Striving For Independence Care Limited

College Road Care Home

Inspection report

4 College Road
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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

This inspection took place on 30 October 2017 and was unannounced.

College Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. College Road Care Home is a care home that provides care, support and accommodation for up to three people with learning disabilities.

There was 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.

This was the first comprehensive inspection of College Road Care Home since it was re-registered under the provider, Striving For Independence Care Limited in November 2016. Prior to this the service had been inspected in April 2016 under the previous provider, Striving for Independence Homes LLP, at which time it was rated "Good".

People who used the service had various risk assessments and risk management plans, which ensured they were protected from harm in relation to their care. Appropriate policies and procedures ensured people were safe from abuse and harm.

Sufficient staff were deployed to support people. Staff employed were appropriately checked to ensure they were suitable to work with people who used the service.

Medicines were managed safely and people who used the service received their medicines on time.

Staff had access to a variety of training, which helped them to update and maintain their skills and knowledge in relation to providing care to people. Regular supervisions and appraisals were provided to review staff performance and set learning objectives for the future.

People had choice of a nutritious, healthy and well balanced diet. The service ensured that people's health was monitored and if required external health care support was sought.

CQC monitors the application of the Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards (DOLS). The MCA 2005 was appropriately applied and DOLS applications had been properly made.

People were supported to maintain relationships with friends and families. Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs,

preferences and routines.

People's care and support was carefully planned in advance and the service ensured people were involved in this process.

There was a complaint policy and procedure available and confidentiality was maintained.

People were supported to participate in activities, interests and hobbies of their choice. We saw that independence was promoted.

There were effective quality assurance processes in place to monitor care. There were systems in place to share information and seek people's view about the running of the home.

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.

There were appropriate procedures in place to ensure people were protected from harm and abuse.

People had risk assessments in place and there were plans to reduce risks.

Sufficient staff were deployed to meet people's needs.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff received appropriate training which ensured they had the skills and knowledge to provide care to people.

People had their capacity assessed and where required appropriate safeguards were put into place.

People's dietary requirements were met.

People's healthcare needs were met. The service ensured their health was monitored and if required external health care support was sought.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. They were respectful towards the people they supported. They ensured people's privacy, dignity and cultural preferences were maintained.

The service encouraged and supported people to maintain and build relationships with friends and families.

Is the service responsive?

Good

The service was responsive. Personalised care ensured that people were in the centre of decisions made in relation to their care.

People were supported to access in-house and community based activities of their choice.

There was a complaints procedure in a format suitable for people who used the service.

Is the service well-led?

Good

The service was well-led.

The service was managed by a registered manager.

There were effective quality assurance processes in place to monitor care and safety of people receiving care.

There were systems in place to share information and seek people's views about the running of the home.

College Road Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 30 October 2017. The inspection was carried out by one inspector.

As part of the inspection process we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. We also contacted the local authority for information they held about the service and reviewed the Healthwatch website, which provides information on care homes. This helped us to plan the inspection.

We were not able to speak with people because of their complex needs. However, people were able to express themselves by using signs and gestures. We attempted to contact people's relatives and were able to speak with one relative. We also looked at records in relation to the care of three people to see how their care was planned and delivered. Other records looked at included six staff recruitment files to check if suitable staff were recruited. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures.

Good

Is the service safe?

Our findings

We spoke with a relative of one person on the telephone and they told us that they felt their relative was safe and well looked after in the care home. Staff were able to explain how they would keep people safe and understood how to report it if they thought people were at risk of harm.

Appropriate arrangements were in place to protect people from the risk of abuse. The service had a safeguarding policy and procedure. Staff had a good understanding of this policy and provided to us examples of how people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. They were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action in response to relevant information.

Systems were in place to support people to manage their finances. There was a policy in place for the safe handling of money with a financial support plan in place for each person tailored to their needs. People's money was kept securely. People's finances were audited on a regular basis.

The service had a recruitment procedure to check the suitability and fitness of staff to support people. Records confirmed that Disclosure and Barring Service checks (DBS) had been undertaken prior to staff commencing work. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with people. When necessary the service had carried out further risk assessments if criminal information was disclosed on a DBS check. For example, a risk assessment had been carried out with one staff member to make sure they were safe to work with people. Other checks that were carried out before staff could commence work included, proof of identity, permission to work in the UK and a minimum of two references to ensure that staff were suitable to care for people.

Risks to people's safety and welfare had been assessed and there were plans in place to reduce the risks. We saw that these plans were regularly reviewed to ensure staff had up to date and accurate information on how to keep people safe. Risk assessments included the risks associated with nutrition, choking, risks from traffic when people were out in the community and electrical equipment. Regular health and safety checks were carried out by the provider. We saw records that confirmed there was regular testing and monitoring of water temperatures, portable appliances and electrical installations to ensure the premises and equipment were safe for people.

The service maintained a regular programme of maintenance checks of the premises to ensure these did not pose a risk of harm to people. There was a business continuity plan in place to ensure people would continue to receive care following an emergency. Personal Emergency Evacuation Plans (PEEPS) had been completed for each person living at the service and staff were aware of these. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

The staff rotas confirmed that the service had sufficient staff to support people. Staff confirmed there were

enough staff to meet people's needs safely. We observed that when people requested support they were attended to promptly. The registered manager described assessing people's dependency and planning staffing levels to ensure people were given care and support that met their needs. The staffing levels normally consisted of the registered manager and one care worker during the day shift and one care worker during the night shifts. We saw that extra staff was organised to provide assistance or escort people on outings or appointments.

The arrangements for the recording, storage, administration and disposal of medicines were appropriate. The service had a medicines policy and staff had been provided with appropriate training. There was a system in place for auditing medicines. For example we saw records that detailed medicines received and disposed of. People received their medicines as prescribed. We saw no unexplained gaps in the medicine administration charts (MAR) we examined.

Good

Is the service effective?

Our findings

New staff had undergone a period of induction in accordance with the Care Certificate to prepare them for their responsibilities. The Care Certificate assesses staff against a specific set of standards. The induction included training and shadowing more experienced staff until they were confident they could work independently with people. The service also maintained a programme of training so that people were supported by staff who were trained to deliver care safely and to an appropriate standard. Records confirmed staff had completed essential training, including Mental Capacity Act (MCA) 2005, medicines management, health and safety, food hygiene moving and handling, and equality and diversity. Staff received regular supervision and a performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues they had and identify how they could improve. Staff spoke positively about the support they received from their line managers.

Staff had received training to provide them with an understanding of the requirements of the MCA 2005. The MCA 2005 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 people lack mental capacity to make particular decisions, any made on the person's 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care plans showed that their ability to make day to day decisions had been assessed and reviewed. Staff told us they always sought people's consent before supporting them with their care. They knew that when people lacked the mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. DoLS were in place for people who required some form of restrictive care to keep them safe. Best interests decisions had included external healthcare representatives and family members to help ensure the person's views were represented.

People were supported to access healthcare when needed. They were supported to attend regular health appointments and if people became unwell we saw the provider sought advice from their GP promptly. There was a Health Action Plans (HAP) for the three individuals at College Road. HAP is a personal plan about what a person with learning disabilities can do to be healthy. Each HAP listed details of people's needs and professionals involved. We saw evidence of recent appointments with healthcare professionals such as people's dentist, psychiatrist and GP.

People were supported to access the food and drink of their choice to meet their nutritional needs. We saw that people's dietary requirements, likes and dislikes were assessed and known to staff. Records showed that pictures of food and meals were available to support people with choosing meals. People were free to have drinks and snacks throughout the day if needed. We saw that adapted crockery was readily available for people to eat or drink without difficult.

The service had a nutrition and hydration policy to provide guidance to staff on meeting the dietary needs of people. Where the taking of the monthly weight of people was required, we saw that this was carried out. Staff explained to us the steps they took if there were significant variations in people's weight. This included reporting the concerns to the registered manager and if necessary to the person`s own GP.

Good

Is the service caring?

Our findings

Although people could not speak with us, we observed them interacting with staff in a positive manner. We could tell from their gestures and smiles that they were happy. Professionals were also complimentary. We spoke with a social care professional who told us that staff were kind and caring.

People were involved in making their own decisions and planning their care. We observed that people could choose what they wanted to eat, where they wanted to sit, and whether they liked to participate in activities. People were supported to make choices, using their preferred methods of communication. For example, one person's care plan stated they preferred to use gestures, facial expressions, pictures and hand signals to communicate. We observed staff using these communication approaches when they engaged with this person. They exercised patience when the person did not understand and tried different approaches until the information was understood.

Staff respected people's privacy and dignity. Their rooms were clean and personalised with their belongings and family photographs. We saw that people could spend their time in the privacy of their own room or communal areas if they wished. When people wanted privacy, we observed that staff respected this so that people could spend time alone. Staff gave us examples of how they respected people's privacy and dignity. They told us they knocked and waited before they entered people's rooms. We observed staff asking people's permission, and ensuring doors were shut whilst people were being supported with their personal care.

Staff knew people well. They had a good understanding of people's lives before they moved into the home. We noted that people's interests and hobbies, including likes and dislikes had been completed. Support planning was based around supporting people to be as independent as they wanted to be. For example, people were encouraged to undertake household chores with minimal support to increase their level of independence. A care plan of one person advised, '[This person] to be encouraged to safely iron a few items of clothing so he improves his ironing skills and to be encouraged to turn off the iron'. Other people were also encouraged to improve their daily living skills such as making a drink and serving meals.

Where needed, information was made accessible to people. People were included to various methods of communication, including pictures, symbols and objects of reference to help them to communicate with staff. The home also used Makaton (a language programme using signs and symbols to help people to communicate). We saw that activities or daily routines were written in pictorial format so that people could easily understand. There were easy to read leaflets about making complaints and reporting abuse. Care records such as HAP and communication passports included pictures and plain language to help people understand the information. The registered manager told us one person was able to express himself more confidently knowing that staff were able to communicate with him.

There were arrangements to meet the varied and diverse needs of people. The service supported people from a diverse background, including Afro-Caribbean and White British. Staff spoke knowledgeably about what they would do to ensure people received the care they needed for a variety of diverse needs. People's

nutritional needs, including those relating to culture and religion, were identified, monitored and managed. For example, Afro-Caribbean options were available and people were given choice of fish on Fridays.

Good

Is the service responsive?

Our findings

A relative of a person receiving care told us they were involved in the care of their loved one. The relative told us they were asked of their views of the service.

People's needs were assessed before they moved into the service. Records we saw demonstrated that individual needs assessments had been carried out with people and their relatives wherever possible. Information in support plans outlined people's abilities and the support required to maintain their independence which meant that staff were aware of providing care to people in a person centred way.

The registered manager told us they reviewed people's care and support needs on a regular basis and involved family members where appropriate. All the care plans were current and had been reviewed in line with the provider's policies and procedures. Care plans gave specific information on how to support each person. They covered a range of areas, including medical conditions, leisure, hobbies and interests, nutrition, personal care, religion, activities, communication and medicines.

Care plans contained personalised information to help staff respond to people's needs as effectively as possible. For example, the care plans had a one page profile. This was a short introduction to the person, which captured key information about the person and how to support them. The headings of the sheet included, how I communicate, food I like, food I don't like, how best to support me in the morning, afternoon and night, my medicines, things that may worry and upset me, and my hobbies and interests. This improved communication and ensured staff tailored care to meet people's needs. In addition, it enabled essential information about people's care and support needs to be shared quickly, with other professionals.

The registered manager and the provider had regularly reviewed and audited care plans. We saw that the care reviews helped to monitor whether support plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on. Staff were able to clearly describe people's individual care needs and how they met those needs. We saw that staff responded appropriately in supporting people.

The service encouraged people to have a full and active life and follow their interests. There was a programme of activities organised by the home in collaboration with the other home owned by the provider. This included regular outings and day trips to museums, pub lunches, trips to a park and use of an allotment as well as access to a sensory room and the on-site day centre where people could do arts and crafts, puzzles and games.

The service had a complaints policy which was given to each person using the service and their relatives. The complaints policy was written in relatively easy to read style. There was a pictorial version of the complaints procedure. This was on display in the communal area of the home which helped to make it accessible to people. The complaints procedure included details of who people could complain to if they were not satisfied with the care. We reviewed the complaints received by the service since our last inspection and noted that complaints had been followed up appropriately.

Good

Is the service well-led?

Our findings

Staff had confidence in the registered manager. They reported that the registered manager was understanding and listened to any concerns or suggestions that they had. They reported no concerns with the provider and felt that the service was led well. People's relatives also reported that the service was well run.

Regular staff meetings were held and staff were given the opportunity to make their views known. The service director encouraged an open approach in the way the service was operated. We viewed some minutes from the staff meetings and saw that these covered a range of discussions that included people using the service, care plans, the environment including infection control, staffing and other issues. We saw that staff were encouraged to contribute and make suggestions. We observed that some of the issues staff had made suggestions on had been acted upon. We also saw that staff were rewarded for their work. For example, the home operated an 'employee of the month' scheme. The employee who obtained the most votes from managers and staff was acknowledged in the team meetings.

People using the service and their relatives were regularly asked for their views on the quality of the service being provided and were encouraged to make contributions and suggestions to service improvement. Surveys were carried out annually. The results from a survey carried out in 2017 were positive. We were told by the registered manager that monthly one to one keyworker meetings were also used and proved to be an effective way to seek the views of the people.

Accidents and incidents were documented in a timely manner and had been regularly monitored by the registered manager to ensure any trends were identified and addressed. We saw that the registered manager carried out an analysis of any accidents and safeguarding issues to determine any emerging themes. The results of this analysis were shared with staff to raise awareness of risk within the service.

The management team carried out audits on a regular basis to ensure there was continuous improvement of the service. We found that the service had formal systems for auditing all areas of the service including, people's care records, staff training and recruitment, supervision and appraisal, health and safety, environmental risk assessments, safeguarding, complaints, infection control and medicines management. All issues that were identified were then acted upon.

The registered manager ensured staff were kept up to date and were knowledgeable about best practice. The service kept journals and guidance from reputable national organisations for good practice reference. For example, the service had guidance from the National Institute for Care and Clinical Excellence (NICE) and British Institute of Learning Disabilities (BILD). This ensured staff were kept up to date with the latest best practice so they could effectively support people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events. Records were accurate and kept securely.