Mr Ian Prance and Mrs Margaret Prance

College Green Rest Home

Inspection report

14 College Road
Crosby
Liverpool
Merseyside
L23 0RW

Tel: 01519282760

Date of inspection visit:
20 September 2016

Date of publication:
12 October 2016

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 visit took place on 20 September 2016 and was unannounced.

At the last inspection on 18 June 2014 the service was meeting the requirements of the regulations that were inspected at that time.

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. At the time of our inspection visit there were 20 people who lived at the home.

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

We looked at the recruitment of two recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed

by the inspectors. We spoke with four people who lived at the home who all said they were happy with the standard of hygiene at the home. One person said, "My room is lovely and clean."

We found the environment offered dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. One person who lived at the home said, "Plenty of girls around to help me when I need them."

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. One person we spoke with said, "Yes I enjoy all my meals."

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. Two visiting healthcare professionals told us communication between them and staff was good and they were impressed with staff knowledge about people's care needs.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

College Green Rest 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 checked 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.

This inspection took place on 20 September 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 20 September 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included four people who lived at the home, two visiting healthcare professionals, the registered manager, the homes administrator and five staff members. Prior to our inspection we spoke with the commissioning department at the local authority and Healthwatch Sefton. Healthwatch Sefton is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of two people, the services training matrix, supervision records of five staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

Four people who lived at the home told us they felt safe when supported with their care. Comments received included, "Yes I feel safe here and I am well cared for." And, "I feel safe knowing the girls are here to look after me. Observations made during our inspection visit showed people were comfortable in the company of staff supporting them. Two visiting healthcare professionals told us they had no concerns about the safety of people who lived at the home.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed.

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant we would receive information about the service when we should do.

Records had been kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

Staff spoken with had received moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspectors. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained.

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We found the environment offered dementia-friendly features to support people with visual, hearing and mobility impairments associated with dementia. For example bold pattern carpets had been replaced with plain surfaces. The building was well lit and made as much use of natural light as possible. Clear signs (using pictures and words) had been put in place to enable people to move around the building confidently.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We looked at recruitment procedures the service had in place. We found relevant checks had been made before two new staff members commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. A valid DBS check is a statutory requirement for people providing personal care to vulnerable people. We saw new employee's had provided a full employment history including reasons for leaving previous employment. Two references had been requested from previous employers. These provided satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. We observed staff had time to sit with people and engage them in conversation. The atmosphere in the home was calm and relaxed. Two visiting healthcare professionals told us there was always plenty of staff on duty when they visited. They told us staff made themselves available to support them when this was required. Staff we spoke with told us they were encouraged by the registered manager to spend time socially with the people in their care. One staff member said, "I love sitting and talking with people, they can be so interesting."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of the needs of people who lived with dementia. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw two visiting healthcare professionals were made welcome and assisted by staff during their visit. They told us they were impressed with the knowledge staff had about people's support needs and communication between them and staff was good.

We spoke with five staff members, looked at individual training records and the services training matrix. Two recently appointed staff had been enrolled on the Care Certificate which is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Existing staff had achieved or were working towards national care qualifications. Records seen confirmed training provided by the service covered a range subjects including safeguarding, Mental Capacity Act (MCA) 2005, moving and handling, dementia awareness, challenging behaviour and first aid. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

In addition some staff from the service attended healthcare assistant training at Edgehill University. This training was funded by the Care Home Innovation Programme (CHIP) and covered a range of subjects including catheter care, management of pain relief, diabetes care and monitoring blood pressure. The registered manager told us these training sessions were held every four months and three staff from the service were able to attend. Staff spoken with told us the training helped them to understand there are many causes of acute confusion including infections, urinary retention, dehydration and high and low blood sugars. They said the training enabled them to provide effective care because they would know what to do if a person suddenly became confused. This included taking a persons blood pressure, checking their temperature and taking urine samples to identify if the person had a urine infection.

Discussion with staff and observation of records confirmed they received regular supervision and an annual appraisal of their work. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits.

The service operated a four week menu. Choices provided on the day of our inspection visit included savoury mince with potatoes and vegetables followed by sponge and custard, cheese and crackers. A variety of alternative meals were available and people with special dietary needs had these met. These included one person having their diabetes controlled through their diet and one person being supported to lose weight.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

The people we spoke with after lunch told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. Comments received included, "The food is very good. I only like a small portion and they do that for me." And, "I like my breakfast in my room it's not a problem for them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

We found the service was part of the Care Home Innovation Programme (CHIP), which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). The service had access to the community matron who visited the home to undertake health checks and write prescriptions where needed. This prevented the need to request a visit from people's General Practitioner (GP). We saw on admission to the home a fluid and diet intake chart was produced to assess if people required intervention from their GP or a dietitian. We saw where a poor diet had been identified a referral had been made to the person's GP to request a visit from a dietitian. We saw on one person's care

plan the intervention of a dietitian had resulted in a healthy diet being encouraged and had assisted them with weight loss.

Good

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with four people who lived at the home. We also spoke with two healthcare professionals visiting the home. Comments received from people who lived at the home included, "The girls are really caring and patient as some people who live here are really demanding. I don't know how they cope with them." And, "I like it here because the girls take the time to sit and talk to me. They are very caring."

The staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew the people they were caring for and had the knowledge and understanding of support people required.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. We observed the registered manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw people being given drinks on request and assisted to the toilet where needed.

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care.

We looked at care records of two people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff are very kind and polite towards me. I really like them and I feel well cared for."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could

access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority and healthwatch Sefton. Both organisations gave us positive feedback about the care provided by the service. The information provided helped us gain a balanced overview of what people experienced accessing the service.

Good

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met.

We saw staff respond to people where needed. For example one person became distressed in the lounge. A staff member went and sat with the person and held their hand whilst talking to them. We saw the person responded to the staff member who remained with the person for several minutes. When the person settled down they accepted the staff members offer of a cup of tea. A person who lived at the home said, "[Friend] often becomes unsettled and gets agitated. The girls are brilliant and know how to calm her down. They are very patient."

We looked at care records of two people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

People told us they were happy with the activities arranged to keep them entertained. Comments received included, "There is lots going on such as games and we have entertainers coming in." And,"We do have a lot of things going on but I enjoy talking to the staff more than anything. They are interested in our past and I like to hear about their families."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

The four people we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. All four people said they were happy with their care and had no complaints. Two visiting healthcare professionals both told us they had no concerns about people's care.

Good

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "I have worked here for over twenty years and I still love coming to work. The manager is great and we all get on really well as a staff team."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. Two healthcare professionals visiting the home told us the atmosphere was relaxed and calm and the service was one of the better homes in the area.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought views of people about the service provided using variety of methods. These included family surveys. We saw the results of surveys recently returned which had been generally positive about the service. People said staff were courteous, polite and respectful. They said staff provided help when their relative needed it and the quality of meals was good. Comments recorded included, 'Our family remain very happy with the care provided by the home.' And, 'Lovely staff, couldn't ask for better.'

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

The service worked in partnership with other organisations to make sure they followed current practice and provided a good quality service. They were part of the Care Home Innovation Programme (CHIP), which is cooperation between the service and the National Health Service (NHS) and the Clinical Commissioning Group (CCG). The service had been issued with a telemedicine webcam which enabled them to speak directly with healthcare professionals including doctors at a telemedicine hub. This enabled the service to receive help, advice and support and as a result reduce unnecessary visits to the local hospitals accident and emergency unit. We saw a report from (CHIP) which confirmed the service had a very low use of 999 calls

which had reduced admissions into hospital for people in their care.