Inspection Report

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

College House

22-26 Keyberry Road, Newton Abott, TQ12 1BX

Tel: 01626351427

Date of Inspection: 14 January 2013

Date of Publication: February 2013

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

Respecting and involving people who use services	✓ Met this standard
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Parkview Society Limited
Registered Manager	Mr. Wayne Osbond
Overview of the service	College House cares for up to 12 adults with learning disabilities. College House is part of the Parkview Society which is a registered charity that runs several care homes in South Devon. College House is a large detached property in a residential area, close to parks and local amenities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with seven of the ten people who lived at College House. We saw that people were supported to carry out activities, and to go out either independently or with the support of staff.

The people who lived at College House were positive about their lives at the home. They had lived there for some time and knew each other and the staff well. People had clear assessments of their needs and plans and strategies were in place to meet them. People's care plans were reviewed regularly.

We saw that staff interacted with people in a relaxed, friendly and respectful manner. Staff worked at the pace of each individual and encouraged their independence. People had made friendships within the home and had access to social activities such as an organised walking group, a pottery group and attendance at a local activity group.

During our visit we toured the communal areas of the home and looked at some of the bedrooms. We saw that people's rooms were clean and warm, tastefully decorated and individualised with personal effects.

Staff were skilled and experienced and had worked at the home for many years. Staff had received training in safeguarding vulnerable adults and recognising abuse and knew how to report any concerns.

There were sufficient staff on duty to meet people's needs. Appropriate background checks had been completed on staff. Most records were up to date, accurate and securely stored.

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

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw that people were able to do what they chose to on the day of our visit. Some of the people went out independently for a walk. Some people went out with staff for their annual health reviews at the local health centre. Others chose to stay indoors to read or watch television.

We saw evidence in people's care plans to show that they were able to get up and go to bed when they chose. Staff told us and we saw evidence on care plans that people met with their key workers to review their needs. This meant that they could contribute and have their say about how they were supported. One person told us "I'm very happy here, I help out, I make toast, we have karaoke in the afternoon".

Our observations showed that staff interacted well with the people in the home. We saw that staff treated people with respect. For example, staff knocked on bedroom doors before entering and adapted their approach with different people. They spoke to people in a respectful manner, responded to people's requests and listened to what they had to say.

The manager told us that representatives of the providers visited on a monthly basis and spoke with people who lived at the home about the care they received and whether they had any concerns. The manager also told us that he, the deputy manager and other staff spoke with people on a daily basis and asked if they had any concerns. We saw the management had a good relationship with the people living at the home through warm interactions.

We saw evidence in people's support plans that they were encouraged to be as independent as their abilities allowed. For example one person regularly went out by themselves to watch the local football team play. Others belonged to an organised walking group. One person told us "I go for walks, go to pottery class, go to craft class. I go out on trips a lot". Another told us they were going to the pantomime this week. Others told us that they had already been to see the pantomime. The home had two vehicles available for transport. Staff told us that many staff were qualified and insured to drive these vehicles.

This means that people had choices relating to the activities they could do.

We saw that people were clean, appropriately dressed and appeared well cared for. One person showed us their nails which had been treated and decorated by a manicurist. Staff told us that a chiropodist and a masseuse also regularly visited the home to offer treatment to people.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The manager told us that everyone at the home had the capacity to make their own decisions. This means that no-one required someone to make choices for them under the Mental Capacity Act.

Staff told us that they had completed training in the Mental Capacity Act to give them the information they needed to understand peoples' rights. We saw certification showing that staff had completed Mental Capacity Act and safeguarding training.

We saw that the home had suitable arrangements in place for obtaining consent from people for the care to be provided. We saw staff speaking with people and offering them choices throughout the day, for example whether they would like to go out for a walk. People who lived at the home undertook a wide range of different activities through their own choice. For example; craft class, pottery and walking groups.

People we spoke with told us that they were happy at the home. One person told us "I can choose my own clothes every day". A person watching television in their room told us that they preferred their own company and that they didn't want to go into the lounge. This matched what was in their care plan, which stated "I enjoy sitting in my room reading timetables and other items of interest, for example history and geography books". This meant that people had choices about how to spend their time.

We looked in some bedrooms and saw they were individually decorated according to people's tastes. One room had butterfly patterned bedding with matching mirrors and décor. Another room had colourful pictures of steam engines. People were keen to show us their rooms and tell us about them. Staff told us they always asked people how they would like their rooms decorated and furnished. This meant that people's choice was sought, respected and considered.

Staff told us that people were free to choose when they got up or went to bed. We saw and heard staff offering choices to people. For example at mealtimes people were offered a range of options and also regularly asked if they would like a drink thoughout the day.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

All of the people who lived at the home had a learning disability and most, but not all, were able to tell us about their life at the home. In order to help us to understand people's experiences we used our SOFI (Short Observational Framework for Inspection) tool. During our observation we saw and heard staff interacting with people in a positive manner. We heard staff speak with people in a respectful manner, using their preferred names. Staff responded to people's requests and listened to what they had to say. People moved freely around the home, they looked relaxed and comfortable in the environment and in their interactions with staff and each other. There were smiles and friendly banter between staff and people who lived at the home.

We looked at the care records for three of the people who lived at the home to find out how the home had assessed their health and personal care needs, and how they planned to meet those needs. Each person had a range of documents that related to their care and support needs. From these documents we could see that people's needs had been assessed and care and treatment had been planned and delivered in line with their individual support plan.

We looked at care plans and saw that they were simple and easy to understand. Risk assessments had been carried out and actions plans to address the risks were in place. We saw examples of risk assessments for mobility. We saw that these were reviewed on a regular basis.

Each person who lived at the home had a set of individual goals which had been written in a manner that suggested the person had been involved in writing it themselves. For example; one person's goals included "to plan trips about one hour long as often as possible to Newton Abbot Railway station" (for train spotting). Another person's goals included "short trips away through the year".

There were good directions in care plans for staff on how they identified when people were becoming anxious and what staff should do to support the individual through this time. For example; one person needed reassurance about planned future events on a regular basis.

Daily records showed how people had spent their day and how their needs had been met.

For example, records showed that several people had been out to church on Sunday on a regular basis. Others had spent time in their room doing jigsaw puzzles or joined in with a karaoke session. Records also showed that people had been supported to attend to their personal care such as shaving and bathing.

Information about visits from and to health care professionals had been recorded in individual care plans, showing clear evidence that people were supported to maintain access to specialist medical services. All of the support plans we looked at contained health check plans. Some people were out of the home during the morning of our visit having their annual health checks.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with people who lived at the home about how they felt living there. One person told us "I feel safe, very safe here". Another person told us "It's nice here. I go out on trips a lot". Another person told us they had "No problems with the staff, they treat me well". Everyone we spoke to told us that they felt safe at the home.

We saw many positive interactions between staff and individuals. People were moving freely about the home and interacting with staff and others who lived at the home in a relaxed and comfortable manner. We did not see anything that gave us cause for concern.

The manager told us that there was no-one living at the home that was subject to a deprivation of liberty authorisation. We saw no evidence to show that anyone who lived at the home was being restrained or had their liberty deprived.This meant that no-one was being restrained inappropriately.

We saw that the home protected people from the risk of financial abuse by having a robust system in place for handling cash. Cash controls requiring three counter signatories for cash transactions were in place. Policies on financial matters and personal purchases were in place. Staff told us that a cash audit is completed at the end of each shift. There was close monitoring of cash at the home. This means that people were protected from financial abuse.

The home had a policy on safeguarding which included the contact details of the local authority's safeguarding team. We looked at staff training files and saw that almost all staff had received safeguarding training over the last twelve months. The manager told us that the one member of staff who had not yet received safeguarding training was due to attend a course shortly. The provider may wish to note that all staff should receive safeguarding training.
We spoke to staff about safeguarding and found that they had a good understanding of their responsibilities. Staff we spoke with knew where to find contact details to report any concerns they had.

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.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We saw that the home had a suitable policy in place for the recruitment and selection of staff.

We looked at the recruitment files for five members of staff. All staff had provided proof of identity, which included photo identity documents. One member of staff who had worked at the home for many years did not have their original job application form on file. However, the personal details which would be found on this application form had been recorded elsewhere in their file.

We saw that appropriate background checks had been completed for all staff. This meant that the home had procedures in place to ensure that only people of previous good character were employed. We saw that employment appointment letters were held on file. The manager had received written references from past employers prior to the employment of staff.

The manager told us that each member of staff underwent a probationary period of employment during which time they were closely observed and supervised. Staff told us that they would inform the manager if they had any concerns about other staff, and had confidence that he would take appropriate action. We saw evidence that inappropriate behaviour had been dealt with by the manager under the home's disciplinary procedure.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

On the day of our visit there were ten people living at the home. There were two care staff, the manager and deputy manager on duty. In addition to this there were two ancillary staff including a maintenance person and a cleaner.

We were told that the home had a very low turnover of staff and that nearly all of the staff had worked there for many years. This means that there was a consistent team in place providing stability and support to the people living at the home.

The management told us that the number of staff required to deliver quality care had been carefully considered by the provider. We asked care staff if they thought there were enough staff on duty at all times. One member of staff told us "Most of the time there is, I would like to see more but it's down to money". Staff feedback about staffing numbers was mixed. However, all agreed that there were enough staff to keep people safe.

We spoke to both the maintenance person and the cleaner,both of whom told us that they had enough hours to complete all of the tasks they were given. The maintenance person told us about the redecoration work they were in the process of completing. Many of the rooms and communal areas had been tastefully and recently decorated.

Care staff were expected to carry out cooking and laundry duties in addition to providing quality care. One staff member told us "There are enough staff to do what we do. I would like to have more time to chat to people".

We looked at staff rotas and saw that the deputy manager and manager often varied their duties and worked a range of weekdays and weekends to monitor and assist in the care provided by staff. Staff and management told us that extra staffing hours were often deployed in order to ensure accompanied outings could take place. Three people told us about their outings to pantomimes, the theatre, pottery and craft classes.

We saw the home had a staff sickness and absence policy. This policy supported staff and also enabled the manager to obtain relief staff to cover any absences including annual leave, courses and sickness.

All the people living at the home we spoke with told us they thought there were enough

staff on duty. During our visit we saw that people's needs were attended to promptly and staff appeared able to cope well.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The manager told us that College House was visited on a rolling monthly rota by a committee member sent on behalf of the provider. This person completed an audit of various records at the home including medical records, fire risk assessments, staff rotas, accidents and incidents, care plans, medication and health and safety. We saw evidence that these visits took place.

The home had a confidentiality policy in place to protect people's personal information. We saw that records were kept securely stored in a locked cupboard which could be accessed by staff when required. Staff were aware of their responsibilities under the Data Protection Act.

We saw that the home conducted regular quality assurance surveys from people living at the home and their relatives. The survey included questions on twelve different topics including staff attitude and communication, cleanliness, social activities and health and wellbeing. These survey records included comments from relatives. One wrote: "X seems content at College House. Is always looking smart when we call. Can always tell us what X had for dinner, which X enjoys. X tells us 'I'm in the right place here its nice and warm'. For those who know X well will know this is praise indeed".

Management showed us the daily records of people's lives which showed that people often completed a wide range of different activities. These daily records were completed each day by staff. Each person had their own individual daily record. This means that people could see their own records without seeing other people's.

The daily records contained entries that showed when people had attended church, gone to work or out shopping, as well as when their personal care needs had been met. This showed that individual care was provided and independent life was supported.

We saw a record of a staff meeting. Items discussed included hygiene, risk assessments, confidentiality, medications, petty cash and handover procedure. People living at the home told us that they had regular informal meetings with their key workers. Staff told us that they had occasional staff meetings. The provider may wish to note that written records should be made of all staff and resident's meetings.

We saw that individual risk assessments had been completed for each person living at the home. These identified potential risks to people and included strategies of how to reduce them, yet still allowed people the opportunity to take risks as part of their daily routine. For example, the risks involved in road safety and how these risks could be managed.

We saw that records of individual goals had been fully completed on every care plan we looked at. For example, one goal in place was for a person to attend the local football team's home games this season. This person told us that they had been to several matches this season.

We saw the home's record system included a range of policies and procedures. These included a staff code of conduct, house rules, quality assurance policy, equal opportunities and training and development. This meant that the home was supported by their provider in having robust systems in place.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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