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 Abbot, TQ12 1BX

Tel: 01626351427

Date of Inspection: 19 August 2013

Date of Publication: September 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
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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 19 August 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.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with seven of the eleven people who lived at College House. We also spoke with three care workers and the deputy manager.

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. One person told us "I like living here, I get along with everybody here."

We saw that people interacted with care workers in a relaxed and friendly manner. There was warmth and humour in these interactions. One person said ""I love it here because I feel looked after."

We toured the home with the deputy manager and looked at all areas, including bathrooms, toilets, bedrooms and communal areas. People told us that they had made choices about the personal effects and furniture in their rooms.

Records showed that people ate a balanced diet. We saw that people helped prepare meals and made choices in relation to what they ate. One person told us "The food is very, very good here."

The building looked safe well maintained. Risks in the garden and the home had been assessed. A low gradient ramp at the front of the premises made it easily accessible.

We saw that quality assurance systems were in place to effectively monitor the quality of

care and that feedback was acted upon appropriately.

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

Not all of the people who lived at the home were able to tell us about their experiences. In order to help us to understand their experiences we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool allowed us to spend time watching what was going on in the home and helped us to record how people spent their time, the type of support they received and whether they had positive experiences. During this period of observation we saw many positive interactions. We saw no negative interactions.

One person who lived at the home told us ""I like living here, I get along with everybody here." Another person said "I love it here because I feel looked after." We saw that care workers were patient, calm and considerate when they interacted with people. For example we saw care workers supporting people at meal times in a respectful and dignified way. Care workers offered support to people while promoting their independence and respecting their wishes. People told us that they felt respected. One person who we talked with told us "The staff are always very, very nice."

From our observations we saw care workers offered people choices of food and drink at breakfast time and at lunch time. For example, people were offered a choice of where they would like to eat their meal. Some people chose to eat in the dining room and some in the lounge. People were given a choice of what they would like to eat and those choices were respected. Care workers were very kind in their approach to people. We saw that care workers made good eye contact with people and talked clearly and calmly. People responded well to all of the care workers and engaged in conversation, often with shared humour.

We case tracked four people that lived at the home. This meant that we looked at people's care records including their care plans, risk assessments, care reviews and other assessments involving other health care professionals. We could see that the care plans were individualised and that they were signed by the people living at the home or by a

representative. This meant that people who lived at the home had been involved in the process of planning for their own care needs.

Each person who lived at the home had their own keyworker. People told us they liked this system and got on well with their keyworkers. One person said "I get along with all the staff. My keyworker got me a new strap for my watch. He's very nice. I can speak to someone externally if I want to." Another person said "When my keyworker's on holiday I speak to other staff."

We saw that people who lived at the home had their own bedrooms and that the staff respected each person's privacy and dignity. When care workers entered a room where a person was we saw that the care worker was polite and respectful. Care workers knocked on the door and asked the person for permission to enter. Care workers asked how people were and engaged in positive and considerate communication. We saw care workers talking and laughing with people living at the home.

We saw daily care records showed that six people from the home attended Sunday service at the local church on a regular basis. People told us that they enjoyed doing this and that it was important to them. People's religious or cultural needs were accommodated.

The home had an Activities Coordinator to support and organise activities for people to enjoy. We saw the records of activities that had been organised and had taken place. People told us that they went to two different day centres on a regular basis to take part in singing, music classes and arts and crafts. One person told us "I go to a music class on a Thursday where I play the drums."

Two people were on holiday with their care workers at the Edinburgh Tattoo on the day of our visit. They had expressed wishes to attend that specific event. Another person had gone out independently on the bus to visit Teignmouth on the day of our inspection. One person told us "Sometimes I go to the beach and have a coffee."

The home had two vehicles available for transport. Records showed that several staff were qualified and insured to drive these vehicles. Framed photographs on the wall in corridors around the home showed pictures of past events and outings attended by people from the home. These included trips to Castle Drogo, Longleat, Newton Abbot race track, Buckfastleigh railway and Disneyland Paris. One person told us "I take part in different activities. Staff take me in a wheelchair. I went to London this year, Bath and Cornwall." This meant that people had choices relating to the activities they could do.

The deputy manager told us that people could approach him to discuss anything whenever they wished. People confirmed that they felt able to approach the deputy manager, or any of the staff, and would do so if they needed to. Staff told us that they listened to any suggestions and always considered where improvements or changes could be made.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us that the home was a supportive and caring environment and that they were supported by staff in meeting their care needs. One person told us "I don't read very well so staff read and explain my choices to me, I really like it here and I love my bedroom."

We asked one person if their needs had been met, they said "Yes, my needs are always met. I enjoy going on outings and we do that a lot." We could see from our review of people's care records that there had been positive impacts in the experience of people using the service. For example we saw that people enjoyed interaction and engagement with their care workers. One care worker told us "Staff here have got genuine commitment."

The care workers told us about how they always tried to make sure that people had everything that they needed. From observation we saw that the care workers understood people's needs and provided them with the support and encouragement that they needed. For example one person required support with eating lunch and a care worker was responsive to this person's needs and assisted them.

We saw that people were clean, appropriately dressed and appeared well cared for. Care workers told us that a chiropodist and a masseuse also regularly visited the home to offer treatment to people.

The deputy manager told us how the home had a very good working relationship with other professionals. This enabled them to meet the care needs of the people living at the home with confidence. We saw from care records that other professionals had been involved in the care of people living at the home. For example we saw that the district nurses had provided nursing care for people when they needed it.

Records showed that care plans were reviewed annually or when required. Each person had a keyworker. Records showed that care workers communicated with other health and social care professionals when needed. Each person at the home had a daily care record which contained individualised information about the care, support and activities that each person had taken part in. Care workers told us that they passed all information onto other care workers at every hand over or shift change. Information handed over included

information about appointments and essential care needs.

We saw that people had risk assessments in place. Risk assessments included falls risk, behavioural risks and mobility assessments. The deputy manager told us that the risk assessments were reviewed annually and that they were reviewed more frequently if a need or circumstance changed which had an impact on risk. We saw that the care plans were up to date and that identified risks were included in the care plans.

During our visit it was reported to us that one person had become agitated and aggressive. We saw that care workers deployed their skills and knowledge of this person's behavioural risk assessment to calm the situation. Care workers dealt with the situation well and according to strategies identified in the person's care plan.

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 studying or joined in with a sing-along session. Records also showed that people had been supported to attend to their personal care such as shaving and bathing.

We saw that the home had measures in place in the event of an emergency. There was a first aid box and staff told us they had been first aid trained. The management checked fire alarms on a regular basis and we saw they had an evacuation plan in place in case of a fire. People were able to tell us how the evacuation would be carried out and told us where the fire exits were and where the assembly point was outside the home.

We saw that there was an evacuation plan for the home displayed on the wall at reception. However, the provider may wish to note that there was no Personal Emergency Evacuation Plan (PEEP) in place. A PEEP provides details of each person's mobility and evacuation needs, reducing individual risks to people in the event of a fire.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People told us that they liked the food at College House. One person told us "The food's very, very good. The day staff do the cooking. You can choose from the menu or have anything you like." Another said "My keyworker helps with the cooking and asks me about the food."

The provider had suitable arrangements in place to reduce the risks of people receiving inadequate nutrition or becoming dehydrated. Care workers told us and we saw that people were offered drinks throughout the day. We saw that jugs of water and juice were provided in communal areas.

We saw that the kitchen was open to people throughout the day and that people often went in and helped themselves to drinks whenever they wished. Care workers we spoke with had a good understanding of the importance of healthy nutrition. We saw training records indicated that care workers had been trained in nutrition and hydration within the last twelve months.

When there was a concern about the amount of fluid a person had drunk through the day there was a system in place to monitor fluid intake. We saw evidence that this had been followed in the past.

We saw that there was a choice of suitable and nutritious food and drink available in sufficient quantities. We saw that there was a written menu on display. The provider may wish to note that there was not an easy to read menu on display. This meant that some people might experience difficulty understanding the menu.

We observed people at two different mealtimes, breakfast and lunch. We saw that people had the choice to eat where they wished. Some people sat in the dining room, others in the lounge. We saw that a healthy meal was served, which people told us they enjoyed. One person finished all of their meal and said to us "That was lovely, the food's great here."

We saw that people who lived at the home, care workers and management staff all ate together. This created a relaxed and friendly atmosphere. We saw that people helped care workers to prepare meals. One said "I help the staff with cooking as I enjoy it. I peeled 12 potatoes today."

We saw appropriate support and encouragement was provided to enable people to eat and drink sufficient amounts for their needs. For example, during lunchtime we saw that care workers checked whether people had enjoyed their meals and whether they would like extra helpings.

We spoke to the care worker who had cooked lunch. They told us which foods people preferred. They knew these from memory as they had worked at the home for many years. The provider may wish to note that there were no written records of foods which people liked and disliked. This meant that people relied upon the memory of care workers.

We saw that the home had a menu based on a four week rotating programme. This meant that there was a wide variety of food served to people. The cook told us that people were always offered an alternative option, such as toad in the hole, sandwiches or an omelette if they did not wish to eat the meal offered.

We did not see any evidence that the kitchen had been inspected by the Food Standards Agency. The deputy manager told us they believed they would receive such an inspection soon. We saw that the kitchen was clean and well organised. The cupboards, fridge and freezer were well stocked with foodstuffs. Appropriate storage arrangements were in place.

A care worker told us that they ordered the shopping for the home online on a weekly basis from a major retailer who delivered it. They said "People here have plenty to eat and we cater for healthy eating." One person told me that they were eating salads in order to achieve healthy weight loss. Care workers told us that they were supporting this person to achieve this.

The home catered for people with special dietary requirements. For example, records showed that two people were diabetic. Care workers told us that they prepared puddings with alternatives to sugar which met people's needs.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit we toured the communal areas of the home and looked at some of the bedrooms. We saw that people had been encouraged to bring in items from home that helped make their rooms personal and homely. The deputy manager told us that each of the bedrooms was for single occupancy only.

The home was clean and free from unpleasant odours throughout. Furnishings and fittings were homely and comfortable.

We saw that the home had pleasant gardens at the front and rear with seating areas. Care workers told us that some people enjoyed having the choice of going into the garden. One person told us "I enjoy doing a bit of gardening, watering the flowers."

College House had two storeys. We saw that the design, layout and security of the premises safely met the needs of people receiving care and treatment including those with disabilities. There were adapted bathing and showering facilities. The provider may wish to note that there was no passenger lift at the home. This meant that people with limited mobility might find it difficult to get upstairs. One person who was a wheelchair user had been moved from the first floor to a bedroom on the ground floor. This was because it was difficult for them to access the first floor or evacuate in case of a fire. They told us that they were satisfied with this arrangement.

Reasonable steps been taken to ensure that the premises were accessible to all those who needed to use them in keeping with the requirements of the Disability Discrimination Act 1995. For example, a low gradient ramp led from the driveway to the front door. Hand rails were present on each side of this ramp.

We saw that the premises and grounds were well maintained and risks to safety had been identified and managed. For example we saw that there were regular checks on fire alarms. Records showed these had been serviced within the last twelve months. We saw evidence that electrical appliances had been tested in April 2013.

We saw that there were arrangements in place to comply with the collection, segregation, storage, handling, transport, treatment and disposal of waste.

We saw that all staff and some people who used services had been provided with information on the risks to their health and safety, protective measures and what to do in the event of an emergency. For example we saw that staff had access to protective equipment for infection control purposes and hand gels were situated around the home. Signage was in place on doors to warn of potential risks and identify emergency exits. We saw that there were emergency evacuation procedures in place which were practised on a regular basis.

The deputy manager told us that when two people had changed rooms in the last twelve months, both rooms had been redecorated. People told us that they had been able to choose the colours for their rooms during this process.

We saw people had call bells next to them when seated in their rooms. People told us that they never had to wait very long for a care worker if they used the call bell.

The home's laundry was situated on the lower ground floor. The room was well organised and presented easily cleanable surfaces to reduce the risks of cross infection.

The provider had risk assessed for occasions when the manager was not present. For example, on the day of our inspection the manager was on holiday. The deputy manager was on duty and demonstrated a sound knowledge of their responsibilities.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The deputy manager told us that College House was visited on a rolling monthly rota by a Parkview Society 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 looked at the most recent visit record dated July 2013. The committee member had written "New resident X has settled in well. Carpets were being shampooed at time of my visit. Lovely atmosphere as usual, residents all seemed happy and calm."

During the May 2013 visit a different committee member who had paid a visit had written "A new staff training programme has been implemented on dementia." In February they had written "As always impressed by the attitude and dedication of the staff to ensure a happy and well run home for the residents."

The home followed guidance from the Department of Health. For example, we saw that windows had restrictors in place which ensured people's safety. Window restrictors reduce the risk of falls from windows. This was in response to professional guidance.

Records showed that monthly health and safety checks took place. These included checks on floor coverings, furniture, windows, electrical fittings and water temperatures. We saw that the most recent monthly check had taken place in July 2013.

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 who lived 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. In December 2012

one relative had written "I feel happy to leave X in your care and know that you are looking after them well. I have no fears for their care."

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 meant that people could see their own records without seeing other people's.

The daily records contained entries that showed when people had gone on holiday, 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.

Care workers told us that staff meetings took place occasionally. One care worker said "We talk about training, care, rotas and holidays." People who lived at the home told us that they sometimes had residents meetings. The provider may wish to note that written records of meetings could not be produced at the time of our inspection.

The home had a complaints policy in place and this was on display at reception. There had been no recent complaints. One person said "I am able to talk to staff whenever I like. If I have a complaint they come and see me." Another said "If I have a problem I will talk to a member of staff. I feel very safe here."

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. These risk assessments allowed people the opportunity to take risks as part of their daily routine. For example, the risks involved in catching a bus and how these risks could be managed.

The home had relevant quality assurance policies in place. These included a risk assessment policy, petty cash policy, complaints procedure and a quality assurance system policy.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk