Oaktree Care Ltd

College House Residential Home

Inspection report

Berrington Road
Tenbury Wells
Worcestershire
WR15 8EJ
Tel: 01584 810270

Date of inspection visit: 2 and 8 April 2015
Date of publication: 24/07/2015

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?	Requires Improvement

Overall summary

College house provides accommodation and personal care for a maximum of 16 older people. On the day of our inspection there were 11 people living at the home.

The inspection took place on the 2 and 8 April 2015 and was unannounced. At our last inspection in August 2014 we found the provider was not meeting the regulations in relation to the suitability of the premises and in the assessing and monitoring the quality of service provision.

Following that inspection the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found most of these improvements had been made. However work on improving the lounge facilities still need to be completed.

There was a registered manager in post when we inspected. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. Staff we spoke with understood they had responsibility to take action to reduce the risk of harm for people. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

People who lived at the home were supported by staff with up to date knowledge and training. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the registered manager had appropriate arrangements in place to manage medicines. People's preferences were taken into account and respected. We saw staff treated people with dignity and respect whilst supporting their needs.

The registered manager had followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when assessing people's ability to make specific decisions. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People had food and drink to maintain a healthy diet. We saw at mealtimes there was a relaxed atmosphere and people and their relatives told us they enjoyed the food. People were supported to eat and drink well and had access to health professionals in a timely manner.

All the visitors we spoke with told us they were made welcome by the staff in the home. People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home.

Relatives knew how to raise complaints and the registered manager had arrangements in place so that people were listened to and action taken to make any necessary improvements.

The registered manager promoted a positive approach to including people's views about their care and service development. People who lived at the home and staff were encouraged to be involved in regular meetings to share their thoughts and concerns about the quality of the service.

The registered manager had systems were in place to monitor and improve the quality of the service, however these systems required further involvement of the provider to complete the improvements and suggestions and for future monitoring of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People living at the home said they felt safe and we saw that staff were aware of how to support and protect people from identified risks. People and relatives told us there were enough staff to meet their care and social needs on a daily basis.

Good

Is the service effective?
The service was effective

People living at the home told us that staff knew how to support their needs. People and their relatives benefited from support in making decisions when needed. People enjoyed their meals and staff actively promoted this as sociable occasions.

Good

Is the service caring?
The service was caring

People who lived at the home and relatives told us they thought the staff were caring. People benefited from the kindness and respect that they were shown, and the knowledge of staff to provide care in a dignified way, respecting people's rights to make their own decisions.

Good

Is the service responsive?
The service was responsive.

People benefited from involvement in personalised activities, people were engaged with staff and enjoyed lively interactions. People living at the home and their relatives were able to raise any comments or concerns with staff and these would be responded to appropriately.

Good

Is the service well-led?
The service was not always well led.

People needed more space to enjoy their daily living; there were plans to achieve this that required completing but more support was required from the provider to monitor the required improvements. People, relatives and staff felt supported by the registered manager who was approachable, listening and acting on people's feedback.

Requires Improvement

College House Residential Home

Detailed findings

Background to this inspection

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

We made an unannounced inspection on 2 and 8 April 2015. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. Before the inspection, the provider 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 spoke with three people who lived at the home, four relatives, an advocate and a visitor. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and three staff. We looked at four records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home and staff treated them well. One person said, "I feel safe, there are always people about." Another person said, "Very safe, plenty of staff." Relatives we spoke with said they felt their family member was safe. One relative said, "My [family member] seems safe here."

We spoke with staff about what action they would take to keep people safe if they suspected possible abuse towards people living at the home. One member of staff said, "All staff would report any concerns." Another staff member said, "People are very safe here because all the staff are very competent." They described the action they would take, and were aware that incidents of potential abuse or neglect must be reported to the local authority. Procedures were in place to support staff to appropriately report any concerns about people's safety.

We saw staff supported people with their mobility with the use of equipment such as walking frames and wheelchairs. People told us they had been asked what they needed. We saw risks to their health and wellbeing had been assessed and risks had been identified. These included risks associated with people's mobility, nutrition and risk of developing sore skin. We saw plans in place for staff to follow. Staff we spoke with understood how to support and protect people where risks had been identified. For example, we saw staff supported a person to mobilise using a piece of equipment which reduced the likelihood of falls. They knew how to use the equipment and why it was needed to support the person's mobility. Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the registered manager.

We looked at the system the provider had in place for recruiting new workers. Staff we spoke with told us new staff had a Disclosure and Barring Service (DBS), references and records of employment history, staff were aware of the importance of ensuring suitable people were employed. The records we checked confirmed this. These checks helped the provider make sure people who lived at the home were not placed at risk through their recruitment practices.

People felt there were enough staff on duty to support them on a daily basis. A relative said, "There are always enough staff, there is no difference at weekends or evenings." Another relative said, "I am very impressed there are very good rates (number of staff on duty) of staff." A visitor told us, when they visited there were always staff available. A staff member said, "There is usually enough staff." We saw examples where staff responded to people's care needs without delay. We saw people were supported by staff who had time to respond to their individual needs and care for them. For example, we saw a member of staff looking through a magazine with a person living at the home. This prompted lively discussions around articles in the magazine which the person clearly enjoyed. The care staff were supported by the registered manager, senior team, catering and housekeeping staff. We saw systems in place to ensure there were sufficient staff available to provide people with the support they needed. The registered manager told us staffing levels were determined by the level of support needed by people who lived at the home.

People who lived at the home and relatives we spoke with had no concerns about the administration of medicines. One person said, "Staff are okay to do tablets, I am happy they do them." A relative said "Happy for the staff to do meds, [family member] wouldn't remember." All medicines we checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines and found people received their medicines as prescribed to meet their needs. We saw there was safe system for storage and disposal of medicines.

Good

Is the service effective?

Our findings

People told us they received the care they needed from trained staff who knew how to support them. One person told us, "I have all the help I need, they know how to help me." Relatives told us they were confident that their relative's needs were met. One relative said, "Very happy with the home, they met all [family members] needs." An advocate told us that the care needs for the person they were supporting were well met.

Relatives told us the staff knew their family members needs well. The majority of staff had worked at the home for some time and knew people's needs well. The staff we spoke with told us they had received a thorough induction. A new member of staff told us they worked alongside an existing member of staff so they were supported to learn about people who lived at the home and their needs effectively.

People said staff knew how to meet their needs. One person said "They know what they are doing." One member of staff told us, "We have regular training." Staff said they were supported and well trained. This was confirmed through observations and when we spoke with the registered manager and looked at staff records. For example we saw staff followed their appropriate training in infection control by hand washing, and using gloves and aprons. Staff told us training they received reflected the needs of the people they cared for. Staff told us their training needs were regularly reviewed with their manager to ensure they stayed up to date with current practice. Staff told us the registered manager worked alongside staff when delivering care to monitor staff members performance. This supported the registered manager to ensure people received effective care from well trained staff.

All staff we spoke with told us they were aware of a person's right to choose or refuse care, and they had an understanding of the Mental Capacity Act 2005 (MCA). One member of staff said, "We always empower people to make their own decisions, where possible." They told us they would refer any issues about people's choice or restrictions to the registered manager. We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. The registered manager had an understanding of this process. We saw the registered manager was completing this process when it was needed with support from the mental health teams.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager had asked the local authority for further advice, and submitted seven applications, which were going through the process. They understood how the process worked and the time limits involved, and for each person there would be ongoing reviews.

People told us the food was good and they had plenty of choice. One person said, "I haven't had a meal I don't like"." Another person said, "Food absolutely A one." Relatives told us the food was good. One relative said, "Reasonable meals, they can have seconds and [family member] is happy with the food." Another relative said, "[Family member] has put on weight with the good food." We observed people were offered choices at meal times and staff offered support in a kind manner as they encouraged people's independence. People were assessed to reduce the risk of losing too much weight and not drinking enough fluids, and actions taken when needed. For example, the fluid intake for one person was recorded and monitored to ensure the persons health and wellbeing, staff told us they had clear guidelines when to take action with concerns. This showed staff had the information available to meet people's nutritional needs.

People told us they received support with their health care when they needed it. One person said, "Staff would take me to the dentist if I needed it." A relative told us about when their relative needed health support. They said how staff had supported them, telephoning the doctor and keeping them up to date with their progress. Staff had involved other health agencies as they were needed in response to the person's needs. One relative said, "They always phone if anything happens."

We saw each person had their health care needs documented, and staff told us how they met those needs, for example when a person living at the home needed to see the dentist or the optician. There were links with outside agencies such as community health teams; they

Good

Is the service effective?

were involved with additional support when needed for people living at the home. A relative told us they met regularly for discussions with the community mental health nurse for their family member.

Good

Is the service caring?

Our findings

People we spoke with said, “The care staff are very kind and put themselves out for you.” One relative said, “They (the staff) all seem caring” None of the people or their relatives we spoke with raised any concerns about the quality of the care. An Advocate told us they had always observed good, caring interactions between staff and the people living at the home. There was a relaxed atmosphere at the home and staff we spoke with told us they enjoyed supporting people who lived there.

A member of staff told us, “We are one big happy family, everybody knows everybody, and knows their needs.” We spent time in the communal lounge and dining areas and saw staff were caring, respectful and knowledgeable about the people they cared for. We heard people living at the home chatting happily with staff; we saw good interactions about their current interests and aspects of their daily lives. For example we saw staff using a memory box with a person which held specific items which triggered memories. We could see from their facial expressions, body language and their tone of voice that this person really enjoyed the interaction with the staff member.

One person told us, “The (staff) help me get dressed, but I choose which clothes I put on.” Another person told us, “It’s my choice when I get up and when I go to bed, always.” We saw staff supported people to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people time to express their wishes and respected the decisions made. For example, a person chose not to take their medication when first offered; this choice was respected by the member of staff. They returned a short while later and the person agreed to take the medication.

We saw staff promoted people’s independence with personal care using clear hand gestures and simple words so people were able to understand. For example, explaining to the person what they were doing and encouraging the person to be independent and maintaining the person’s dignity. We saw when staff administered medicines they showed dignity and respect For example, we saw staff explaining to people at their level so they could understand and not be lent over, giving the person time to realise what was happening, waiting for a response before continuing with the administration of their medicines. We saw staff offering support where needed and supporting people to be as independent as possible.

People told us their family and friends could visit whenever they wanted. One person said, “Visitors can come when they want.” One relative said, “I feel very welcome to visit.” Another said, “I can visit any time, I can always come.” Relatives told us they were able to visit their family members. There was access for family and friends to visit people living at the home, which enabled maintenance of important relationships.

Good

Is the service responsive?

Our findings

People who lived at the home said they were involved in planning their care. One person said, “They ask what I want.” Relatives told us they had been asked for their views and opinions when planning their family members care. One relative said, “I was asked all about what [person’s name] liked or didn’t like food and things they liked doing.” Another said, “I attend regular reviews, including the social worker.” A relative told us about the changing needs of their relative, and how the staff had adapted with those changes to ensure the person received care that met that person’s needs.

People told us and we observed that they did some of the things they enjoyed which reflected their interests. One person said, “I like to sit and sing and listen to music,” we observed the person enjoying this with staff, and staff we spoke with were aware of this persons enjoyment of music and singing. Another said, “I prefer to sit in the lounge because there is more going on.” A relative we spoke with said, “They play dominos, sing songs, bingo, lots of interaction.” A member of staff told us, “We all have a go, we don’t have scheduled activities, we do what people feel like, singing, etc.” The registered manager confirmed there were no scheduled activities, however staff knew people well and provided personalised pastimes. For example we observed a member of staff supporting someone who lived at the home to go outside and pick daffodils as they had requested to do so. The activities were supported by all care staff. We saw people were smiling and joining in the ‘sing song’ during our visit.

People told us staff knew them well. Our observations showed staff knew people well and had a good understanding of each person as an individual. We looked at four care plans and found they reflected people’s needs. Staff told us they knew people’s needs and people were treated as individuals. Information in people’s care plans reflected their choices and need’s, staff were aware of these choices and needs.

People told us they could attend religious services if they wanted to. Staff said people could attend religious services if they wished, there was a regular monthly service held at the home. A religious service took place during our visit. People said they enjoyed the service, they said they enjoyed singing the hymns.

People who lived at the home said there were group meetings they could attend. One person said, “You can make suggestions, like a new television.” Relatives told us staff were willing to listen to suggestions and would act on them when possible. The registered manager told us they were waiting for agreement from the provider for the suggestions from the last ‘residents’ meeting.

People said they were happy to raise any concerns with the manager or staff. One person said, “Happy here no worries, I would say if there was a problem.” Relatives said they would be happy to raise any concerns with either staff or the registered manager. One relative said, “Happy to speak to staff or the manager about any concerns.” We spoke to the registered manager and there were no recent complaints. Previous complaints had been investigated and outcomes agreed. Relatives we spoke with said concerns they had raised were acted on in a timely way and outcomes agreed with the people involved.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection in August 2014 we found the provider was not meeting the regulations in relation to the suitability of the premises and in assessing and monitoring the quality of service provision. Following our August 2014 inspection the provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found these improvements had been made to the required standard with the exception of the work needed to complete improving the lounge facilities. At the time of the last inspection we identified that the lounge area only just had enough space for the existing residents. The registered manager told us there were plans still to be completed to provide additional seating. Relatives told us they were concerned about the lack of space and welcomed the plans for additional seating. Relatives said they would appreciate an area to take their relative to that was less crowded when they visited, where they had room to sit by their relative and chat with more privacy. People living in the home needed the additional space to enjoy activities of daily living so the home is suitably designed to meet the needs of people using the service.

Whilst the registered manager had systems in place to monitor the quality within the service, the provider did not undertake any of their own audits. By developing this area, it would give the provider additional assurance that the staff they employed were carrying out and fulfilling their roles. The manager told us that they would benefit from more regular meetings with the provider around developments within the service. They also thought it would offer them some further scrutiny to ensure that they maintained quality and involved people in important decisions about how the home was run. We saw that the manager had passed feedback to the provider for equipment requests as a result of a meeting with the people who lived there, but no action had been taken by the provider to respond to this request. Staff told us they felt unsupported by the provider, they said the registered manager actioned their concerns where possible but they were then reviewed by the provider, and the action was not completed.

People who lived at the home and relatives said the registered manager was very approachable and the staff were open and friendly. One person living at the home said, “I always talk to the manager if I have a problem, they sort it.” One relative said, “The manager is very good, very patient.” Another relative said, “The manager try’s hard, and things have improved lately.”

The registered manager had regularly sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended. The registered manager followed the Skills for Care Common Induction Standards. These are standards people working in adult social care need to meet before they can safely work unsupervised. Therefore people received care from staff that had been supported to meet these standards.

People living at the home were supported by a consistent staff team that understood people’s care needs. All the people and relatives we spoke with knew the registered manager and felt they were listened to and supported. One relative said, “I am happy to raise anything with the manager, they would sort.” We were shown recent compliments relatives had sent regarding the care and treatment provided. The registered manager also held resident meetings to gain people’s views and share ideas, however needed the approval from the provider before actions could be completed. The registered manager annually used questionnaires to gain feedback from people living at the home, relatives and visitors. The results of these surveys were used to improve the services people living at the home received. For example improvements had been suggested on the questionnaires and were now completed.

Staff said the registered manager was approachable. One member of staff said, “I feel supported, the manager will sort what problems they can.” Another member of staff said, “The manager puts people first.” Staff generally said they felt supported. There were regular staff meetings to update staff with current concerns and allow staff to raise any issues.