

# Parkview Society Limited (The) College House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

College House is a large bungalow that provides care and support for people with learning disabilities. It is registered to provide accommodation and personal care for up to 12 people who have a learning disability. There were 10 people living at the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on 17 July 2017 and was unannounced. One social care inspector undertook the inspection. The home was previously inspected on 2 June 2015 and was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

People told us they felt safe at the home and with the staff who supported them. One person said "Yes, I am" when asked if they felt safe living at College House, another said, "Yes, they [the staff] are nice." There were enough staff on duty to meet people's care needs and support them with activities both in and out of the home. Records showed, and people told us they were supported to take part in a variety of activities and trips out. Risks to people's health, safety and welfare were identified and managed well. People received their medicines safely.

People received effective care and support from staff who were well trained and competent. Staff monitored people's health and made sure they were seen by appropriate healthcare professionals to meet their specific needs. People were happy with the food served in the home and we saw people helping to prepare the lunchtime meal.

Staff were very caring and had many worked at the home for many years. Staff and people knew each other well and we saw kind and friendly interactions between them. People were supported to make choices about how they wished to be cared for and staff supported their independence. People's privacy was respected.

Staff provided care and support which was responsive to people's individual needs. Each person had a care plan that described their needs, however we found one person's plan did not reflect all of the information provided to us by staff. Following the inspection, the registered manager confirmed this had been updated.

The service was well-led by the registered manager and management team who were open and approachable. People told us they were comfortable talking to the staff or registered manager if they had a concern or wished to make a complaint.

Equipment used to support people with their care had been serviced regularly to ensure it remained in safe working order. Electric and gas installations and fire safety systems were also regularly checked and serviced.

## 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 home remains Good.

### Is the service effective?

Good ●

The home remains Good.

### Is the service caring?

Good ●

The home remains Good.

### Is the service responsive?

Good ●

The home remains Good.

### Is the service well-led?

Good ●

The home remains Good.

# 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 checked whether the provider was 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 17 July 2017 and was unannounced. One adult social care inspector undertook the inspection.

In June 2017 the registered manager completed 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 plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit. Prior to and following the inspection, we contacted the local authority and spoke with the learning disability support team to gain their views about the quality of the service.

During the inspection we met with all 10 people who lived at the home and spoke with five people in detail. We also spoke with three members of staff, including the deputy manager. We looked around the premises and observed how people and staff interacted throughout the day. We looked at records which related to two people's individual care, how the home managed people's medicines as well as records related to the running of the home. The registered manager was not available at the time of the inspection, however we spoke with them afterwards.

## Is the service safe?

### Our findings

The home continued to provide safe care to people. People were seen to be very relaxed and comfortable with the staff who supported them and told us they felt safe. One person said "Yes, I am" when asked if they felt safe living at College House, another said, "Yes, they [the staff] are nice."

To minimise the risk of abuse to people, staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager or deputy manager and were confident that action would be taken to protect people. People said they could talk with staff if they had any worries.

People were supported by sufficient numbers of staff to assist them with their care needs and to support them to take part in activities. Staff said additional staff were made available if they were needed to help people with specific activities or appointments. At the time of the inspection there were 10 people living in the home supported by three members of staff. There were two sleeping-in members of staff overnight. People told us they could call for staff assistance if they wished during the night and one person had a listening device which would alert staff should the person need them. Many of the people living in the home were independent with their personal care needs or only required prompting from staff. Records showed the home followed a safe recruitment process.

Risk assessments were carried out to make sure people were able to receive care and support with minimum risk to themselves and others. For example, one person had risk assessments relating to a chronic health condition and for the risk of falls. We asked staff how they cared for this person. They said they never left this person alone when showering or when eating and always ensured they had staff with them in close proximity when out of the home. Staff told us this person might need emergency medical attention as a result of their condition. They knew when to contact the emergency services. This reflected the information held in the person's risk assessments.

People received their medicines safely from staff who had received training in the safe administration of medicines. We looked at the medication administration records (MAR) and found these to be fully completed with no gaps in the recordings. Daily checks were undertaken to ensure these records were appropriately completed and people had received their medicines as prescribed. Some people were prescribed medicines on an 'as required' basis. During the inspection we heard staff asking one person if they were in pain and they were offered pain relieving medicine.

Risks relating to fire safety were managed well. Equipment was regularly serviced and people participated in practice evacuation drills. One person had a personal evacuation plan as they required the assistance of staff to evacuate the building; all the other people living in the home were aware of the fire procedure and could follow the instructions of staff. Where one person wished to keep their bedroom doors open, approved devices were fitted which would close the door should the fire alarm sound. Equipment used to support people with their care had been serviced regularly to ensure it remained in safe working order. Electric and gas installations were also regularly serviced.

## Is the service effective?

### Our findings

The home continued to provide people with effective care and support. Staff were competent in their roles. Many staff had worked at the home for several years and had an excellent knowledge of the people they supported.

Staff monitored people's health and made sure they were seen by appropriate healthcare professionals to meet their specific needs. For example, one person had regular appointments with a specialist nurse. Staff maintained accurate records of this person's health condition and this provided the nurse with the information they needed to ensure the person's health care was being managed as safely as possible.

People were able to make choices about the food they ate and were supported by staff with menu planning. During the inspection we saw staff supporting people to be involved preparing the lunchtime meal. People enjoyed their meal and they said they liked the food provided. One person told us they were being supported by staff to learn about healthy eating. They said, "I've lost weight, I don't eat sugary sweets anymore, sugar is bad for you." They were very proud they had lost weight and said they wished to lose more. People showed us where they were able to make themselves drinks and snacks and we saw people doing this for themselves and other people throughout the day.

Staff told us they were provided with the training they needed to support people. One member of staff said, "We have lots of training." This included health and safety topics as well as those relating to people's specific support needs, such as epilepsy.

Staff were adhering to the principles of the Mental Capacity Act 2005 (MCA) and people's legal rights were protected. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. At the time of the inspection staff told us all of the people living at College House could make decisions about their day to day lives and how they wished to be supported. Staff told us some people might need support to make more complex decisions. They were aware a capacity assessment might be needed at this time and a best interest decision made on people's behalf if they lacked the capacity to decide for themselves.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection staff said two people required their support when out of the home due to risks to their safety from poor mobility and a health condition. They confirmed both people had capacity and had agreed for staff to accompany them when they went out to ensure their safety. We spoke with both people and they confirmed this.

## Is the service caring?

### Our findings

The home continued to provide caring support for people. Most people had lived at College House for a number of years and had built strong relationships with each other and the staff who supported them. People and staff were very comfortable in each other's company. One person told us, "They look after us" and another said, "I'm very happy here." People were keen to be involved in the inspection and to show us around the home, explaining what they did each day.

In the Provider Information Return, the registered manager said, "The first and most important thing is to ensure, as far as we are able, that we employ care staff with the right attitude." Staff felt the home achieved this and the staff team was very stable. No staff had left the home since the previous inspection.

During the inspection we saw people and staff sitting together in the lounge in conversation with each other. It was clear staff knew people and their families well and the atmosphere was relaxed and friendly.

Each person had their own bedroom which they had been able to personalise to reflect their tastes and personalities. Staff respected people's need for privacy and people were able to spend time alone if they chose to. We saw staff knock on people's bedroom doors before entering. One person proudly showed us their room and told us they had chosen everything in it. People said they were supported by staff to look after their rooms and their possessions. One person said, "I hoover and polish my room" and another said, "I polish my room but staff help me hoover."

People were involved in developing their care plans and were supported by a named keyworker to do so. People's wishes and aims for the future were recorded. Family members and relevant healthcare professionals were invited to contribute to an annual care plan review. Staff supported people to think about sensitive issues such as what they wished to happen at the end of their lives and we saw people's wishes had been included in their care plans.



## Is the service responsive?

### Our findings

The home continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs, personal preferences and goals.

Care plans were personalised and gave information about people's likes and dislikes as well as their care and support needs. The plans described what people were able to do for themselves and how staff should offer support. We asked staff to tell us about how they supported people. They described people's care needs and told us about their preferences. In the Provider Information Return, the registered manager said the care plans were updated annually or when people's needs changed. However, we found one person's care plan did not reflect all of the information staff told us about the person. We discussed this with the registered manager who confirmed the care plan had been updated immediately following the inspection.

People told us how they spent their day. They said they were supported to be as independent as possible. People said they helped around the home with domestic tasks and also went out for social events and to the nearby town. One person said they liked to load and unload the dishwasher and another said they liked to unpack the shopping. During the inspection we saw people engaged in various activities including managing their laundry, setting the table for meals, assisting with the lunchtime meal as well as leisure activities such as drawing. People went out with and without the support of staff to the local shops. One person told us, "I go to Sainsbury to buy my shampoo. I'm more independent here." Another person said they had been to the local shops to buy games and a DVD. They were pleased to show us their purchases.

People were supported to keep in touch with friends and family. One person told us they regularly went to visit their mother and another told us their mother was due to visit them at the weekend.

We asked people what they would do if they were unhappy about anything in the home. They said they would talk to the staff or the registered manager. Records showed that when people had made a complaint this had been investigated and action taken to resolve the issue.

## Is the service well-led?

### Our findings

The home continues to be well-led. Staff told us the registered manager and management team were open and approachable. One member of staff said, "They're very good. I like it here." We saw people freely coming in and out of the office and speaking to the deputy manager and staff throughout the inspection.

Record showed representatives from Parkview Society Ltd visited the home regularly to monitor people's wellbeing and how the home was being managed. There was evidence people and staff had been spoken to and records such as accident forms were checked.

Residents meetings allowed people to share ideas and make suggestions for improvements. For example, at the meeting in June 2017, people requested a house copy of a television guide, suggested local places to visit and discussed sharing the domestic tasks around the home. People and staff confirmed these had been arranged.

The deputy manager said that supervision of staff practice was informal as they were a small staff team who all worked closely together. If practice issues were identified then formal supervision was provided and we saw evidence of this in the staff files. In the Provider Information Return the registered manager said they were planning to introduce regular formal supervision which would provide staff with greater opportunities to discuss their role. Annual appraisals were used to formally assess staff training and development needs. Staff reported there was good communication between themselves and the management team on a day to day basis, and each shift received a handover report. Records show staff met regularly with the registered manager to discuss people's support needs and to identify training requests. Arrangements were in place for staff to contact a member of the management team outside of office hours should they need to do so.

The registered manager kept their practice up to date by training and attending local care forums as well as through the support of Parkview Society Ltd. They were aware of their responsibilities to notify CQC of important events within the home.

The registered manager said relatives visited frequently and their views about the quality of the support provided to their relatives were discussed at these times. Annual questionnaires were used to formally gather people's and relatives' views. The results of the questionnaires sent in November 2016 were very positive about the home and no concerns were raised. The feedback we received from the local authority and the learning disability service was also positive and they said the home communicated with them well.