

# Condover College Limited

## Welwyn

### Inspection report







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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 4 and 5 May 2016 and was unannounced.

Welwyn provides accommodation and personal care and support for six people with learning difficulties. In addition people are supported with complex needs including visual impairment, profound physical disabilities, communication difficulties and associated behavioural issues. At this inspection six people were living there.

A registered manager was in post and was present during our 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 were actively engaged in the development of their own risk assessments and to take ownership of their own safety. People had the opportunities to take acceptable risks in their lives with the support of staff. Activities were planned around what people wanted and not restricted because of the potential for harm. Where necessary the provider took action to reduce the risk of harm whilst helping the person to do what they wanted. Any incidents or accidents were fully investigated with the emphasis on what can be learnt to reduce the potential for harm whilst not restricting individual's personal development.

People were safe as staff knew how to recognise different signs of abuse and knew what to do if they suspected anything was wrong. The provider made appropriate notifications to other agencies when needed and sought advice and guidance when required to keep people safe. People were supported to safely take their medicines by trained and competent staff whose skills were regularly assessed to ensure safe practice was followed. The provider followed safe recruitment processes to ensure people received care from a staff team who were suitable to support them.

People and those that mattered to them were involved in the development of their care and support plans which were regularly reviewed and accounted for any changes. Staff were knowledgeable about the people they supported including life histories, hopes and dreams. People were supported to identify and achieve what they wanted to in life and did not see personal support needs as a constraint. People took part in a wide range of activities including education, vocational and leisure. People were supported to identify and achieve goals in their lives. They were supported by a staff team who were passionate and motivated to encourage people to achieve their aspirations without restriction.

People benefited from the involvement of the provider's speech and language therapy team who worked with individuals and staff to develop personal communication styles. Staff were knowledgeable about different forms of communication and practiced these different strategies with people in their home and during activities outside of the house. People had access to the provider's physiotherapy team. This maximised people's potential for movement and trained staff to provide consistent therapeutic care based

on the needs of individual people receiving support.

Staff were supported by the provider and felt valued in the role they performed. They received training which assisted them in the jobs and were encouraged to develop their skills by attending training specific to those they supported. Staff felt they were part of the wider organisation as they received regular communication from the management team regarding development in the service provided.

The management team were accessible to those receiving support and staff providing assistance. People and relatives felt included in the developments of the service and were confident their suggestions or concerns would be listened to and acted on. The provider undertook regular quality monitoring exercises designed to identify and drive improvements in the support they provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was safe.

People were involved in the development of their own risk assessments. This positive approach to risk taking reduced the potential for harm and enriched people's lives. People were supported by a staff team who knew how to recognise signs of abuse and knew what to do if they suspected something was wrong. People were involved in investigations into incidents, accidents or concerns that identified learning and minimised reoccurrences.

### Is the service effective?

Good 

The service was effective.

People were supported by a staff team who were trained and skilled to provide quality support for people. Staff felt well supported by the provider and could access a range of training suitable to those they supported. People had access to a specialised team who developed and promoted their individual communication styles.

### Is the service caring?

Good 

The service was caring.

People received support from a staff team who were caring, respectful and kind. People felt valued and included in decisions about their care and support. People were treated with dignity and personal information concerning them was treated with confidence.

### Is the service responsive?

Outstanding 

The service was responsive to people's needs.

People and those that were close to them were involved in the development of their care and support plans. People were encouraged to identify goals in their lives and supported and encouraged to achieve them. People were listened to and encouraged to lead full and active lives both in and outside of

the home.

**Is the service well-led?**

**Good** ●

The service was well-led.

People felt included in the running of their home and the development in the service. Staff were supported by a management team that was open and transparent and regularly kept them informed about changes in the service. The management team highlighted best practice and when necessary cascaded these practices to others to drive improvements in service delivery.

# Welwyn

## **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 4 and 5 May 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

As part of our inspection we asked the local authority and Healthwatch for any information they had which would aid our inspection.

During this inspection we spoke with four people receiving support, two relatives, one advocate, the registered manager, three support workers, the head of care and support, the chief executive, two speech and language therapists, one community project volunteer, one physiotherapist and the maintenance manager. We viewed the personal development plans for two people, including assessments of risk, communication profiles and plans for achieving personal aspirations.

We saw records of quality checks completed by the provider, details of incident and accident investigations, details relating to staff recruitment and monthly reports completed by the registered manager.

# Is the service safe?

## Our findings

We looked at how people were kept safe from abuse. One person told us, "I feel totally safe. If I didn't feel something was right I would let (staff) know straight away". Relatives we spoke with told us they felt their family members were protected from harm and abuse by a knowledgeable and trained staff team. Staff we spoke with were aware of the different types of abuse and what to look for to keep someone safe. One staff member told us, "We have all been on training and know who to report concerns to and when". We saw details on display directing staff on what to do should they need to raise a concern which included contact details for relevant agencies. Staff were aware where the information was located should they need to use it.

We saw open discussions between the registered manager and the head of care and support regarding a query raised by a staff member. They sought advice from relevant professionals to ensure people were safe and that they complied with local policies. The head of care and support told us, "We have to be completely transparent in everything we do. If we think something has gone wrong we need to pass on information and have to learn from incidents to minimise the chances of it happening again in the future". We saw appropriate referrals had been made to the relevant agencies when needed to ensure people were kept safe.

People told us they felt safe when staff supported them. One person said, "Safety is very important to me. I am safe here". They described how a piece of equipment failed when they were using it. This person went on to say how they were scared at first about using it again but they were reassured by staff. They described how they were encouraged to take responsibility to put it right so they felt involved. We saw a full investigation into the failed piece of equipment which involved the person, staff and anyone else the person wanted. The investigation concluded it was a manufacturing issue with no fault of the provider. The registered manager told us, "It happened, there is no denying it. What we had to do was ensure it didn't happen again and for [person's name] to feel confident in using the piece of equipment again. The best way to do this was to make sure they were in charge of putting it right". The provider recognised the potential emotional and psychological impact of such an incident on someone's confidence. The provider told us the potential knock on effect could have been fear of using any supportive equipment and isolation should they choose not to use adaptive aids.

The registered manager told us how they look at potentially negative incident such as accidents or near misses and how they see them as opportunities for individual development. In relation to the incident of equipment failure the person told us, "I now tell new staff how it felt for me. I want them to know". The provider told us this person now completes part of the health and safety induction for new staff by providing insights into real life experiences. The registered manager went on to say they are now developing this person's interests in health and safety and are involving them in the health and safety checks within the home.

People told us they were supported by staff and the provider to take reasonable risks in their lives which supported their personal development. At this inspection we saw a number of people planning to go to the

local sports facility to use the cycle track. One person told us how they would have been prevented from doing such an activity before moving to Welwyn as it would have been described as "dangerous". Another person said, "I may fall but I want to do it". We saw people taking part in cycle races on adapted equipment. We saw one person shouting, "Faster" whilst laughing and showing they were having a good time. Staff we spoke with told us the risks of not doing such an activity far outweighed any potential risks of harm. One staff member said, "Sometimes doing something that makes you a little scared makes you feel alive. Why would we deny the people we support that".

The provider and registered manager had a very positive insight into risk. They told us they recognised the risks that overly protecting people could have including preventing access to opportunities afforded to people such as sports. The registered manager told us that risk taking was also about emotional development. Fear, excitement and joy can also come from experiencing something which can be a little scary. They said, "Risk has to be managed but it should never prevent reasonable opportunities for people to experience life".

We saw assessments of risk were completed for people which included individual assessment of risk, for example mobility. Domestic pieces of equipment were risk assessed to ensure people could use them safely.

Staff we spoke with knew the individual risks associated with the people they supported and enabled them to make positive and informed decisions based on risk and experience. The head of care and support told us when it comes to risk, "You don't have to be innovative and reinvent the wheel. You have to do the basics but you need to do them properly and put the person first. Never forget what people want to do".

The provider demonstrated an approach to risk which was not restrictive for the people they supported. They saw it as an opportunity for people to develop personal and emotional coping skills which people could transfer into all areas of their lives. The head of care and support told us sometimes they supported people who had through no fault of their own experienced restriction throughout their lives. They went on to say this could have been because of individuals' profound and complex physical and behavioural needs. The head of care and support told us, "Someone should not be discriminated against and prevented from taking part in the things that you and I do because they have a disability. This is often unconscious discrimination because people were afraid to take risks". However, they said, "If someone experienced restriction based on risk then we now see it as an opportunity to explore something different with them".

This overarching approach to risk management resulted in people experiencing activities they might not have experienced before. These included giving talks and presentation to others about risk and how it affected them as individuals. Other experiences included establishing enterprises like car valeting which built on people's interests whilst taking account of acceptable risks to promote the wishes of the person. People's educational interests were promoted to include vocational skill building which would normally be prevented had risk not been managed effectively. For example, one person's interests in equine management and care was developed which accounted for the potential for risk to them and others. This activity included the emotional recognition skills for one person so that they could relate their experience to other areas of their lives. One staff member told us, "The skill [person's name] gained from this enabled them to do other activities like boat rides on holiday. This was because they could then manage emotions like excitement and fear without it becoming a problem".

The provider had robust systems in place to manage the risk from any equipment used or the physical environment people lived in. One person told us if there was an issue they would report it themselves with the help of staff and get it fixed. At this inspection we saw the registered manager identify a potential



tripping hazard. This was reported immediately and this was responded to by the maintenance team who made the area safe. The registered manager told us "I must let [person's name] know when they get back. They would be interested in what needs to be done". The registered manager told us details of repairs are passed on to people who are interested in their own home and with the maintenance. The registered manager told us they have a very good maintenance team who won a learner and staff nominated award for their dedication last year.

Incidents were fully investigated with emphasis on learning and prevention. We saw the records of one incident where a physical intervention needed to be used by staff members. Details were recorded and the incident was reviewed by a specially trained staff member in positive behaviour support. There were actions identified as part of this review including a recommendation to "stay one step ahead" and predict and prevent repeated incidents. Staff we spoke with were able to tell us about the incident and what needed to be done to minimise the risk of a repeated incident in the future. This showed us that learning from such incidents was passed to staff so they could support people safely.

One staff member told us following risks identified with one person's car travel an adapted form of communication was introduced. This was done with the help of the provider's speech and language therapists (SALT). This was after someone started to be anxious when travelling in a vehicle. They introduced "now and next" cards so the person could understand what was happening including a return to their home after an activity has finished. It was noted by staff that there was a significant reduction in anxiety for this person. One relative told us, "[Person's name] used to get very upset when in the car. We use the cards we were given by [provider] and there hasn't been an incident since". The provider took active measures to learn from any incidents and to prevent future reoccurrence. People benefited from assistance of a staff team who were proactive in identifying points of anxiety and helping people through such times consistently.

People and staff told us there were enough staff to meet their needs. One person told us, "I can do what I want when I say". The registered manager told us, "We adapt our staffing levels when this is needed for example in emergencies or with significant changes in need". At this inspection we saw staff were available to meet people's needs and to encourage personal development.

Staff members told us before they were allowed to start work that checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes if needed.

We looked at how people were supported with their medicines. People were safely supported to take their medicines by trained and competent staff members. One person told us, "I know what I need to take. I tell them (staff) when I want them". Staff told us they assisted people to take their own medicines when possible. When this was not possible staff were trained in safe administration of medicines and could help people. Staff members told us they completed medicine training and were then assessed to ensure they were competent before helping people. If errors did occur staff were aware of the action they needed to take including seeking medical advice. One staff member told us, "We were all told about an error with someone's medicine. No one was harmed but it is important that we all know what happened so we don't do the same". The registered manager told us, "An error occurred. It was fully investigated and one of the identified outcomes was to let everyone know what happened so they would be vigilant and prevent it from happening again".

We looked at "as required" medicine and how people safely received this. One person told us, "When I need my medicine I let staff know and I get it quickly". Staff told us there were guidelines in place for each person they supported. They said these helped to make sure people got their medicines as prescribed and keep them safe and well.

# Is the service effective?

## Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One relative told us, "I think the staff are very skilled at what they do and what they achieve". Staff told us they felt well trained and supported. Staff members said they felt the level of training was exceptional and enabled them to support people with complex needs. One staff member told us, "When I first started I had the chance to accompany other staff and see what they were doing. I was able to meet and chat with people so they could tell me how they wanted me to be with them". Another staff member said, "You are coming into someone's home. It is only right that they get the opportunity to tell you how they like things". People received induction training that equipped them with the necessary skills and knowledge to work with people.

Initial training included health and safety, communication techniques and how to keep people safe. There was a training programme available to staff with adapted training specific to those living at Welwyn. One staff member said, "They [provider] identified we would need specific training for one particular medical condition. We were all provided with the training immediately and this allowed us to support [person's name] consistently". One person told us they went to the hydro pool to do their exercises. Staff were trained in the benefits of water therapy. The provider had employed a physiotherapist team to work with people and staff. One staff member told us, "I received training in order to help people when at the hydro pool. It isn't just a swim but helps people to maintain their mobility".

Another staff member told us they had recently completed postural management training and understood how to support someone correctly. A physiotherapist told us staff were trained in the understanding of postural management and how to assist people with restrictive movements appropriately. This was to develop their current levels of mobility and to prevent any deterioration in their abilities. Training was adapted to meet the needs of people and additional resources were made available when necessary by the provider.

Staff told us they felt empowered by the training they received to provide quality care and support for people. One staff member told us they undertook some training which was specific to the medical needs of someone they supported. Initially after this training they felt skilled and knowledgeable about what they were required to do but also why it was important that they did it. They were able to tell us about the benefits of the training they received for the person. Following this training they felt they needed to revisit the teaching to fully understand some of the complex elements of the support to be provided. They approached their manager and undertook the training again. The staff member told us they felt confident in approaching the registered manager and seeking additional support and training in order to support people appropriately.

Staff told us they were able to openly and confidently identify areas in their training they needed to develop. One staff member said, "It is not an admission that you don't know something. It is an opportunity to learn something and to be better at what you do". We saw people putting their training into practice. We saw staff talking to people about their training and involved them in what they learnt. For example, we saw one

person and a staff member talking about their position whilst sitting and the staff member explaining the importance of a correct position.

People received care and support from a staff team who felt supported in their role. Staff received regular one to one meetings with senior staff members. One staff member said, "We use this as an opportunity to talk about what has gone well and what needs improvement. There is no point just being told everything is fine. We also need direction how to constantly improve and move forward for those we support". We saw staff members asking more experienced staff on how to do things and why. They were provided with explanations and guidance they needed.

There was a culture of open communication and mutual support between staff and the management team. One staff member said, "It truly is the case of no question is a silly question". One staff member showed us a copy of their annual appraisal. The said as part of the appraisal process they identified what they did well and what they could improve on. There was a clear action plan in place for the staff member including targets to reach and with the support and training they needed to reach them. Staff members felt able to seek support and guidance from any member of the management team including the registered manager, head of care and support and chief executive.

People were asked for their consent and permission prior to staff assisting them with personal care. One person said, "They (staff) ask me all the time what I want them to do. If they didn't I would tell them". We saw people had been involved in discussions about planning their holidays and where to go. One staff member said, "You are helping someone to live their life so it is important to make sure they are in control of it". The registered manager told us people's capacity to make decisions was assessed and reviewed regularly or when needed. The registered manager and staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff followed the principles of the Mental Capacity Act when making decisions for people in their best interest. 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. 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. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection the provider had made appropriate DoLS applications and were supporting people in the least restrictive way possible.

The registered manager told us the provider was recognised as a national centre of excellence for non-abusive psychological and physical intervention. They went on to say their emphasis was on rewarding positive behaviours. Any incidents which required the physical intervention of staff were fully recorded. We saw records of monitoring of interventions which included a full account of the incident. The registered manager told us the focus of such a record was to identify any lessons learnt and to ensure the action taken was proportionate to the incident. The registered manager also told us they completed these reviews to be sure any interventions complied with current legislation.

People told us they had a full say in what and when they ate. One person told us they liked spicy food including curries and noodles. We saw this person talking with staff and agreeing between them a spicy dish for tea. We saw this person helped to prepare the meal and staff talked with them throughout about food and keeping healthy. One relative told us, "[Person's name] loves to be involved in the kitchen and eating what they have cooked. It's great and a pleasure to see". Staff were knowledgeable about peoples dietary

requirements. Staff knew what specialised diets people needed including helping to maintain a balanced diet which promoted well-being. We saw people's weights were monitored. When one person's weight loss became a concern staff identified it and sought assistance from medical professionals. We saw people had specialised information cards which staff followed. These cards informed staff about specific dietary requirements including what assistance they preferred, any adapted equipment they liked to use, any allergies and personal likes and dislikes.

People had access to healthcare services, including GP, district nurses and dentists and were supported to maintain good health. One person told us, "If I feel unwell they (staff) always sort it". Staff told us they are able to contact the GP whenever anyone required it. We saw records of health checks and staff followed up on any recommendations made. We saw referrals to health services were made quickly when changes were noted in people health or behaviour. One staff member said, "As we work with people we can notice if something is not quite right with them. If we are concerned or if they ask we will always seek assistance". Staff were able to tell us the latest changes in people's health and anything they needed to do to help keep people well.

## Is the service caring?

### Our findings

We saw people supported by staff in a way that was kind, respectful and empowering. When talking about the staff one person said, "Love them". Another person told us all the staff were nice. We saw people and staff laughing and joking throughout our inspection. One relative told us, "The staff are brilliant, there is not a single fault I could think of". The registered manager told us they believed everyone had a role to play in society and everyone mattered. We asked families what they believed to be the biggest achievement for their loved ones whilst at Welwyn. One relative said, "I would say [person's name] biggest achievement has to be their self-esteem. They now have a sense of self-worth I have never seen in them before". Another told us, "[Person's name] refers to Welwyn as their home. I know it is selfish to feel sad when they say that but I am delighted they have got to a point in their lives when they can say it".

People felt that they mattered and were valued by those they lived with and whom supported them. People had developed positive relationships with staff. Staff showed interest in the people they supported. They were aware of their individual likes, dislikes and personal histories. Staff were able to tell us about peoples "high and low points" in their lives. One staff member said, "Sometimes things go wrong in people's lives. If we understand then we can support people better".

We saw one person start to become anxious. Staff talked with them and used the person's individual forms of communication to help ease their anxiety before they became too upset. Staff were aware of people's individual stresses and anxieties and took proactive steps to assist them through difficult times. We saw staff using techniques to help someone understand days and times to help manage their feelings before an activity. One staff member told us people should be able to feel and express their emotions. They said, "Sometimes these emotions spill over but we try to help someone work through what they are feeling".

We saw people making decisions about what they wanted to do, where they wanted to go and making plans for later in their week. Relatives told us staff had the skills they needed to communicate with people effectively and consistently. One relative said, "They [provider] had developed [person's name] communication style. We were involved and kept up to date with the improvements. This made sure we could also communicate effectively with [person's name] when they visited".

Effective communication was embraced and promoted by all those providing support for people living at Welwyn. We saw staff using a number of communication techniques adapted and specific to those they supported. These included speech, sign, gestures and pictures designed around the person's personal needs. The provider had employed a speech and language therapist (SaLT) team who provided specialised knowledge, training and adaptations for those receiving support. We saw members of the SALT team supporting people with both leisure and educational activities. A member of the SALT team was assisting in a leisure activity. We were told by the SALT team member that they assisted people with their activities to reinforce their learning in practical situations. They were also there to help and guide staff on their approach to people and maximise the benefits of individual communication styles. One staff member told us if someone is developing their personal communication they need the opportunity to practice and this should be promoted by everyone they come into contact with. Relatives we spoke with told us they were kept

informed about any changes in communication so they could support their family member consistently and reinforce any changes they have made.

We saw staff were aware of and adapted their styles of communication to the person they supported. One staff member told us, "Everyone needs to know how you communicate with people. This includes the person, the physiotherapist and even the cashier at the supermarket. That way communication becomes a way of life for someone". Another staff member said, "If we don't understand what someone is telling us then it is our problem, not theirs, and we should do something about it and learn how the person communicates". One speech and language therapist told us because of the exceptional way staff at Welwyn promoted communication they had nominated them for a special recognition award.

Staff at Welwyn had established a communication club for people with the assistance of the SALT team and the registered manager. One person told us, "I go to the club to talk to people". A staff member told us the club meets once a week and involves people from other locations with similar communication styles. This gives people the opportunity to meet and practice their own skills with others. One staff member said, "This way it is a social occasion and not a teaching session. You make it fun and people want to come and practice". On this inspection we saw people had made the decision to meet outside of the home. One person said, "It's a nice day so we are going to meet outside". The head of care and support told us, "We believe that communication must be embedded in everything that we do. People have individual communication methods and staff adopt a person centred approach to ensure communication is tailored to the individual".

We saw information was displayed in easy to read formats for people to look at. This included menus, activities and what to do if they were not happy about something. People had access to advocacy should they require someone to speak up on their behalf. One advocate told us, "We talk and meet regularly. My role is to support [person's name] to express themselves and to make sure they understand any decisions they wish to make which includes where they want to live". The registered manager told us the majority of people were able to use their skills and communicate with them in a way that suited them. However sometimes there were more complicated decisions that needed to be made and then the support of families and advocates are used.

People told us their privacy and dignity was respected by staff when they supported them. We saw staff ask for people's permission as they moved around their home and when entering their rooms. One person said, "They treat me fine". We saw staff going to assist people with their personal care whilst maintaining their privacy and dignity. We saw one staff member assisting someone in a very discreet and sensitive way. Later this staff member told us, "Just because something has happened doesn't mean someone should be embarrassed". We saw people being involved in their home by cooking, preparing drinks and helping with the washing. One staff member told us, "It is their home. They should be involved in maintaining it and keeping it as they want". Staff told us dignity and respect is promoted by involving people in their own home and by demonstrating that they matter. One staff member told us, "You should always encourage someone's individual skills and help promote independence. Even the little things matter".

We asked one staff member about the process they follow when sharing confidential information about someone. This staff member said, "It's not up to me to share any information or not. For example: if a GP wants to know something I go with [person's name] and the GP can ask them what they want to know. It's their information and they should be the ones deciding who needs to know something about them". We saw people had their private and confidential information securely stored and people told us they could access it whenever they wanted.



## Is the service responsive?

### Our findings

People and those that mattered to them were involved in their care and support plans. One person said, "We talk about what I want". One relative said, "We meet on a regular basis and discuss what has changed in [person's name] life". We saw plans were in a format which people could understand. People were able to tell us what was in their plans and showed us parts which they thought important to them including activities and communication sections. Care and support plans were individual to the person and reviewed regularly with the person and any family members they wanted. One relative told us that during care plan reviews the focus was always on what the person can achieve next. The provider used a keyworker system to support people. One staff member told us, "I am a keyworker for [person's name]. As well as helping them with day to day things I help them to identify what is going well and what they would like to improve on. We always look towards what they can achieve next

In addition to people's care and support plans we saw people had a "dreams book". People told us this book contained information about what they want they have achieved so far and what they want to achieve next. One person showed us what they had achieved. These included personal aspirations for example, they wanted to go to a music concert and they showed us pictures of them at a rock concert. We saw many examples of people achieving individual goals which were personal to them. One person told us about their fears and anxieties and how they didn't like crowds. This person then showed us photos of them standing and performing in front of people. This person told us how staff at Welwyn supported them to achieve what they wanted and encouraged them. The registered manager told us the people they supported often needed a lot of support to achieve what others could describe as inconsequential. For example going to the theatre could be a major achievement for someone. To achieve this they spoke with the person about what they wanted and broke down the activity into many manageable steps for the person to achieve. We saw pictures of this person and their friends enjoying a full performance at a theatre. We spoke with this person who showed us the next performance they were planning on attending. Another person we spoke with showed us one of their major achievements. They had attended a family occasion and were fully involved in the celebration. This was something the person indicated could not have been achieved without the support of staff from Welwyn.

The registered manager and head of care and support told us they assisted people in a number of ways to achieve their personal aspirations. These included breaking activities into small achievable goals to build a sense of achievement and to maintain motivation. However, the main point they informed us for assisting people to achieve their goals was communication. They looked at different methods to engage the person to learn what they wanted and then used personally adapted methods to communicate and engage people to reach their ambitions. Staff told us how they engaged those employed at a local supermarket and café in people's communication methods. For example: when a personalised method of communication changed a staff member would go ahead of the person into the café or supermarket and explain the change to staff members working there. This ensured that when the person arrived and placed their order the cashier or other staff member was familiar with the changes and could better interact with them. The result was that people were able to use their personalised communication styles in everyday situations increasing their social interaction and confidence and reducing the reliance on staff members.



One person told us about their interest in cars. They said they went to a car show and liked to keep cars clean. Staff members told us how they built on this person's interest to develop the vocational skills and promote physical movement through exercise. This person started to wash cars at their home with the assistance of staff members which promoted stretching exercises as well as skills in valeting. This has now expanded with the person advertising their car cleaning to those living locally. One staff member told us, "It is always about taking something and expanding on it at the person's own pace".

The provider had systems in place to ensure changes in health were fully understood by staff in order to deliver consistent care. For example, during one period of hospital inpatient care the provider ensured their own physiotherapy team was fully involved with the person's discharge. The physiotherapy team undertook relevant assessments in the hospital to ensure the person received a safe discharge. They ensured staff had the skills and training to manage any changes in the person's needs. They also consulted on any adaptations which could be required to ensure safe recovery at their home with a skilled staff team supporting them. The provider's physiotherapy team provided assistance and guidance for this person following their return home to ensure continuity of support remained.

We saw people involved in a full range of educational, vocational and leisure activities. One person told us, "I am never in". These included regular attendance at a college where people could achieve educational qualifications and work placements at a local library which gave people the opportunity to practice their skills in a public service environment. Leisure activities involved what the people themselves wanted to do.

We saw people going out to a number of activities taking place during this inspection including cycle club, shopping and college. One person told us about their interest in horses. As a result they had attended riding sessions and were learning to ride. With the assistance of staff and the SaLT team this person was developing their skills and knowledge in equestrian care. Their enjoyment of riding was built upon to not only provide social engagement but used as an opportunity to stimulate learning. This person showed us how they were planning their next holiday to include what they had learnt so far about horses and how they were going to use these skills when on vacation. The registered manager told us, "It was great to do fun activities but the reality was people do have to work in life and activities should be an opportunity to develop skills".

People told us about having fun and what they did to relax. One person told us they liked to play pool and go to the pub. We saw one person letting staff know what they wanted to do later in the day to relax and we saw this happen. The registered manager told us they had to creatively think in order to identify ways to engage people in activities they would find stimulating. We saw a newly created walking group had been developed with people at Welwyn. This involved invitations to others living locally. One speech and language therapist told us "learning is not just restricted to the class room. The reality is people should be able to use their skill in real life and this is what we aim to do by presenting such situations for people we support".

Families and advocates felt as involved as they wanted to be with the people living at Welwyn. Relatives told us they were fully informed about changes in health as and when they occurred. One relative told us, "We are always kept informed of any changes. Because we see [person's name] so often we promote what they have learnt so we can be consistent and not undermine the achievements they have made". People were free to see families and friends whenever they wanted and people were supported to visit families in their home. One person told us about when they were unable to go to a family member's home on one occasion through no fault of their own. Instead they arranged a large party with friends and family at Welwyn. One staff member told us they recognised this person may become upset and so looked to engage them in arranging a social occasion where they could be fully involved. This person showed us pictures of the party

and told us how much they enjoyed it.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. One person said, "I can just tell them (staff) if something is wrong". We saw people had adapted methods of making their concerns known to staff. These included flash cards which people could give to staff indicating they were upset about something. One staff member said, "If someone gives us one of these cards we know something is not right. We will take the time immediately to encourage the person to let us know what is wrong". Relatives we spoke with were confident any concerns raised would be responded to fully. One relative said, "We did have to raise a concern on one occasion. There was no harm at all but we were just not happy about something. We were provided with an apology and a full explanation regarding the situation. Sometimes just receiving an understanding about something is all it needs. They [registered manager] responded immediately". We saw details of full investigations into any complaints. These included a full explanation to the complainant along with an opportunity for them to ask additional questions which were responded to in full. The registered manager told us all complaints or concerns were fully investigated and opportunities to improve practice were identified. People and relatives we spoke with were confident any issue raised would be addressed appropriately and felt their voice was heard and valued by the provider.

## Is the service well-led?

### Our findings

People told us they knew who the management team were. We saw people openly chatting and laughing with the registered manager and the head of care and support in a relaxed and homely environment. People told us who the chief executive was and that they saw them regularly.

People told us they felt involved in decisions about the service that was provided and that they were listened to by all staff and their suggestions valued. People were involved in regular house meetings where they could discuss things that were important to them. People told us that they were included in decisions about their home including decoration schemes in communal areas, what films to watch on film night and what activities to do on their holiday.

One staff member told us, "Some people don't like coming into the home meetings so can come and go as they want. We always talk to the person beforehand to get their thoughts on something and then feedback afterwards any decisions. [Person's name] is slowly spending more and more time in the meeting and becoming more and more involved". We saw one person making a suggestion about the location of their next afternoon club. This was discussed with a staff member who actioned the wishes of the person.

People received a regular newsletter specific to Welwyn which included developments in their home. One person showed us a copy of this newsletter which they kept to refer to whenever they wanted. People told us they were involved in the recruitment decisions regarding potential staff members. One person said, "I ask the questions about keeping me safe". One staff member told us during their recruitment as part of the interview process they were interviewed by those they would be supporting at Welwyn. They said, "I think it was important for the person to be involved as we were coming into their lives and it was only right they had a say".

People were provided with questionnaires which asked them about things they liked and what they wanted to change. These were in a format they could understand and when needed staff members sat with them and helped them say what they wanted. These were collected by the management team and changes made when needed. For example, one person indicated they didn't like one particular noise at night as they were disturbed by it. We saw the management team had taken action to correct this and approached the person to see if they were alright about it. Relatives we spoke with told us they were given the opportunity to provide feedback during the individual's reviews or at any other time they wanted. Those we spoke with told us they did not have any suggestions about improvements or changes but were confident any suggestion made would be valued and actioned.

People, staff and relatives we spoke with told us they believed the management team to be open and transparent. Any concerns or incidents were fully investigated and information was provided to people and staff where it was needed. The management team took the learning from incidents to improve practice and to drive any improvements needed. The head of care and support told us, "Sometimes things do go wrong. What we need to do is learn from such things and make changes. We also make sure we let people know if something was wrong as hopefully they will maintain confidence in us".

Staff told us they felt appreciated and their views and opinions were valued by the provider. One staff member told us, "We share information between ourselves everyday as part of the handover process but we also have regular team meetings. This is the opportunity for us to contribute to the home and make suggestions". Staff had the opportunity to attend an annual provider conference. The latest conference was themed to promote communication. One staff member told us, "I came away feeling motivated. As a team we talked about it for weeks and immediately thought what can we do differently to improve the lives of those we support". Another staff member told us, "I know it sounds cheesy but after the conference I truly felt part of a team". Staff understood what was expected of them in their roles and felt motivated to improve the quality of lives for those they supported. Staff were aware of the provider's whistle-blowing procedures and knew where contact information was located should they need to raise a concern.

Staff and the registered manager told us about the values they follow. One staff member said, "We strive to be open and honest and always put the person first. We promote independence and support people to live the life they want". We saw staff and the management team reflecting these values in their day to day interactions with people. Independence was promoted by staff encouraging skill development and the general atmosphere was one of inclusion and respect for those they supported. The registered manager told us they did not look at restrictions in people's lives but opportunities for development. People we spoke with felt in control of their lives and were supported in a way they desired and were motivated to achieve their goals and aspirations. The head of care and support told us as a provider they allocated additional resources including speech and language therapy and physiotherapy. This was to ensure people received support which met their needs without delay and also staff were educated to provide consistent and appropriate support. A speech and language therapist told us the improvements made in terms of people's communication was "exemplary". They said, "As an organisation they needed to embrace what had been achieved at Welwyn and looked to how they could replicate it elsewhere". The registered manager told us that with the permission of people they invited other registered managers into Welwyn to see what they did to improve people's communication. The registered manager told us as a provider they embraced achievement and shared best practice. If something went well they look at what it was that made it so good and share this with others so people throughout the organisation can benefit.

People living at Welwyn had strong community links and took part in activities in their local community. One community volunteer told us how impressed they were with the Welwyn staff's approach to an activity and without their support this activity would have to close. We saw staff from Welwyn actively promoting this activity to others to ensure its continued success. Following one person's development identified in their "dreams book" staff worked with them on their next step. They have approached neighbours and those living in the immediate community to build on what the person had already achieved. The registered manager told us people are part of their community and are very involved in local activities. At this inspection we saw people going out to use local facilities including recreation centres and shops.

At this inspection there was a registered manager in place. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns. The registered manager told us they maintained their professional development by attending regular training sessions, management meetings and external courses.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, as part of recent

quality checks a number of areas of improvement were identified. These included repairs to the home. During this inspection we saw a maintenance team completing the repairs identified in the quality checks.