding training. Staff stated that they had not had reason to raise concerns but were able to do so with the registered manager if needed. They said they were assured that action would be taken as a result.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. People's risks had been assessed and had been reviewed and were recorded in peoples care plans. Staff told us they followed the guidance to make sure they provided care with the least amount of risk. During the inspection we saw staff helping people with their mobility; this was done safely with staff giving reassurance throughout.

People told us there was sufficient staff on duty to meet their needs. One person told us, "I only have to call and staff come." Another person told us, "They [staff] respond quickly." All four relatives we spoke with all told us they felt there were enough staff to support people. One relative said, "They [staff] are always available to respond to [family member]." Another relative commented, "The staffing is adequate as far as I'm concerned and night staffing is equally as good."

We saw staff spent time individually with people and they responded promptly to people's choices and care needs. All staff we spoke with told us they felt there was enough staff to support people living at the home. The registered manager told us that staffing numbers were assessed based on people's needs and could be increased when required.

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

People told us they received help to take their medicines as prescribed. Three people told us they received their medicine on time. One person said, "I get my medicines on time. They always tell me what it's for because I like to know." All relatives told us they were happy with the medicines support given by staff. One relative said, "Medication is very thorough, I've watched and they are spot on." All staff we spoke with told us they had received medicines training.

Staff showed us they understood the circumstances about when to give people medicine to meet their needs. One person told us, "If I was in pain, they [staff} would soon sort me out." However there was no written Information available to staff about as needed (PRN) medicines. These protocols help ensure staff understood the reasons for these medicines and how they should be given. When we asked the registered manager and operations manager about this they advised this would be addressed and we received confirmation protocols were put in place immediately following the inspection.

We saw that a monthly check of medicines was completed by the registered manager. The area manager advised that following review of paperwork a new more comprehensive audit was due to be introduced to bring it in-line with the providers other home.

Good

Is the service effective?

Our findings

People we spoke with told us staff had the right skills to care for them. One person described to us an example of how staff supported them in an effective way. They told us, "Staff know what to do and they do it in a supportive and discreet way." All relatives spoke positively about the staff and how they supported their family members. One relative said, "Staff are definitely trained. I watch them and they know what they are doing….things are done properly."

All staff we spoke with told us they received training that helped them to do their job and were able to give an example of how training had impacted on the care they provided. For example, one member of staff told us that medication training was very good and gave them the confidence to provide support correctly. One member of staff also told us their induction training had been good in providing them the, "Right level of support and knowledge."

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. The application procedures for this in care homes and hospitals are 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 were being met.

Where people had restrictions placed on their freedom people had been protected by the correct procedure being followed. Applications had been made to the local authority as required and the provider was waiting for the assessments to be completed.

We saw staff listen and respond to people's day to day decisions and choices. Relatives also told us people's choices were respected. One relative said, "They [staff] talk to [family member's name], they listen and respect their choices." However, although all staff said they had completed training their knowledge was inconsistent. The registered manager also felt their understanding was limited in this subject and said they would welcome further training to improve their knowledge. We spoke to the area manager about this; they said the provider had recently provided training to develop staffing knowledge. During the inspection further training was arranged for the registered manager and the staff team in January 2017.

People told us they chose how to spend their day and where they like to be. One person told us, "I choose when I get up, they [staff] ask would you like to get up now? It's my choice." Three people told us they chose to spend time in their individual bedrooms, one person said, "They [staff] do ask me down into the

lounge but I prefer to stay here, It's my choice." A relative also told us their family member chose to spend time in their bedroom. They told us, "Staff respect it's what she wants and make sure they pop in for a chat with her, which she likes."

People told us they enjoyed their meals. People we spoke with told us food was good and that a choice was always offered. One person told us, "I enjoy the food. Lunch today filled me up and you get plenty to drink." One relative commented, "[People] get platefuls of good homemade food." We saw people enjoy their lunchtime meal which was served to people either in the dining room, lounge area or their bedroom based on where they preferred to eat. For example, one person told us they preferred to eat in the lounge so they could eat whilst they watched TV.

We saw that people were offered a choice of drink and when meals were served. When one person did not eat their pudding, they were given encouragement by a member of staff. The member of staff talked to them and helped by breaking the pudding into smaller pieces. We saw the person then ate more of the pudding. We saw that people who were not able to eat independently were assisted by staff, who supported them in a way that met their needs.

We spoke with the cook and they told us they met with people and their families when they first came into the home to discuss their likes and dislikes. The cook was knowledgeable about people's preferences and dietary needs. For example, where people required softened meals. The cook had also developed a picture menu to help people in making their meal choice.

One relative said staff had supported their family member when they had a reduced appetite. They told us staff, "We all, staff and family; tried our best to encourage them. Staff tried all sorts to tempt them." We saw that people were supported to have a choice of drinks and snacks throughout the day. All four relatives we spoke with told us people were encouraged to have drinks. One relative said, "They [staff] are very good with drinks, they encourage [family member's name] all the time." Another relative said, "They [staff] keep [family member's name] drinks topped up. A jug of water is always here when I come in."

People told us they were supported to access healthcare and we saw records where people had seen an optician; dentist and district nurse. The GP also visited regularly or if people were unwell. One person commented, "The GP comes in on a weekly basis, he's local so I know him." Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative said, "They [staff] are responsive if healthcare input is required."

Good

Is the service caring?

Our findings

People spoke positively about staff and said they were caring and respectful. One person told us, "All the staff are very helpful and so kind. Nothing is too much trouble for them. All relatives we spoke to also told us staff were caring. One relative commented, "Staff offer us cups of tea and make us welcome whenever we visit. I feel like part of the family when I am here."

We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One person told us, "All the staff are very good and very kind. I like their company." Another person said, "They [staff] are very kind; they make me feel at ease." One relative told us how their family member had developed good relationships with staff. They told us, "[Family member] likes talking with staff, they are very good with her. They know what she likes to chat about."

One relative told of the care given to their relative and also other people living in the home. They told us of the support they had seen given to one person. They told us, "I've seen the time they take and the support they give to [person's name]…it's excellent." Staff approached people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary. Where one person became anxious, we saw several members of staff took time to talk to them and offer reassurance. We saw that the person became less anxious and staff encouraged them to become involved in an activity to keep them busy.

Staff respected people's right to refuse support. One relative told us staff encouraged their family member to sit with other people and join in activities in the communal areas but their family member refused. They told us," [Family member] chooses to say in their room, staff know and respect that." Another relative commented, "They talk to [family member] and listen – they respect [family member's] choices." One staff member told us where people are unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate their choices.

During our conversations, all staff we spoke with, including the registered manager and care staff had a good understanding of each person's history and individual needs. Staff were knowledgeable about the support people required and gave choices in a way that people could understand. Staff took into account people's individual needs and responded accordingly. For example, we also saw one member of staff supporting a person with their meal, they chatted easily with them and provided encouragement and assistance in a dignified manner. Staff supported people to retain their own levels of independence. For example, we saw people were encouraged to eat their meals themselves before being offered assistance if required.

People's friends and relatives visited when they chose. Three relatives we spoke with praised the 'homely atmosphere' and told us how they were always made welcome. One relative told us they had visited at all different times of the day and was always made welcome by staff who always talked to them and offered them a hot drink. Another relative commented staff were, "Very obliging and very helpful." and that they felt staff were respectful. They told us whilst visiting, "I've seen how they respect [family member] and other

people."

People were involved in the planning of their care and support. People told us support was provided the way they wanted. One person told us when there where changes in their care, I talk to staff about it." Two relatives told us they had been involved in reviews of their family members care and they felt listened to. One relative commented, "They listen to what I've got to say."

Two relatives we spoke with told us how the addition of the new lounge area had enabled them to meet with their family member in more privacy. One relative said, "The new sun lounge is much better, it gives relatives privacy. We use it."

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. We saw the registered manager and other staff knock on bedroom doors and wait for a response before they entered. Staff we spoke with were able to describe the actions they took to ensure that people's privacy and dignity was maintained while care was provided.

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "The residents are fantastic. I love helping them, it's great here." Another said, "I love it here. It's a real home from home, all the residents are so happy."

Good

Is the service responsive?

Our findings

People we spoke with told us they got the care and support they wanted. People said the staff met their needs, one person told us, "If I want something I only have to ask." Another person told us, "They [staff] know what I like." Relatives told us staff knew people well. One relative said, "They [staff] definitely know [family member]. They know what [family member] likes to do." People told us they had felt staff listened to them. One person said, "I get choices, they listen to what I want."

Three relatives we spoke with told us communication was good and staff let them know when things changed in their family member's health. One relative told us, "Communication is good, they ring me straight away." Another relative told us medical support to her family member was good, they said, "They [staff] are responsive. When [relative's name] was unwell, they got the doctor in and medication was prescribed and in place quickly."

Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared at staff handover.

People told us and we saw that they got to do things they chose and enjoyed and which reflected their personal interests. One person said, "I like to knit, I also helped someone start their knitting too." We saw another person had objects that were important to them and related to their working life. When we asked the person about the objects they reminisced and told all about their job. Another person told us they liked singing and we saw them humming along with a member of staff to the Christmas carols that were played in the dining room.

One relative said, "I see people do individual activities they enjoy such as reading, or jigsaw. There are also group activities such as skittles or bingo." Staff told us they were all involved in activities with people and spoke about people's personalised pastimes. Two people told us they preferred to stay in their rooms and watch TV. One person told us, "Staff keep asking me down but I prefer to stay here, but they always check."

People told us they were involved in planning their care. One person said, "I tell them, they do everything that I want." People told us they chose how they spent their day. One person said, " I choose when I get up and what I do. I then usually spend time downstairs with other people in the morning before coming back to my room in the afternoon. I spend my day as I like."

People said they felt able to complain or raise issues should the situation arise. People we spoke with told us they had no complaints and had not had to raise any issues. One person told us, "I'd certainly complain don't you worry, but I can honestly say I've never needed to." On the first day of our inspection a new TV had been fitted to the lounge wall. People commented that it was too high for them and the registered manager arranged for the TV to be refitted lower. One person told us, "They moved it for us and it's much better now."

Relatives said they felt able to complain or raise issues should the situation arise and they felt confident action would be taken. One relative told us, "I have had no reason to complain but I can easily speak to staff at any times if I have any niggles." No written complaints had been received in the last twelve months. There was a complaints procedure in place to record, investigate respond to any complaints received.

The provider had sent a survey to all people living at the home in March 2016 asking for their feedback and opinions on the care provided. A report of feedback showed positive responses with people complimenting the registered manager and staff and the homely atmosphere of the home.

Good

Is the service well-led?

Our findings

At our comprehensive inspection of College House on 2 and 8 April 2015 we found improvements needed to be made as people needed more space to enjoy their daily living. This inspection found improvements had been made. A new lounge area had been added to the home and new dining furniture had been purchased which provided more room in the dining area.

Throughout the inspection, we saw people using the new lounge to meet with their visitors. Three people commented on the improvements at the home. One person said, "It was nice before but it's better now with the new furniture. It makes a difference." We observed lunch and saw that not all people chose to eat lunch in the dining room. Where people did, there was enough room for people to choose where to sit and to move around the dining area. Staff also told us about the improvements. One member of staff said, "People enjoy the sun lounge and the extra space in the dining room. It's much better for people, it's a small change the impact is great."

People we spoke with told us they were happy living at the home and it was well run. One person said, "It's wonderful, I couldn't ask for anything better." Relatives also spoke positively of the management of the home. One relative said of the home, "We are all very happy as a family. We all visit and we are all content that [family member] is looked after well." Another relative said, "The environment has improved but it's the care that matters most and it's fabulous."

People knew who the registered manager was. One person told us, "[Registered manager] is a little angel. " We saw that they talked to people, who showed they were familiar with them and they knew about things that were important to people. For example, the registered manager spoke to one person about their family visiting. One person told us how the registered manager was looking out for some new clothing they wanted. They said, "How kind is that? It's those extra little things that are so good." People and relatives told us they felt the registered manager was approachable.

Staff spoke positively about the management of the home and said they received regular supervisions. They told us the supervisions gave them opportunity to discuss issues and also discuss any further training needs. One member of staff said, "You can discuss anything and they listen if you offer up your points of view."

Staff told us they felt supported by the registered manager and could approach them for advice. One member of staff said, "[Registered manager] is very supportive and is there when you need help and advice. Even when they are not in the home, you can ring any time and they will sort any problems."

The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a friendly team, we all work together." Staff told us communication was good and we saw that care staff meetings had been held where staff were able to raise issues and ideas.

The registered manager had systems in place to check and review the service provided. The registered manager told us as they spent time on the floor they could quickly identify and address any issues and this

was confirmed by staff. They told us, "I like to spend time on the floor observing, that way I know how people are and I'm seeing staff too."

We saw that there was a review and a report made to the provider on areas such as medicines, care plans and record sheets. Since the last inspection a new environmental audit had also been introduced and we saw that where issues had been identified action had been taken. For example, replacement of a worn chair.

The registered manager told us they felt supported by the provider through their visits to the home they had also held a staff meeting with all staff. The area manager told us the provider had recently recruited a new deputy manager to support the registered manager. The also completed regular visits to check on the improvements to the home and talk to people and get their feedback.

The registered manager told us kept their knowledge up-to-date by attending training courses run by the local authority, for example, leadership in dementia. They were also supported and able to shared ideas with the manager at the providers other home and accessed online information from Care Quality Commission (CQC). The registered manager had a clear plan of the development of the service, including the introduction of 'My life stories' documentation to capture more information about people's lives and interests and inform future activities.