

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## College Green Rest Home

14 College Road, Crosby, Liverpool, L23 0RW

Tel: 01519282760

Date of Inspection: 18 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr Ian Prance and Mrs Margaret Prance
Registered Manager	Miss Katie Victoria Johnson
Overview of the service	<p>College Green provides accommodation for 21 older people who have dementia. It has 15 single rooms and three double rooms, some with ensuite facilities. Respite care is provided subject to availability. College Green is a converted Victorian house with a front car park and a secluded rear garden. There is a passenger lift to bedrooms on the upper floors. The home is situated in a residential area of Crosby, opposite a park and close to bus routes, local shops and restaurants.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 18 June 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

The recruitment process was thorough and all new staff underwent security checks before they were allowed to start work at College Green Rest Home. All staff members had received training related to the safeguarding of vulnerable people, and were aware of the whistleblowing procedures at the rest home.

Deprivation of Liberty Safeguards (DoLS) become important when a person is judged to lack the capacity to make an informed decision related to their care and treatment. The provider told us an application for a DoLS had been made within the last twelve months and we noted all the required paperwork had been completed appropriately. The CQC are now responsible for monitoring the use of DoLS and in line with requirements, the provider had notified CQC of the application.

Is the service effective?

People who used the service had their care and support needs assessed with them and when possible, their families. We noted one person was a vegetarian, and specialist dietary requirements had been put in place.

At the time of our inspection, care plans were being revised but those we observed contained relevant and up to date information related to the needs of all people. This meant people received care that met their needs.

Is the service caring?

We spoke with all staff members who were on duty during our inspection and they all had a good knowledge of the care needs of all people who used the service. We observed patient and caring interaction between people and staff members. At lunch time, we saw staff helping people with their food which helped ensure they received the nutrition they needed.

One person who used services told us, "All the staff are fine with me" and a family member told us, "They all work so hard and it's not easy for them sometimes. They understand what people need." We saw staff who encouraged people continually in a kind and attentive manner.

Is the service responsive?

A complaints procedure was in place at the rest home which people were aware of. We saw evidence that all accidents and incidents had been recorded appropriately. We were told these were discussed with staff members so the service continued to improve.

We saw several activities during our inspection, which included armchair exercises and a music session. However, two people who used the service told us, "I wish there was more to do, I would like to go out more. It's a nice day and a walk around the park would be nice."

Two family members made similar comments to us.

Is the service well-led?

We observed an internal and external quality assurance system was in place, and we saw that any identified concerns had been addressed. As a result the quality of the service continually improved.

All staff we spoke to had a clear understanding of their roles and responsibilities. This helped ensure all people received a good quality of care at all times. Several new initiatives were being planned which included a new keyworker system. Staff we spoke to told us they had been consulted about the new approach to providing care and their views had been taken into consideration.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People who used the service were given appropriate information and support regarding their care or treatment. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

We looked at five care plans during our inspection and could see that people who used services and their families were involved as much as possible in writing up their care plans. We were told by a senior staff member that all people underwent a pre-admission assessment which helped ensure the provider could meet the care and support needs of the person. Care plans were written in a person centred way and took into account the individual choices and preferences of the person. We also saw the person's personal and social background details had been recorded. The provider might like to note that we did not see evidence of care plans or consent forms being signed by people who used services which would have shown they, and their families, had agreed with the proposed care plan.

We spent time in communal areas and noted a relaxed atmosphere. All staff members treated people in a patient and unhurried manner. People were offered choices related to hot or cold drinks. If people decided to have their meals in their rooms then that was not a problem. Their choice was respected. People were encouraged to eat their meals and we saw one staff member provide assistance where they thought support was required. However, before providing support, the person was asked first which showed the person's dignity was respected.

We spoke to several people who used the service. One told us, "The food is always lovely, sometimes I can't eat it all." Another person told us, "I have not been here very long but I do like the food." The provider told us that they had a four week rolling menu, but if a person did not feel like a meal then something else of their choice would be prepared. One staff member told us, "One lady is a vegetarian and we cater for her needs. It's not a problem to us." This meant people's diverse needs were listened to and acted on appropriately.

One person who used services had a slight visual impairment and, to meet their needs, the provider arranged for an optician to attend the home and offer people eye tests. It was

optional and if a person wanted an eye test they could have one. If they did not want any eye test then that was fine. Their individual choice was accepted. Picture cards and letter and number charts were used for the test which were more suitable and met people`s needs. Where a need was identified as being beneficial for the person, spectacles were provided. This showed the provider understood the individual needs of people who used services and made arrangements that helped meet those identified needs.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan which was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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All the care plans and risk assessments we looked at were up to date and contained clear and relevant information related to the care and support needs of people who used services. Risk assessments were reviewed every other month, or earlier if there was an identified need to do so. Assessments focused on various areas which included the risk of falls, mobility and the person's weight. Care plans also included information related to people's health care needs and we observed a record of all professional visits and appointments had been kept. One senior staff member told us they had a good relationship with outside professional agencies which reflected a multi-disciplinary approach to providing care.

Within one of the care plans we looked at, we saw a mental capacity assessment had been completed and a best interest meeting held. This meant the provider acted in the best interests of the person who used the services which helped ensure their choices and wishes related to their care and support continued to be met. The Care Quality Commission (CQC) are now responsible for the monitoring of the use of Deprivation of Liberty Safeguards (DoLS) The provider told us the last application for a DoLS was made in July, 2013. We saw the required paperwork had been completed appropriately. This showed the provider was aware of when an application should be made and the procedure for making such an application.

We spent time in communal areas and spoke to several people who used services. One told us, "All the staff are fine with me, they're lovely." Another told us, "I am happy here, of course I am." However, one person told us, "I wish we could go out a bit more. It's a nice day so just to go down to the Marina would be lovely." A family member made a similar comment. We were told, "The staff here could not do anymore, they work so hard. I just wish there were more activities or the residents went out a bit more, even for a walk in the park." On the day of our inspection, a lay preacher attended the rest home and people were invited to join them in some prayers, which some people chose to do. We also saw an armchair exercise session took place and in the afternoon, music was put on and some people who used the service had a dance.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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The registered manager was the infection control lead at College Green Rest Home and had the responsibility for ensuring infection control practices were being implemented effectively. We walked around the home, which included the bedrooms and bathrooms and found the environment to be visibly clean and in a good state of repair. On the day of our inspection, we saw one of the domestic staff was on duty. We were told staff members took turns to undertake cleaning duties and someone was on duty seven days a week. One staff member told us, "We do a deep-clean of the home every Tuesday so all carpets, curtains and window blinds are cleaned around the home." This helped ensure people who used the service were living in a clean and hygienic environment.

We looked at the laundry during our inspection and noted it was clean and tidy. A sluice room was available for any pre-washing of any soiled items, for example bed linen. Clean clothes were kept in a different area of the laundry away from any dirty clothes which reduced the risk of any cross-contamination. We also viewed the store room and saw a good stock of cleaning materials were kept, which included different coloured cloths and mops. These were used appropriately, depending on what and where was being cleaned. We asked several staff members what would happen if there was an infectious outbreak in the home and they all explained the procedure to be followed which was in line with the provider's policy. We also checked the kitchen area which was clean and tidy. We looked at several food items in the store and in fridges and observed they were all within their use by dates. The temperatures of fridges were taken and recorded on a daily basis in line with requirements.

We saw staff members undertaking good infection control procedures which included wearing aprons at lunch time when serving food. The risk of cross-infection was further minimised by the provision of hand washing facilities around the rest home, for example in bathrooms and toilets. This included hand wash liquid and disposable paper towels. Effective hand washing procedures were also on display in various parts of the rest home. We saw the training matrix and observed that all staff members had undergone the required training related to infection control procedures. This helped ensure people who used the service were not subjected to any risk of infection.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

There were effective recruitment and selection processes in place. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

During our inspection, we found the recruitment process was robust and all pre-employment checks had been carried out in line with requirements. This included obtaining two references, a Disclosure Barring Service check and if required, clearance to work in the UK authorisation. This helped ensure all people who used services were kept safe and those people who were not fit to work with vulnerable people were not employed by the provider. Applicants were sent out a person specification and a job description which detailed the requirements for the post. This meant only people with the required skills and knowledge would apply.

Successful applicants had undergone an induction period which lasted up to three months. We were shown a comprehensive induction pack which covered essential areas of training which included safeguarding and infection control procedures. The provider told us staff members also completed the Six Steps Programme which was a programme of learning for care homes to develop awareness and knowledge of end of life care. During the induction period, new employees also shadowed a senior member of staff until such time as they felt confident enough to work independently. We were told that all employees were expected to hold, or work towards, an NVQ Level 2 qualification in health and social care which is a recognised award within the health and care sector. This meant all employees had received training that provided them with the skills to care and support all people who used the services.

We observed all staff members wearing uniforms and new identity badges were being produced which would help people recognise who was caring for them at any given time. We spoke to several staff members and one told us, "We really do get well supported here. The training is just on-going, it's too much at times." Another staff member told us, "I have been here a long time and we all cover for each other if somebody goes off." This meant people received a continuity of care from staff members they were familiar with. One family member who was visiting told us, "I come in quite a bit and the staff here are really good with everyone. They are so caring."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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We saw evidence of internal audits that had been completed by the provider. Individual care plans were reviewed every other month or earlier if necessary. Medication was checked on a monthly basis which helped ensure people who used services had received the correct type, and amount of medication. We saw a kitchen audit had been completed in April 2014. We also saw the results from several external audits. Liverpool Community Health had recently completed an infection control audit and awarded an overall 85% positive rating. The provider addressed the shortfalls that had been raised and when the audit was repeated, a 95% rating was received. The last pharmacy audit was in April 2013 but the provider told us, "That`s because we have changed pharmacists and we are now waiting for an audit."

A complaints procedure was in place at College Green Rest Home and there was a copy within the information booklet that people received when they were admitted to the rest home. The provider told us, "I have an open-door policy here and people can just come in and talk about any problems they may have." We saw that any accidents or incidents were logged appropriately and were checked yearly and discussed with staff members which was aimed at learning from the incidents and improving the quality of service. We spoke with people who used services and a family member who told us, "If I have a problem I know I can talk to one of the staff when I come in to visit."

We asked the provider about surveys for people who used services and were told, "We have tried numerous times. The last one we sent out we included a stamped addressed envelope, and we got just one reply." We spoke with a staff member who told us they have meetings every six months. During these meetings, discussions had taken place relating to updating care plans, which we observed, and the introduction of a keyworker system which was being implemented over the coming months. We were told it was a work in progress because, "A few things were still to be sorted out."

Emergency procedures were in place at the rest home. We spoke to several staff members and they all were aware of their roles and responsibilities in the event of any emergency. Fire alarm checks were carried out on a weekly basis. We noted a whistle-

blowing policy was in place and the provider told us, "All staff would report any form of abuse. I know they would not hesitate."

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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