College Care Limited

College House

Inspection report

20 College Road
Fishponds
Bristol
Avon
BS16 2HN

Tel: 01179651144

Date of inspection visit:
31 January 2018
01 February 2018

Date of publication:
09 April 2018

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 31 January and 1 February 2018 and was unannounced. College House is registered to provide accommodation for up to 20 people. At the time of our visit there were 16 people living at the service.

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. There was also a home manager who was responsible for the daily running of the home.

At our last inspection in December 2016 we rated the service overall as Requires Improvement. At that inspection we found breaches of Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following that inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of those regulations. At this inspection we saw the provider had taken action as identified in their action plan and improvements had been made. As a result of this inspection the service has an overall rating of Good.

Why the service is rated Good

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage these, monitor and review them.

People were supported by the services recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

Improvements had been made to ensure the safe management of medicines. People were protected from the risk of cross infection. This was because appropriate guidance had been followed. People were cared for in a clean, well maintained, homely environment.

Improvements in staff induction and consistency in training helped ensure staff had the knowledge and skills required to carry out their roles effectively. They were supported by the provider and the registered manager at all times. People received a varied nutritious diet and told us they enjoyed the meals they received.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People benefitted from a service that was well led. An increase in the provider's oversight meant that a significant number of improvements had been made to help ensure that people were safe and received quality care. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

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 had improved to Good.

Appropriate action was taken to ensure there were enough care staff to support people.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Appropriate health and safety checks were undertaken to reduce risk to people. The home was clean and staff followed the homes infection control policy and procedures.

Is the service effective?

Good

The service had improved to Good.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a healthy diet which promoted their health and well-being and took into account their nutritional

requirements and personal preferences.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service had improved to Good.

The registered manager provided a consistent leadership of the service.

Staff were proud to work for the service and were supported in understanding the values of the service.

Effective quality monitoring systems had improved. Audits were being completed to regularly assess the quality and safety of the services provided.

The service notified CQC of events as required by law.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in December 2016. At that time we found there were areas that required improvement. This inspection was conducted over two days by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visits we spoke with six people individually in addition to observing people in communal areas. We spent time with the registered manager, home manager, administration assistant, six care staff, the cook and domestic assistant. We also received written feedback from a social care professional who visited the service in an advisory capacity. We observed lunch and staff interaction with people whilst supporting. We looked at three people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

The service had improved and was safe. People appeared to be happy, comfortable and safe in their surroundings. We asked people if they felt safe. Comments included, "They are all very nice and look after me", "Yes I do feel safe here, the staff are always checking on me" and "It's nice to know there is someone there when you need them".

At the inspection of January 2017 we found that requirements were needed in the safe management of medicines. Handwritten additions to one person's medicines administration record (MAR) had not been dated and checked by a second member of staff to reduce the risk of mistakes. One person who self-administered their own medicine did not have a risk assessment in place to help ensure they would do this safely. Procedures around disposal of medicines no longer required needed improvements and audits if medicines were not sufficient. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

After the inspection of December 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. We saw that improvements had been made to further ensure safe management of medicines and actions had been completed to rectify the previous breaches. Policies, procedures, records and practices demonstrated medicines were now managed safely. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

People and staff were protected by the homes policy for entering the home. The front door was secure and visitors had to ring a bell to gain entry. All visitors were required to sign a book and state the reason for their visit and who they had come to see. Health and social care professionals were asked to show an official form of identification before entering the premises. A staff member asked us for identification when we arrived.

People were kept safe by staff who understood their role and responsibility to protect people. Staff had a good knowledge of risk assessments and measures to be taken to keep people safe. Assessments were undertaken to assess any risks to people, this included environmental risks and any risks due to the health and support needs of the person. Risk assessments provided a helpful guide about the action to be taken to minimise the chance of harm occurring. Examples included, weight loss, falls and prevention of skin breakdown.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff were confident in reporting accidents, incidents or concerns. Written accident and incident documentation contained details leading up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits had commenced to identify any trends to help ensure further reoccurrences were prevented.

Staffing levels were reviewed to ensure they were effective and helped ensure people were safe. Levels were determined by the amount of support people required. Everyone we spoke with confirmed there were sufficient numbers of staff on duty 24 hours a day. Staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. The registered manager ensured there was a suitable skill mix and experience during each shift. Everyone covered vacant shifts rather than using agency staff.

The service continued to follow safe recruitment procedures. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Staff had received fire safety training. In house required health and safety checks were completed on emergency lights, fire control panel, fire extinguishers and smoke detectors. Each person had an individual fire evacuation plan in place, detailing the support they required to keep them safe in the event of a fire.

The service was clean and tidy and retained a homely feel. Staff were supported by the homes infection control guidance and suitable training and protective equipment, such as gloves and aprons were provided. People commented in a recent 'residents' meeting, "The house always smells clean and fresh" and "The home always smells nice, I've never smelt a bad smell since I have lived here".

Good

Is the service effective?

Our findings

The service had improved and provided an effective service. Throughout our visits staff were confidently and competently assisting and supporting people. We asked people if they thought staff were good at supporting them. Comments included, "I think the staff look after me well", "They are all very good at what they do" and "I cannot fault them, I am more than happy thank you".

At the inspection of December 2016 we found improvements were required in staff induction and on-going training. The provider's induction for new staff was not aligned to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. Some staff had not received training in areas such as moving and handling, health and safety and safeguarding. The records did not provide evidence that staff had received training in other areas relevant to their roles, such as illness specific training, to help them understand the specific needs of the people they were caring for. These were repeated breaches of Regulation18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of December 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. Overall we saw significant improvements had been made. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. New staff worked with senior staff to assist with continued training throughout the induction process. One new member of staff told us the induction process was well organised and that they had a mentor to shadow on each of their shifts until they felt confident to work alone.

We asked staff about the training they received and how it had helped them. Comments included, "I enjoyed the training and I found it very helpful", "The training has helped me to understand more and how it's been important to be patient with residents", "The dementia training has really helped especially when supporting one person who can become very anxious at times" and "I think we will benefit from more training in dementia awareness, we can never have enough training". Practical observed competency was checked for all staff including, infection control techniques, delivering person centred care, management of medicines and assisting people at mealtimes. These were formally recorded and demonstrated that staff were supporting people effectively. Where any improvements were required additional training and supervisions were put in place. Ad-hoc quiz sessions also took place for small groups of staff and this provided refresher training on all aspects of health and safety.

Staff told us they felt supported by the registered manager, deputy and other colleagues. Staff felt they worked well as a team and they respected each other. Comments included, "I feel I am treated well and we do work well together", "The managers are very caring and good to us" and "I have always felt supported and I look forward to my individual meetings with the manager so I can have some time to myself". The registered manager ensured that staff felt supported through one to one meetings. These sessions enabled staff to discuss what was going well and where things could improve, they discussed people they cared for and any professional development and training they would like to explore.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it was in their best interests to do so.

The registered manager and deputy had a good understanding of the MCA and their responsibilities with respect to promoting people's rights. They were clear that when people had mental capacity to make their own decisions, these were respected. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and/or independent advocates. There were systems in place to alert staff as to when DoLS would expire and need to be re-applied for.

The meals prepared and served to people had always been well received. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they 'fancied' on the day. Tables were attractively laid and the dining room lent itself to a relaxed atmosphere. People confirmed they had enough to eat and drink. One person told us, "I am so full up! Well you would be if you have a second helping!". We saw from a recent 'residents' meeting people were reminded that food and drink was available day and night. The menus were nutritional and reflected traditional favourites and seasonal trends. We met with the cook who demonstrated a very caring nature and a genuine passion to provide people with food they would enjoy. The cook told us she enjoyed getting to know people and spending time with them. They were aware of personal dislikes and preferences and accommodated this at all times. People's views were always sought after mealtimes to check if they had enjoyed their meal or whether it could be improved.

The cook understood her responsibilities to support any special dietary requirements that needed to be catered for. This included things such as diabetes, compromised swallow and fortified foods for those at risk of weight loss. People's weights were checked monthly but frequency increased if people were considered at risk. Referrals had been made to specialist advisors when required. This included speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily

records. These accounts also provided a good level of detail for all staff to read when they had been on leave so that were up to date about what had happened in their absence.

Good

Is the service caring?

Our findings

The service remains caring. People were positive about their experiences. One person told us, "They are a smashing bunch and always do their very best". Staff were cheerful when we visited the home, they were motivated and enjoyed their roles, it was evident they were committed to the people they supported. There was positive interaction between staff and people, everyone was relaxed, happy and comfortable in each other's company. We were introduced to people throughout our visits and they welcomed us to their home. People talked freely with staff in front of us and people were confident and assertive in their surroundings.

People had written comments in the homes recent annual surveys. They said, "The care is good and the carers are always ready to help you", "The staff are always nice to me, all of the time" and "They look after me well, I really can't grumble I am happy living at College House. I love chatting with staff, my family are happy I am living here". Comments from relatives and friends in the compliments book demonstrated positive opinions about the service delivered. People wrote, "I can honestly say the care given by staff is exceptional. Nothing is too much trouble and the compassion they show to all the residents is wonderful" and "Whenever we come to see our friend we are always impressed by the care and kindness shown to her, their patience is amazing and nothing is too much trouble". One visiting health care professional wrote to us and stated, "The carer group is very kind and caring and they know a lot about their residents".

In a recent group session staff were asked to consider how College House was caring in line with CQC's Key Lines of Enquiry. Written statements from staff included, "Residents are always spoken to with respect and treated like adults, we always include them in decisions in everything that directly affects them, their care, happiness and wellbeing", "We make sure that all residents feel like they belong and that their thoughts and feelings are taken into account", "College House is a caring place because it puts the residents at the centre of attention" and "We spend a lot of time with our residents and the home is like one big family".

Independence and autonomy was promoted and encouraged. The registered manager shared with us about one person who had recently been discharged form hospital with reduced mobility and poor appetite. The registered manager explained where their care and diligence had provided a positive impact for this person. This involved psychological support to develop self-confidence in addition to improving their skills to mobilise using equipment. This was achieved by working as a team and in partnership with the person. In addition their appetite had increased and they were now eating and drinking independently.

The service promoted/supported those relationships that were important to people. With people's permission the registered manager always involved family in meetings and care plan reviews. They felt this was a good time to gather feedback and discuss people's care in detail and areas in which things could be done better or differently. They told us, "It is also a good time to talk to family about their relative as they may have suggestions and ideas of how to help the resident for example, should they become anxious or unhappy. Involving family in care plan reviews also gives support to the resident, it makes them feel safe and supported having family around them and can help them to open up and discuss topics such as end of life care which is area that can be difficult or distressing for some people to talk about. The outcome is a care plan that contains information from multiple key sources with the resident at the core, making it holistic and

person centred".

We spent time in various parts of the home, including communal areas and individual bedrooms so that we could observe the direct care, attention and support that staff provided people. During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and attending hairdressing appointments.

Good

Is the service responsive?

Our findings

The service remains responsive. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People were able to request support by using a call bell system in their rooms and communal areas of the home. People were reminded about the call system and how to use it at the monthly 'residents' meetings. One person wrote in a recent survey, "Whenever I use the call bell a member of staff is always there in seconds". The call bell system used enabled the registered manager to monitor the response times of staff.

The registered manager understood her responsibilities to ensure the service could meet the needs of prospective clients by completing a thorough pre-admission assessment. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. Information from other assessments for example hospital social workers were also considered. People were always supported to visit the home and spend their own chosen time there, whether that was for the day or perhaps for lunch. The information gathered helped support the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. Following an assessment staff developed specific care plans where needs were identified, over the first few weeks of admission and whilst staff got to know the person.

When we spoke with staff it appeared that on some morning shifts there seemed to be a certain amount of pressure to get people up rather than respecting/promoting choice. Following discussions to gain a proportionate view it was evident that this was merely a 'bad habit' that had been adopted and again it was very much down to staff feeling under pressure with routines rather than being instructed to do this. We fed this back to the registered manager and home manager at the feedback session at the end of our inspection. Following our inspection the registered manager contacted us to inform us they had a staff meeting. At the meeting staff were able to contribute to useful discussions about current daily routines and the pressures leading up to breakfast and lunchtime. As a result of this routines, mealtimes had been reviewed and changed to afford people greater flexibility in order to enhance their personal preferences.

During our inspection we saw people being cared for and supported in accordance with their individual wishes. People said they were, 'content' and 'more than satisfied' with the care and support they received. One person told us, "I am very happy here, the staff look after me well, but I remain independent with things I can do for myself".

We looked at care plans to see if they were person centred and provided staff with enough guidance on how people wished to be supported. We saw some good examples where the documentation was person centred and enabled staff to support people in the best way possible. One person was prone to raised anxiety levels and it was important to her to have certain things around her for example her handbag and knitting. The plan explained that she knew she had dementia and became confused at times. Things that calmed them when anxious, included being away from people, having peace and speaking with a staff member alone. Another person's plan explained that if they were worried about anything they would be quiet and withdrawn. Staff knew form the care plan that the person enjoyed talking about their life before

they moved to College house and that this made them happy. Records also demonstrated that people had been consulted about preferences around personal care and daily routines. The registered manager agreed that further development on these would reflect more accurately the care and support people were receiving.

The service had been proactive in supporting and enhancing the care that people received and recognised the importance of seeking expertise from community health and social care professionals. They had been receiving support and guidance from a community dementia practitioner for the last nine months. They told us, "I have facilitated a case discussion with managers and a carer for a resident which was deemed helpful in so much that they learnt a lot about the resident and how best to support them. I have spent some time with a larger group of care staff and spoken to them about how to manage situations that they may find challenging, different types of activity to engage with and offered more informal training sessions in order to support them which will be facilitated this year".

The service was not registered to provide nursing care, however people were provided with end of life care if it was decided that remaining at College House was in their best interests and appropriate support was available. This was provided with the support of the GP and district nurses. Specialist equipment was provided from community resources if required for example, profiling beds and air mattresses.

People told us they enjoyed activities provided. Comments included, "There is always something going on", "I choose what I like to participate in, not everything is my taste but that's fine", " I have my own interests which I enjoy doing on my own" and "I am always asked if I would like to join in which is nice". Feedback was always sought at the residents meetings to ensure they remained meaningful. We saw from the minutes that people had been positive about what they could participate in and that up and coming events were shared, for example celebrations, events and visiting entertainers. One person went out independently and others were supported by staff or family and friends. People told us they were looking forward to when the weather would improve as they would like to go out more.

When asked who they would speak to if they were not happy, people said they would either speak to their family or a member of staff if they had a problem. One person told us, "they are always quick to deal with anything I need help with. I have no complaints to make though". The service had a complaints policy in place and this was shared with people and families on admission. It was also discussed at 'residents' meetings to remind people of the options available to them should they have any concerns. We read people's comments from the recent meeting. People stated, "I would tell the manager if I had a problem and my daughter", "I would tell my daughter and she would sort it out for me", and "I would let everyone know if I was unhappy".

Good

Is the service well-led?

Our findings

People were now receiving care and support from a well-led service. At the inspection of December 2016, we found that improvements were required to assess, monitor and improve the quality of the service. This was particularly in relation to management of medicines, the provision and recording of staff induction, training and supervision. There were no recording systems or processes in place to check and monitor other areas of the service on a regular basis, such as care records, health and safety and infection control. This meant the provider was unable to demonstrate they could identify where quality and safety was being compromised and use their findings to make improvements. These were breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of December 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. Overall we saw significant improvements had been made. The service now considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan for the future to improve and further enhance current good practice they were achieving. There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required.

At the inspection of December 2016 we identified that we had not received any statutory notifications since our last inspection. Notifications provide us with information about specific important events the service is legally required to send to us. We spoke with the registered manager about this and underlined their responsibility to submit notifications as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

After the inspection of December 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. Overall we saw significant improvements had been made. The registered manager had made improvements and had provided staff with guidance on what should be reported, in addition to the level of detail and what we needed to know. Appropriate notifications were now received promptly, they provided a good level of detail including the lead up to the event, what happened and what action was taken.

The registered manager and home manager led by example and worked alongside staff on a daily basis. One community social care professional told us, "I always meet with the registered manager and home manager who are heavily involved with the front line care. I have observed the registered manager facilitating a group activity session where people appeared to be enjoying themselves". Everyone we spoke with felt supported by the registered manager and home manager and they received many compliments. Comments included, "Oh yes they are both very nice, I enjoy seeing them and spending time with them", "I can talk to them about anything and they will support me" and "They are both very nice people and put the residents first, I enjoy working for them". One visitor wrote in the homes compliment book and stated, "The managers are very approachable and take on board any concerns I raise regarding mum. Keep up the good

work".

The annual survey results were positive and demonstrated people were satisfied with the service. The results evidenced 100 per cent satisfaction with regards to staff being polite, thoughtful and respectful, feeling safe, being treated with dignity, ease when speaking with managers and they were always polite and courteous. Ninety-three per cent agreed that concerns/questions were dealt with quickly, enjoyed the activities provided and the quality the service provides. When asked what the service did well, people wrote, "Everything, the staff are nice, the food is nice, there is nothing more I could ask for", "I am satisfied with everything here" and "It's a very nice place to live, the staff are friendly and help me when I need them". When asked what the service could do better people stated, "I don't think there is anything really, I am always happy with everything", "there is nothing you could do more for me" and "I don't think you can do anything better really". One person said they found it difficult to 'understand some staff due to their accent and that they were a little hard of hearing'. We saw that this had been discussed at a staff meeting in order to improve communication to ensure it was effective.

'Resident' and staff meetings were well attended and minutes gave a good level of detail about what was discussed and provided information of any action that was required and what member of staff would be responsible for following the actions up. The minutes reflected that people and staff played a key part in decision making in the home and that they were listened to. People and staff confirmed the meetings were effective, meaningful and enjoyed. The registered manager told us, "Meals and diets are a subject that is talked about in the meetings and following the feedback we have received from the residents the weekly menu has been amended according to suggestions from the residents and what they would like to have on the menu. We are very happy with the feedback we are receiving from the residents in regard to the new menu and we are constantly striving to ensure that the residents voice is heard not just with the menu but with all aspects of living at College House".