

# Review of compliance

Mr Ian Prance and Mrs Margaret Prance  
College Green Rest Home

<b>Region:</b>	North West
<b>Location address:</b>	14 College Road Crosby Liverpool Merseyside L23 0RW
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	October 2012
<b>Overview of the service:</b>	<p>College Green is a care home for twenty one older people who have dementia. It has fifteen single rooms and three double rooms, some with ensuite facilities.</p> <p>Respite care is provided subject to availability.</p> <p>College Green is a converted Victorian house with a front car park and a</p>

	<p>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>
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# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**College Green Rest Home was not meeting one or more essential standards. Action is needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 15 August 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

### What people told us

People expressed their views and were involved in making decisions about their care and treatment. One relative told us "I am always kept informed about my mother's health"

People's needs were assessed. Care and treatment was planned and delivered in line with their individual care plan. We spoke with one person who told us how staff had supported them with what they needed.

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. We saw that people who lived at the house were very relaxed and confident around staff. This shows that people felt safe in the home.

Staff received appropriate professional development. People we spoke with told us that they were supported well by College Green and staff were always available to assist and help as needed.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. All of the people we met with were living in accommodation that suited their needs. They told us they enjoyed living in their home.

### What we found about the standards we reviewed and how well College Green Rest Home was meeting them

**Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider was meeting this standard. People's privacy, dignity and independence were respected

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider was not meeting this standard. Care records did not contain complete and accurate information relating to the care and treatment of people living in the home. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

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.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We talked with some people who lived at College Green and relatives of others who were visiting at the time of our inspection. People told us they were very happy with all aspects of the facilities and services provided, including the food served, care they received and attitude of all staff members. A relative we spoke with told us, "I am always kept informed about my mother's health."

##### Other evidence

We sat in the communal areas of the home for periods of time when we observed staff going about their daily duties. Every staff member we saw interacted well with those living at the home, speaking with people respectfully, ensuring their privacy and dignity was maintained at all times.

People expressed their views and were involved in making decisions about their care and treatment. We were informed that where possible people at the home and relatives were involved in developing personal information and care plans on admission and we saw evidence of this on their documents as they were signed by the individual concerned.

People at the home were offered a good choice of healthy and balanced meals,

planned on a four week menu. Whilst a fixed menu was offered for lunch, both staff and people who lived at the home informed us that if an alternative was wanted it was no problem to have it. But their likes and dislikes were known and taken into consideration. The main meal was offered at lunch time with a hot or cold meal served in the evening. We observed people being offered a mid morning and mid afternoon drink and snack.

Dietary needs were catered for with staff having a good understanding of diabetes to assist one person who lived at the home.

People were supported to keep their independence and community involvement. We were told that some people who lived at the home attended a local church and the activities associated with it. Another person told us they visited their friends on a regular basis. Staff told us they took some people who lived at the home for pub lunches and enjoyed an annual trip to Chester Zoo.

Activities provided in the home were of a more gentle nature due to the age of the people who lived there, which included armchair beach ball, chair exercises, bingo, board and card games. At the time of our visit two people who lived at the home were enjoying a board game whilst others watched a film. A barbeque was planned for later in the month.

**Our judgement**

The provider was meeting this standard. People's privacy, dignity and independence were respected

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is non-compliant with Outcome 04: Care and welfare of people who use services. We have judged that this has a moderate impact on people who use the service.

#### Our findings

##### What people who use the service experienced and told us

We spoke with people about their experiences living at the home. They told us they felt well looked after.

##### Other evidence

We looked at five records of people who lived at College Green. The documents included a care plan and risk assessments in areas such as mobility, medication, moving and handling, pressure sore care and nutrition. Each person living at College Green had dementia and one person had a diagnosis of schizophrenia. However we found the information in the records was not a comprehensive record to enable staff to provide accurate care and support to the person. This was important as they had memory problems and were not always able to tell staff what they needed.

We found that mental capacity assessments had not been completed on any of the people living at the home. This meant that the degree of their confusion and their ability to make decisions was not recorded. Therefore the care records did not provide a comprehensive plan for staff to provide detailed care to them.

Each person who lived in the home had a care plan but it did not show sufficient information about how the person needed to be supported or their particular preferences in their daily routines. In one record it stated that the person was confused but did not specify in enough detail of how to support her with her personal care. This was important as the person was unable to inform the staff themselves.

One person, who had recently come to live at the home, had a diagnosis of schizophrenia. The manager informed us that they did not have any information about this person's mental health condition, despite requests from various health professionals. The information would have informed staff about the general symptoms and specific indicators to show if they became unwell. Without this information staff had no indication of how to support the person or when they required assistance. This showed it was important for the care plans to contain all information from the pre-admission assessment and from the professionals involved with the person.

The needs of people who wanted to move into the home had been assessed before a decision was made to arrange the placement. This ensured the staff team were able to provide care and support needed by each individual. We were informed that information was gathered from all professionals involved with the care of people living at College Green, so a clear picture of the assessed needs of a person was developed.

This information was required particularly for one person who was at College Green for a period of respite and staff did not know them as well as the other people who lived there permanently. The mental capacity assessment was not on their care file and should have been completed prior to or on admission or requested from the placing local authority. We saw evidence of risk assessments on the care records. However more detail was needed regarding their routine and their likes and dislikes for staff to support them as required.

We spoke with some staff who had worked at the home for some time. They provided a good understanding of what people needed on a daily basis. They told us they were informed about people's needs from the care plans and about any changes at the handover period for a shift change. However we identified some gaps in this information which did not give a complete picture of the person and their needs.

### **Our judgement**

The provider was not meeting this standard. Care records did not contain complete and accurate information relating to the care and treatment of people living in the home. We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

We did not receive any specific comments related to this standard. People we spoke with told us they were confident in the staff team and felt safe living at College Green.

##### Other evidence

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.

Staff members spoken with confirmed they had received training in safeguarding vulnerable adults. This information was supported by records we saw. The manager of the home was confident about the correct procedure to follow, should there be any allegations of actual or suspected abuse raised within the home.

##### 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.

## Outcome 14: Supporting workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting workers

#### Our findings

##### What people who use the service experienced and told us

People we spoke with who lived at College Green were very complimentary about the staff team at the home, telling us staff did their jobs well.

One relative told us, "Some of the staff who work here are excellent".  
Another said, " They really are great staff, they're very good."

##### Other evidence

We looked at five staff files. We saw evidence for staff who commenced their employment in the last few years of an induction recorded on their file. The majority of the staff team had worked at the home for many years.

We saw evidence staff received regular formal supervision as well as the manager being available on a day to day basis. However, the record of these meetings was brief and contained no details of any discussion or any actions. Notes we saw from a few years ago had recorded training needs but we were told this practice had ceased. Supervision should address an individuals' learning and development needs and any personal or work issues. The Provider may find it useful to use a different format for recording supervision with staff.

Records showed a wide range of training was provided to all staff by the provider, which included a variety of courses, such as safeguarding, moving and handling, infection control, health and safety, fire safety and food hygiene. Some courses required a regular refresher and we found that this had taken place for every staff member at the correct time. The manager kept a training log to ensure all staff kept their learning and

development up to date. Training was offered using videos with staff completing a questionnaire after each training course to ensure they had understood the course and had learned something from it.

Most the staff had a National Vocational Qualification (NVQ) Level 2 and 3 qualification, and those without an NVQ were working towards one.

**Our judgement**

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We did not receive any specific comments from people using the service about this standard. Relatives we spoke with expressed their satisfaction with the service provided and spoke highly of the staff.

##### Other evidence

A wide range of audits and risk assessments had been regularly conducted. These were sufficiently detailed and showed systems were in place in order to reduce the risks to people and to help monitor the service people were receiving.

The provider visited each month to conduct an audit of the home. College Green employs a handy man, to carry out any repairs and these had been completed within a reasonable time.

The manager was responsible for the ordering, collection and stocking of the medication. We found the sheets used to record the medication dispensed were clearly marked. A log was kept of all tablets no longer required, which were collected and disposed by the pharmacy. An audit of current medication was not carried out.

We looked at maintenance records and service certificates, which showed that systems and equipment had been appropriately checked to ensure the health and safety of people living at College Green were protected.

Fire safety procedures and risk assessments were in place to ensure that people knew

what to do in the event of a fire. A recent electrical inspection had identified some necessary updating of emergency lighting, which was scheduled to be carried out in the next few weeks.

An annual inspection by environmental health in the last year had found no issues

College Green uses an independent auditor to send six monthly questionnaires to all people who live at the home and their family members. Results for 2011 showed a low return but the returns received were positive. The results were displayed in the home's foyer area.

**Our judgement**

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Action we have asked the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>How the regulation is not being met:</b>            Care plans did not show sufficient information about how the person needed to be supported or their particular preferences in their daily routines. The information in the records was not a comprehensive record to enable staff to provide accurate care and support to the person. One care plan did not have any information about the person's mental health for staff to be aware of any significant changes.            Mental capacity assessments had not been completed on any of the people living at the home.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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