

C & K Healthcare Limited

# College Hill Residential Home

## Inspection report

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Harrow  
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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 16 February 2016 and was unannounced. At the last inspection on 22 October 2014 the service was meeting the regulations we checked.

College Hill Residential Home provides accommodation and care for a maximum of 11 older people some of who may have dementia. There were 11 people using the service on the day of the inspection.

The home had a registered manager. 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.

We observed people receiving care to be comfortable and relaxed in their home environment and in the presence of staff. They told us they felt safe and content and were generally complimentary about the standard of care provided.

People receiving care told us the service was meeting their needs. We found their needs had been assessed and planned for so that staff understood how to provide care and to keep them safe from harm.

We received consistent feedback from people regarding the competence of staff. They told us staff were excellent and compassionate. The provider had a programme of staff induction that was tailored to current care standards. Additional support structures for staff were in place in the form of supervisions, appraisals and team meetings.

Staff knew what to do if people could not make decisions about their care needs. Where possible, people were involved in decisions about their care and how their needs would be met. Otherwise, arrangements were put in place for relatives or other representatives who could represent their best interests.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

The interactions between staff and people were positive and responsive. People's choices were respected. We observed staff engaged with people in a compassionate manner.

There were systems to monitor important aspects of the service. This ensured the services continued to receive internal and external audit, which were used to monitor quality and to make improvements.

## 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.

The service was safe.

People were protected from risk of harm. This is because the service had suitable arrangement for safeguarding, whistle blowing, and staff recruitment.

There were appropriate arrangements for ensuring that people received their medicines as prescribed.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

### Is the service effective?

Good ●

The service was effective.

The service ensured staff were effectively supported and trained so they were able to fulfil their roles. All new staff completed an induction, mandatory training, and any other related to the needs of people they were supporting.

There were arrangements in place to make sure people's general health, including their nutritional needs were met.

The service ensured that where required, people were supported to consent to their care. There were procedures for meeting the requirements of the Mental Capacity Act (2005).

### Is the service caring?

Good ●

The service was caring.

The interactions between staff and people using the service were kind and caring. People told us staff were compassionate.

Staff respected people's privacy and treated them with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care and support plans were produced identifying how to support them with their individual needs.

Care plans were personalised to meet the needs of individuals. People told us staff provided care and support that met their needs.

People and their relatives knew how to make a complaint and complaints were responded to and resolved appropriately.

### Is the service well-led?

Good ●

The service was well led.

Staff were supported by their registered manager and felt able to have open and transparent discussions with him through one-to-one meetings and staff meetings.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

There were effective systems in place to monitor and improve the quality of the service provided.

# College Hill 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.

The inspection took place on 16 February 2016 and was unannounced.

The inspection was undertaken by an adult social care inspector and a specialist in pressure ulcer management and dementia care.

We looked at all of the information which the Commission already held on the service. This included the information about the service such as notifications they are required to submit to the Commission. Notifications outline any significant events that occur within the service.

We spoke with seven people who used the service and a visitor as well as the director of the service, registered manager and care staff.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records including five care plans, six staff files, staff training records, minutes of meetings and rotas.

Good ●

Is the service safe?

Our findings

# Is the service effective?

## Our findings

Staff received regular training to enable them to provide safe and effective care. They were knowledgeable about people's individual needs and preferences and how to meet these. We saw staff were provided with mandatory training along with other more specialist training, designed to help them to meet people's individual needs. The records we looked at evidenced staff had attended training in all mandatory subjects such as manual handling, health and safety, food hygiene, fire safety, dementia and infection control.

Staff completed an induction programme when they started work. The service had a Care Certificate induction programme for newly appointed staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The Care Certificate was designed to help ensure care staff had a wide theoretical knowledge of good working practice within the care sector. The registered manager had attended a study day dedicated to the introduction of the certificate. New staff were required to complete 16 mandatory fundamental standards of care in accordance with the requirements of the Care Certificate.

Staff told us they felt well supported by the registered manager. The service had a system in place for individual staff supervision. Staff told us and records confirmed they were supported through regular supervision. Appraisals were undertaken annually to assess and monitor staff performance and development needs. This ensured that people were supported by staff who were also supported to carry out their duties. All staff had had an appraisal within the last 12 months.

The service worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated. The service worked successfully with local providers to ensure people's health care needs were met. The service worked with health care professionals including; GPs, occupational therapists (OT), dentists, chiropodists, optician, and district nurses. Some people were on a Care Programme Approach (CPA). A CPA is a way that services are assessed, planned, co-ordinated and reviewed for someone with mental health problems or a range of related complex needs. We saw that the care of relevant individuals had been reviewed and up to date.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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 Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act 2005 and the associated DoLS

with the registered manager.

The service had written information on the Mental Capacity Act 2005 so that staff had access to important information to uphold people's rights. Staff were clear that when people had the mental capacity to make their own decisions this would be respected. They understood their responsibilities in making sure people were supported in accordance with their preferences and wishes. Staff told us and records confirmed they had received training in this subject to help them understand how to protect people's rights. At the time of our visit there were five people using the service who were subject to a DoLS. Two additional applications had also been submitted to the local authority for authorisation.

People were supported to eat and drink sufficiently to maintain a balanced diet. We saw care plans included information about how people were involved in decisions about their meals and drinks. People had been involved in drawing up the menu and choices were regularly adapted in line with their preferences. Those people who did not choose from the menu were offered alternatives. During lunch we saw some people requesting and were given second helpings. Another person entered the kitchen requesting bread and this was responded to positively.

Information about people's nutritional well-being was gathered during their pre-admission assessment and staff continued to monitor this on a regular basis. The service ensured they collected information about people's diet, food allergies and any intolerance. We saw from care plans that this information was highlighted. Where any risks were identified or if an individual had a specific dietary requirement, we saw the service had sought appropriate advice from the GP or dietitian for further advice.

We observed people in communal areas during the lunch time. There was fresh fruit that was kept in kitchen and / lounge for people to help themselves. Jugs of water were placed on tables within people's reach. We saw staff ensured people were regularly asked if they would like any alternatives to water.

The service had also adapted the home in order to meet people's needs. We saw that the home has had a new paving laid in the back garden since our last inspection. The registered manager told us this has benefited people using the service as it provided easy access to go in the garden. We saw that paving was level, so people with mobility needs were able to go for a walk.

# Is the service caring?

## Our findings

People receiving care told us that all the staff and the registered manager were caring. They told us staff gave them time and listened to them. A relative of a person receiving care told us, "Staff here are excellent and compassionate", whilst another person receiving care told us, "Staff are excellent. They are all very caring. They always ask what they can do for me."

We saw staff respected people's privacy. A report by a local authority from a monitoring visit that was carried out in June 2015 showed the service ensured people's privacy and dignity were respected and promoted. We found this to be the case at this inspection. Staff ensured doors and curtains were closed when providing personal care. They knocked on people's doors before they could enter their rooms. The care plans described how people should be supported so that their privacy and dignity were upheld. These were regularly reviewed, to ensure staff understood when people may need more support and attention. This showed that staff had an awareness of the need to respect people's privacy and dignity.

People's care plans had been developed in a person-centred way, so they included their likes and dislikes, which we saw staff understood. Care plans identified how they would like their care and support to be delivered. We saw this information had been reviewed and updated to reflect people's wishes. The registered manager told us the plans were developed with people and their family members where necessary. The service supported people to express their views and be actively involved in making decisions about their care and support. People, who could not actively be involved due to their complex needs or absence of family, were supported to access advocacy services. One person had an advocate, who visited them bi-monthly or when required to support with relevant decisions about their care.

The service had an up to date policy on equality and diversity. Staff had received training on equality and diversity, as part of their induction. The assessment form covered people's preferences in terms of language, culture, religion and lifestyle. We saw people were supported with their religious observances, including visits to church and temple. Some items of people's faith were displayed in their room as a way of celebrating their faith. There was evidence from photos of other events that people were supported to celebrate, including Christmas, Diwali and Halloween.

All bedrooms had an en-suite bathroom or shower fitted since our last inspection. The registered manager told us, this also assisted to maintain the dignity and privacy for all people. The home including, communal areas had been decorated. We saw this brought more light in and provided a homely atmosphere. We saw that people had been involved in choosing the paint colours, wallpaper and pictures.

## Is the service responsive?

### Our findings

The service was very responsive to people's needs. A person receiving care told us, "Staff are organising badminton and football for me at the leisure centre." Another person said, "There is nothing to complain about. If I did not like it here I would leave." People gave us consistent feedback that staff were aware of their needs and provided care for them as such. We saw people's care records identified their needs and staff had used this to inform people's care plans.

The care plans of people were person centred, and included information about their likes and dislikes. The files also contained risk assessments and like care plans, they were also personalised. The information in both care documents was clear, so that any new staff would have a relevant amount of information about the person before providing care.

The care plans were reviewed regularly and where possible signed by the individual or a representative. We saw that as people's needs changed the care and support they received were changed to meet those needs and care plans were reviewed and updated. This ensured that care plans contained up to date information. For example, a dependency assessment had indicated a 'high risk' for a person receiving care and we saw that the care plan had taken this into consideration and the care that this person received was evaluated monthly.

People were supported to engage in activities to stimulate and promote their overall wellbeing. A monthly programme of activities was displayed in the reception area for people to view and a record of people's birthdays was also in place so that they could be celebrated by everyone. People spoken with confirmed they were happy with the activities on offer and records of individual activities were maintained and available for reference. The care plan of one person indicated they liked reading magazines and newspapers, and during this inspection we saw this was supported by staff.

The service sought feedback from people who used the service by conducting surveys. These were conducted twice every year. The survey included questions about food and nutrition, privacy and dignity, their involvement in their care and personal care. In all sections, people consistently gave positive feedback. We saw that findings from the surveys were always reviewed and used to implement changes within the service to improve the support provided to others. It was identified through meetings and surveys that people liked trips to Windsor and so this was organised.

The provider had an up to date complaints policy which gave processes to follow and time scales to adhere to when dealing with complaints. No complaints had been received in the last 12 months. However, in the past we saw that where a complaint or concern had been received these were responded to within the recommended time scales. For example, a relative had raised an issue about the care of a relative, and we saw the service had responded immediately. This helped to assure people and staff that their concerns were taken seriously and addressed quickly. People told us they were aware of the complaints procedure or who to contact if they had concerns. This showed that people were provided with important information to promote their rights and choices.

# Is the service well-led?

## Our findings

People receiving care, their relatives and staff told us that the service had a management team that was approachable and took action when needed to address issues. A staff member told us, "The manager is approachable. If we have a problem we go and speak with her." A relative told us, "Staff here are excellent. If any problems I would go and see the manager." Staff felt well supported by the management and could always speak with them.

There was a clear staffing structure and staff were aware of their own roles and responsibilities. The registered manager and the director of the service were visible in the home and staff told us they were approachable and always took the time to listen to all members of staff.

The service held regular team meetings. Staff told us there was an open culture within the service and staff had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. For example, in the last staff meeting, staff had raised an issue about the laundry, which required that it was renovated for them to manoeuvre with ease, and we saw the management had taken action. The service had also gathered feedback from staff through staff surveys, service learning events, staff meetings and one to one discussions and in all forums staff told us they would not hesitate to give feedback.

The service encouraged and valued feedback from people using the service, their representatives and staff. It proactively sought people's feedback and engaged them in the delivery of the service. In the previous surveys, people had scored the service as 'very good'.

The service had quality assurance systems in place to monitor the service and check whether it was delivering high quality care. Regular audits designed to monitor the quality of care and identify any areas where improvements could be made had been completed. The director of the service had undertaken monthly audits of the service. Likewise, the registered manager undertook a range of audits throughout the year. These included: medication, care files; health and safety and infection control

The local authority also conducted audits and we saw that an action plan was produced, that identified gaps and improvements to be made to address these. An audit undertaken in June 2015 identified some issues that required improvements, including, safeguarding procedures, end of life care plans and environmental risk assessments. At this inspection we saw that the provider had taken action to address these.

Similarly, the service had carried out annual quality surveys with people using the service. Records of these checks included details of action to be taken and action that had been taken to improve. The service had also carried out a consultation exercise to gather people's views on a refurbishment scheme of the home. As part of this, we saw people were consulted through 'residents meeting'. This showed us that the provider valued the views of people.

We also saw that accidents that occurred within the service were appropriately documented and

investigated by the registered manager. The outcome of investigations led to a monthly analysis of all accidents and incidents to identify any areas of increased risk. The results of this analysis were shared with staff to raise awareness of identified areas of increased risk within the service.