Inspection Report

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

College Green Rest Home

14 College Road, Crosby, Liverpool, L23 0RW Tel: 01519282760

Date of Inspection: 02 July 2013 Date of Publication: July 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Mr Ian Prance and Mrs Margaret Prance
Registered Manager	Miss Katie Victoria Johnson
Overview of the service	College Green provides accommodation for 21 older people who have dementia. It has 15 single rooms and three double rooms, some with ensuite facilities. Respite care is provided subject to availability. College Green is a converted Victorian house with a front car park and a secluded rear garden. There is a passenger lift to bedrooms on the upper floors. The home is situated in a residential area of Crosby, opposite a park and close to bus routes, local shops and restaurants.
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 2 July 2013, observed how people were being cared for and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

What people told us and what we found

We used a number of different methods to help us understand the experiences of some of the people living at College Green. This was because some of the people who lived at the home had complex needs, which meant they were not all able to verbally tell us about their experiences.

We carried out some short observations between staff and the people who lived in the home. We observed some examples where staff supported people well, such as encouraging people with a game and using appropriate communication with people.

We spoke with two relatives to gather their views and experiences of the service. Some comments we received were as follows; "The staff are very patient with my family member; they should be applauded", " The manager keeps me informed about my relative's welfare" and "The staff are great but the place could do with a lick of paint."

We looked at four people's care records. We found they contained relevant and current information about the person's needs.

On checking medication management we found people received their medicines as prescribed. We found records regarding medication were accurate.

We observed staff interacting with people who lived in the service during our visit. We saw some examples of where staff supported people well, such as assisting them around the building and supporting them to do a particular activity.

We spoke with two staff about how they supported the people who lived at the home and the activities they did each week.

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

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. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During our observations we saw some people made decisions about what they did that day. We saw staff asking people if they wanted to join in a game. Some chose not to play and preferred to watch others. Some people were reading a book or newspaper or watching TV. This showed people were able to make their own choices.

We looked at four care plans and saw they contained comprehensive information about people's preferences in relation to daily routines, personal care and social activities. The records also had a section relating to mental capacity, which indicated the person's ability to make decisions.

We saw mental capacity assessments had been completed with everyone living at College Green to determine if they had capacity to vote in the local Police Commissioner elections. This showed that staff did not make the decision on peoples' behalf about if they were unable to vote, until an assessment showed they did not have the capacity to understand the issue.

We saw that 'consent to treatment' forms were completed each time a person needed a visit from a health professional, which resulted in treatment. An example of this would be from the person's GP, chiropodist, community psychiatric nurse or district nurse. The manager informed us that if the person had capacity they would sign the form themselves. If they did not have capacity staff made a decision to request treatment, in their best interests.

The manager informed us there had been one 'best interests' meeting held. These meetings are where decisions about a person's care or treatment are made by others, because they are deemed not to be able to make that decision.

The manager told us an assessment had been carried out to determine if deprivation of

liberty safeguards (DoLS) were required for one person living in the home. We looked at the paperwork and found that the application was initiated and completed by the manager. It showed there was a good understanding of the legal framework and of DoLS processes.

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

We spoke with the manager who informed us that before a person was admitted to the home they visited them and completed a pre-admission assessment. This was to make sure the person's needs were met by the staff at the home. We saw an example of this documentation which was completed for a person recently admitted to the home. It contained comprehensive information relating to the personal health and care needs. We spoke with a relative who confirmed they had been involved in the pre-admission process.

During our visit we looked at three care records. Each contained a support plan, risk assessments and charts which recorded a person's weight, food intake and skin integrity. We saw they contained comprehensive information about people's preferences in relation to daily routines, personal care, physical and mental health and social activities. One relative we spoke with told us, "We turn up at different times of the day; our family member is always clean, shaved and suitably dressed."

All care records included a 'biography', which detailed information such as, where the person lived, their occupation and family information. Staff told us this information had recently been collected from people who lived in the home and their relatives. They had found out important personal information about people they supported they had not previously known. One staff told us this had helped them to enjoy conversations with people and remind them of their past, when talking with them. This was important for those whose memory was impaired and could no longer recall this information.

The care records included a record of consultations with health and social care professionals, such as the GP, district nurses, hospital consultant, community psychiatric nurse and chiropodist.

We saw independence was encouraged and promoted within the care plan; the document highlighted what the person liked to do, what they could do for themselves and where they needed staff support.

We found risk management plans had been completed where risks had been identified for a person through risk assessments. Examples of these were for mobility, falls and the

environment. This was to ensure people were supported safely in the home.

The information in the records was reviewed by the Registered Manager to ensure it was accurate and reflected people's needs and wishes. Records we looked at had been reviewed within the last six weeks, which showed the information recorded was up to date.

We found evidence that people had received visits from or attended appointments with health professionals such as their GP, hospital consultant, chiropodist, community psychiatric nurse or district nurse. This showed that people's health and well being were being monitored by the staff. One relative told us, "The manager keeps me informed about my relative's welfare." Another told us staff had contacted their relative's GP for assistance as soon as he was unwell.

The social and recreational needs of people who were living at the home were taken into consideration. We heard from relatives and staff that there was a variety of recreational activities provided in the home, suitable for people's needs and abilities. These included games and films. The manager told us groups were invited to the home to provide musical entertainment and activities, such as massage. Staff also told us they had trips out locally with the support of staff. One relative told us their family member had been out with the handyman to the local shops.

Some residents had recently enjoyed a pub lunch in Southport. Staff spent time with people who lived in the home on an individual basis or with one or two others doing an activity; some recently enjoyed baking. They said a BBQ was planned for August. The manager told us they had recently started a residents' fund, to assist with the costs of trips and transport.

On the day of our inspection we saw staff interacting with the people who lived at the home. We saw some people had chosen to do different activities on the day of our visit. Some joined in a game with staff. Others were reading a book and a newspaper. We saw one person watching a particular programme on TV, whilst others slept, after their lunch.

The manager told us people were encouraged to keep active by helping around the home, if they wished to. Examples of this were people carried out some light dusting of their rooms and helped clean tables after meals. We saw one person handing out biscuits as staff gave people a cup of tea or coffee.

Hairdressers visited the home as required. Staff assisted people who lived in the home with their hair each day. We saw evidence of this on the day of our visit.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at how the service managed its medication systems. We found that the home kept medication in a medicine trolley, which was stored in a locked room.

The medication administration records (MAR) we viewed were signed to indicate medication had been given at the correct times. Each record had the persons photograph printed on it, to ensure they received the medication prescribed for them. The record of staff signatures had gone missing from the records. The Registered Manager told us another would be completed. A record of staff signatures is helpful to show which staff had dispensed medication to people at particular times.

We looked at the medication in the trolley. Tablets were dispensed in 'blister' packs from the pharmacy, which separated a person's tablets for a particular time of the day. The blister packs were colour coded for morning, afternoon and evening time. This was a clear system for the staff dispensing the tablets.

Other medications kept in the trolley were recorded with the date when opened. A check of these medications and creams found them to be within the date to be used. This showed they were still suitable to be administered.

Some medication was required to be stored in a fridge. We saw the temperature of the fridge was checked twice a day and recorded. We found medication stored in the fridge was still suitable to be administered.

Controlled drugs were correctly stored, recorded and disposed of according to the regulations. We saw evidence of a daily audit which ensured the correct number of tablets were stored.

The home had systems for the ordering and receipt of new and repeat medication, as well as a procedure for the safe disposal of unused medication. The Registered Manager managed this process. A local pharmacy who delivered the medication had carried out an independent audit in April 2013. They found everything to be correct. The provider may find it useful to note we did not find they carried out their own audit (check) of the

medication stock apart from keeping a running total which was updated each time new medication arrived.

We saw training records which showed that staff had attended medication training in 2013. We saw a copy of the home's medication policy.

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 inspection 16 people lived at the home. There was one senior carer and two care staff working in the home each day. Two staff worked during the night.

In addition to care staff, there was a cook and a domestic who worked five hours each day. The manager and the handyman worked each week day.

The manager told us there were occasions when staffing levels would be temporarily increased to reflect the changing needs of the people who lived at the home. For example, if someone needed additional or constant support or had to attend a hospital appointment.

Additional staff required were from the existing staff team. This meant that staff were familiar with the people who lived at the home and their needs. In exceptional circumstances, when this was not possible, agency staff were used.

We saw evidence in two staff files of two monthly supervision. We saw evidence that staff supervision had taken place in March 2013. This showed the provider supported the staff in their work.

We found staff received regular training. The manager told us about the various methods used to provide training to staff; these included formal training sessions and E-Learning. Staff we spoke with told us they enjoyed the different ways of learning information.

We saw evidence staff had attended mandatory courses which included moving and handling, safeguarding adults, infection control, first aid, food hygiene and fire safety.

Many of the staff had worked at the home for many years. All but one care staff had a National Vocational Qualification (NVQ) in health and social care at level 2 and the senior care staff had achieved NVQ level 3. The Registered Manager had completed a recognised qualification in dementia care. This demonstrated the provider's commitment to employ experienced and qualified staff to support the people who lived in the home. We spoke with a relative who told us "The staff are very patient with my family member; they should be applauded."

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.

Reasons for our judgement

We saw that people's personal information was stored securely in order to maintain people's confidentiality. Care records were stored in a secured area.

Staff files were maintained securely in a lockable room. The files contained appropriate documents in relation to their employment. Staff who worked in the home had a Criminal Records Bureau (CRB) check prior to starting work at the home, to show they were suitable to work with vulnerable people. We found that CRB's were not routinely renewed. The manager told us they would be introducing annual disclaimers for staff to sign, to demonstrate they were fit to work with vulnerable people, to ensure their ongoing protection.

The care records we viewed reflected people's needs and support that staff delivered to meet their needs. Care plans and risk assessments were reviewed by the manager and where necessary, updated to make sure that the support delivered was appropriate to the persons needs.

Medication records (MAR) were kept secure in the secure cupboard with the medication. The records we viewed showed an accurate record of the medication dispensed to people who lived in the home.

We found the home had accurate and up to date records related to the running of the home.

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

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