

Condover College Limited

38 Torrin Drive

Inspection report

38 Torrin Drive
Shrewsbury
Shropshire
SY3 6AW
Tel: 01743 455252
Website:

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Ratings

| | | | |
|---------------------------------|--|------|---|
| Overall rating for this service | | Good |  |
| Is the service safe? | | Good |  |
| Is the service effective? | | Good |  |
| Is the service caring? | | Good |  |
| Is the service responsive? | | Good |  |
| Is the service well-led? | | Good |  |

Overall summary

The inspection was carried out on 15 February 2016 and was unannounced.

38 Torrin Drive is registered to provide accommodation with personal care needs to five people who have a learning disability or autistic spectrum disorder. There were five people living at the home on the day of the inspection.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us people received support to keep safe. Staff knew how to recognise signs of abuse and how to protect people from harm. Staff were aware of who to report concerns to if they witnessed or became aware of abuse taking place.

Risks to people’s safety had been assessed and guidelines put in place to minimise the risks without

Summary of findings

restricting people's independence. Staff knew how to deal with accidents and incidents and these were overseen by the registered manager who took action to prevent them happening again.

There were enough staff to meet people's needs. Checks had been undertaken to make sure new staff were suitable to work with people before they started working at the home. New staff received a structured induction to ensure they were competent and confident to support people safely.

People received their medicine when they needed it and medicine was stored securely. Staff were aware of the support people required to manage their medicines safely. Only staff who received medicine training administered them. Staff monitored people's health needs and supported them to see health care professionals as required.

People were supported by staff who were well trained and knowledgeable about their needs. Staff felt well supported and had access to a wide range of training that was relevant to their role and the people they supported.

Staff were knowledgeable about the Mental Capacity Act and used people's preferred method of communication to enable them to make decisions for themselves. Where people were unable to make certain decisions for themselves we saw these were made in their best interest by people who knew them well.

People had their nutritional needs assessed and monitored. People were encouraged to follow a balanced nutritious diet and were given support to choose and prepare meals. Staff were aware of people's dietary needs and ensured that they were provided with equipment to enable them to eat their food independently.

Staff were kind and considerate and spoke with and about people in a respectful way. People were treated with dignity and respect and their independence was promoted.

People were supported to maintain contact with people who were important to them. Relatives thought communication with staff and management was good. People were involved in decisions about their care and relatives were kept fully informed about any changes or concerns.

People and their relatives felt that staff and the registered manager were approachable. They were confident that if they had any concerns or complaints these would be listened to and acted upon.

There was a positive working culture at the home. Staff and management worked together to ensure people's needs and wishes were met.

The provider had checks in place to monitor the quality of the service and sought feedback from people, relatives and staff to drive improvements in the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good



Staff were knowledgeable about the signs of abuse and who to report concerns to. Staff were aware of the risks associated with people's care and how to keep people safe. There were enough staff to meet people's needs. People received their medicine when they needed it to maintain good health.

Is the service effective?

The service was effective.

Good



People were supported by staff who had received support and training to meet their individual needs. Staff used people's preferred method of communication to enable them to make decisions for themselves. Staff monitored people's health and wellbeing and supported them to access health care treatment when required.

Is the service caring?

The service was caring.

Good



People were treated with kindness and respect. People were supported to keep in contact with people who were important to them. Staff spoke to people in a respectful manner and promoted their dignity.

Is the service responsive?

The service was responsive.

Good



People were supported by staff who knew them well and who were responsive to their needs. People were supported to take part in activities suited to their interest and abilities. Relatives felt able to raise any concerns or complaints with staff or management and were confident that they would be listened to.

Is the service well-led?

The service was well led.

Good



There was a positive culture at the home where staff and management worked as a team to ensure people's needs were met. Staff felt well supported in their roles. The provider had systems in place to monitor and develop the quality of the service.

38 Torrin Drive

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 February 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to

give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with five people who used the service and three relatives. We spoke with four staff which included the registered manager, two support staff and one ancillary staff member. We viewed two records which related to assessment of needs, risk and communication passports. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records

We were unable to communicate verbally with everyone who used the service. We used staff and observation to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

When asked people indicated they felt staff supported them to keep safe. Relatives we spoke with were confident that staff supported their family member's safely. One relative said, "I believe [person's name] is kept safe without a shadow of a doubt." They went on to tell us that they were always told about any concerns. Another relative told us their family member would let them know if they were ever unhappy or worried about the care they received.

Staff had received training on protecting people from abuse and were knowledgeable about the different forms and signs of abuse. Staff were clear who to report concerns to and how to protect people from further harm. Current safeguarding procedures were available at the home for staff to refer to if required. The registered manager was aware of their responsibility to report any concerns of abuse to the local authority safeguarding team.

Staff told us they kept people safe by ensuring they were aware of people's needs and the risks associated with them. Risks were identified and there were individual guidelines in place for people's care needs and the activities they took part in. These allowed staff to keep people safe whilst maintaining their independence. New staff followed a structured induction programme which covered essential training to allow them to support people safely. They then worked alongside experienced staff until they were confident and competent to work independently. We also saw that there were environmental risk assessments and equipment checks in place to maintain people's safety. Where there were concerns about the environment we saw that prompt action was taken to report and rectify them.

Staff we spoke with were able to demonstrate that they would take appropriate action in the event of an accident or incident. They were also aware of their responsibility to report them. The registered manager had oversight of the

forms to establish the cause and to see if procedures had been followed correctly. Where there had been a medicine error we saw that this had been dealt with appropriately and action taken to prevent it happening again.

Relatives felt that there were sufficient staff working at the home. During our visit we saw that people were supported in a timely manner. The registered manager told us they currently had a staff vacancy that was being covered by the regular staff group. They adapted staffing levels to fit in with people's needs and the activities they wished to take part in. Staff felt there were enough staff as they were flexible and worked as a team to cover the shifts. One staff member went on to tell us they were mindful not to take on too much work as this could have a negative impact upon them and their work. Staff told us the provider completed employment checks to ensure they were suitable to work at the home prior to them starting work there. These included references from previous employers as well as checks with the disclosure and barring service (DBS). The DBS is a system which allows providers to check staff details against criminal records and other sources to make sure they are suitable to work with people who use their services. The registered manager confirmed that the provider employed a recruitment manager to undertake these tasks and records were held in their main office.

People received support to take their medicines when they needed them. Where people required medicines to be taken only when needed we saw that there were guidelines to tell staff when these were required. Staff were aware of the guidelines and when to administer these medicines. Only staff who had received training administered medicine. One staff member told us they were currently undertaking training and were being supervised when administering medicine. We saw that people's medicines were stored securely in their rooms. When people needed to take their medicines out with them or were going to stay with family there were systems in place to sign medicine in and out. This ensured people always had access to their medicine when needed.

Is the service effective?

Our findings

Relatives were complimentary about the effectiveness of the service and staff knowledge. One relative said the service was a great relief to them. They were confident that staff were well trained and able to meet their family member's needs. Another relative said the service was, "Brilliant." They went onto to tell us that their family member had gone through a difficult transition period. Staff had managed the situation really well and their family member was, "The happiest they had seen them for a long time." They said, "It took time to get into a routine but they [staff] worked at it." Staff we spoke with were knowledgeable about people's needs and the support required to meet their needs

Staff told us they had access to and had completed a wide range of training that was relevant to their role. The frequency of supervision varied, however, staff felt that they could approach the registered manager at any time should they have any worries. They used supervision sessions to discuss any issues of concern as well any training or development needs. The registered manager told us that supervision had lapsed recently. They had identified this in their monthly audits and had put a plan in place to complete staff yearly appraisals in the next month and to schedule in regular supervisions.

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

Staff we spoke with demonstrated a good understanding of the MCA. They used people's preferred method of communication to enable them to make their own decisions where possible. Staff told us they gained people's consent before supporting them and took time to explain choices to people. Where staff were unable to communicate verbally with people they used other forms of communication to interpret their wishes such as sign language or picture cards. Staff were clear that if people declined support they would respect their decision and

walk away, returning at a later time. Where people had difficulty making certain decisions for themselves staff explained that MCA assessments and best interest meeting would be held. The registered manager told us that a best interest meeting had recently been held for a person in regards to their health care needs. The person, their relatives and professionals were involved in the meeting to ensure that decisions made were in the person's best interest and their rights were protected. We saw that the person's relative had written a compliment about how well the process had been conducted.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware that everyone living at the house was subject to DoLS and what this meant for the people and staff practice. The registered manager had systems in place to ensure that DoLS were reviewed at the required intervals.

People's nutritional needs had been assessed and kept under review. Staff were aware of people's dietary needs and encouraged people to eat a balanced nutritional diet. Staff told us they supported people to plan weekly menus by using picture cards and other forms of communication so that everyone had a say. At lunch time we saw that some people used adapted cutlery and crockery to enable them to eat their meals independently. During our visit we observed that people would request drinks and help to make them where able. We saw that one person was able to make hot drinks for themselves with minimum prompts from staff about doing this safely.

People were supported to see health care professionals as and when required. One relative told us there had been recent concerns about their family member's health and prompt action had been taken to arrange an appointment with the doctor. We saw that people had individual health action plans which recorded details about their health needs and the support they required to maintain their health. These included the purpose and outcome of health appointments.

Is the service caring?

Our findings

When asked, people indicated that they liked the staff and found that they were kind. We observed that people were comfortable in the presence of staff and confident to approach them for support. One person showed us a picture of a staff member who was due on a later shift. It was clear from the person's body language that they had a good relationship with them and were pleased that they were working that night. Relatives we spoke with found staff welcoming. One relative said, "They [staff] are approachable, obliging and helpful." They described the service as, "It is like home." Another relative told us whenever they visited they were made to feel welcome. They went on to say they could not fault the service in any way.

Relatives told us that both they and their family members were involved in decisions about their care and support. Staff told us that it was important to give people choices in a way that they could understand. They were able to tell us about people's different communication methods and how each person had their own ways of making their needs and wishes known. For example, one person would go to the fridge and get food out when they were hungry. People were supported by the provider's speech and language team who had compiled communication passports to inform staff and others how best to communicate with people. One staff member said that the communication passports had proved effective in enabling people to communicate with people who did not know them so well. For example, people used their communication passports to order what they wanted in a coffee shop they regularly visited. One person's first language was not English staff told showed us a list of key phrases of the person's first language that they used to aid communication. The registered manager told us they were also exploring places of worship the person could attend to practice their faith. In the meantime we saw that the person hosted a party that celebrated their culture.

Staff treated people with kindness and compassion. One relative told us that staff and management had been sensitive and understanding when there had been a family bereavement. They arranged for them to have private time with their family member at the home as well as organising a service at the local church to allow the person to commemorate their relative's life. During our visit staff demonstrated a calm and understanding approach. They took time to encourage people to express their wishes and to ensure that they had interpreted them correctly. We also saw that they guided one person to mobilise around the home in a patient and reassuring manner.

People kept in regular contact with their relatives, one person returned home from a weekend with their relatives on the day of our inspection. Another person with support from staff was able to tell us that they were due to go home to stay with family the following weekend. A relative confirmed that their family member visited and stayed with them on a regular basis. They said, "They are happy to come to stay and happy to go home." They also kept in touch with them between visits via telephone or skype. We saw that staff took a genuine interest in people's family life. We saw and heard one staff member chatting with the person about their weekend at home with their family. Records we looked at confirmed regular contact was maintained between people and their relatives.

Relatives considered that staff treated their family members with dignity and respect. One relative told us staff encouraged their family member's independence with personal care whilst staying close at hand to provide assistance where needed. Another relative found that staff were respectful in their approach. One staff member told us they would always make sure doors and curtains were kept shut when providing personal care. Another staff member was mindful of people's dignity when they went out swimming ensuring that people used a cubicle to get changed in. We observed that staff were considerate of people's feelings and spoke with and about them with due respect.

Is the service responsive?

Our findings

People were supported to pursue their interests and led active lifestyles. One person used their electronic tablet to show us that they liked to go to pantomimes. Staff told us that the person had been to see a pantomime at Christmas. It was clear that the person had thoroughly enjoyed the experience and was keen to go again. Another person was able to show us they had been to visit the set for a popular television program. Relatives felt that their family members were given plenty of opportunities to try different activities. One relative said, "They are always out and about, when they come home they bring their diary and we can see that they are fully occupied."

People were involved in their care planning and reviews. One relative told us they were not always able to attend reviews but staff would keep them up to date with any changes and send them minutes of the meetings. The registered manager told us each person had a key worker who was responsible for representing and supporting their interests. The key workers would act as a point of contact for relatives and other healthcare professionals involved in their care and support. As part of the keyworker role staff told us that they sat with people and went through all areas of their care and support with them. One staff member ensured us that the person was the focus and that they supported them to do what they wanted. They talked about any changes that might be needed and helped people break their goals down into achievable steps. We observed a staff member explaining to one person that they needed to save up for an activity they wanted to do.

People were supported by staff who knew them well and were aware of their preferences. Staff had access to person centred care plans, they knew about people's past what they liked to do and activities they disliked. One staff member told us how a person was uncomfortable in large groups of people and therefore staff were careful to avoid such situations for them. Another person liked helping out around the house we saw them empty the bins and do the recycling of their own accord. The registered manager told us that they used communication aids such as picture cards to help people choose activities they would like to do. Staff encouraged people to try new activities and monitored their reactions. Staff were able to describe people's different personalities and could quickly identify any changes in people's needs. One staff member told us it was important to be alert to one person's anxieties and to intervene at an early stage in order to maintain their wellbeing. They would encourage the person away from the situation or distract them in order to reduce their anxiety. Records we looked at reflected what staff told us.

Relatives told us that they had frequent contact with staff and management. They were confident that if they raised any issues or complaints these would be listened to and dealt with appropriately. Staff told us they would be able to recognise if people were not happy and they would encourage them to tell them what was troubling them. The registered manager showed us that people also had laminated cards with an unhappy face on which they could give to staff if they felt unhappy. They had received one complaint in the last 12 months which related to staff car parking at the property. We saw that this had been dealt with appropriately.

Is the service well-led?

Our findings

The provider had a number of checks in place to monitor the quality of the service and to identify if any improvements were required. These included medicine audits and health and safety checks as well as monthly monitoring visits by another manager. However, we found that some records had not been completed accurately and this had not been picked up by checks completed by the registered manager. These had no impact on people living at the home but the registered manager acknowledged this should not have happened. They spoke with staff immediately to rectify the situation and agreed to review their audit procedures to prevent reoccurrence. They went on to tell us that they had fallen behind with some management tasks due to covering the staff vacancy. They had now recruited a new member of staff which would allow them more time to focus on the management activities.

People and their relatives demonstrated or told us they found staff and management friendly and approachable. Relatives felt that there was a good atmosphere at the home and that their family members were happy living there. One relative told us, “[person’s name] is where they want to be and if they are happy, I’m happy.” Another relative told us they had travelled everywhere looking for a home for their family member and said finding this provider had, “Answered all their prayers.” They added that staff were very up front and kept them fully informed. Relatives described good communications with the staff and management at the home. They said that they were able to contact the registered manager at any time. If they were not available they would leave a message and they would get back to them.

There was a positive working culture at the home where staff said they pulled together as a team to ensure people’s needs were met. The registered manager told us they wanted to achieve a home from home atmosphere and were keen to ensure all the people living there were happy. This was a vision shared by staff who told us they treated people as they would want to be treated themselves and wanted to enable them to be as happy as they could be. Staff felt they could approach the registered manager at

any time for support. They considered that they listened to them and took on board any suggestions they put forward. There was also an on call service that staff could contact for support outside office hours. The registered manager told us they could approach the provider for support when required.

People were involved in decisions about the running of the home. We were told that people took part in staff interviews to establish if prospective new staff were suitable to work with them. We saw that annual questionnaires were completed to gain people’s views on the service and areas for improvement. The registered manager told us that no concerns had been raised but if there had been these would be dealt with straight away. House meetings were occasionally held where people discussed issues such as menus and activities. We saw that people had requested to go on barge trip and this had been arranged. The registered manager also told us that the people had chosen their next holiday.

The registered manager had appropriate systems in place to record and respond to incidents, accidents and concerns of abuse. They told us they analysed accident and incidents to see if there were any patterns or signs of deterioration in a person’s condition. For example there had previously been some concerns about one person’s anxiety levels. As a result a multidisciplinary meeting was completed to review their care and support needs. Staff had since seen a reduction in their anxiety levels. Both the staff and the manager were aware of their responsibilities to report and respond to incidents under the duty of candour.

The provider had a comprehensive training programme that was available to all staff. Staff told us they were sent details of forthcoming training events with their payslips. The registered manager had systems in place to identify and monitor staff development and training. They monitored staff practice through supervision and by working alongside staff on various shifts. They told us if there were concerns about staff practice there were systems and support in place to deal with such situations. Records we looked at confirmed that the registered manager took appropriate action to respond to and deal with any staff development needs.