

Condover College Limited Walford Lodge

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Walford Lodge is a residential care home providing personal care to six people with learning disabilities under the age of 65. The service can support up to a maximum of six people.

The home is split over two levels with bedrooms situated on both the ground and first floor. People have access to ensuite toilets and shared communal bathrooms. People were able to move around the home freely and have access to outside space. The home is located close to local amenities and has accessible transport to support people to attend college placements and activities outside of the local area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People were safeguarded from harm by staff who had received the relevant training. Risks to people's safety were assessed and clear guidance was in place to explain to staff how to mitigate any known risk. People were supported by staff who had been recruited following safe recruitment procedures. People received their medicine on time and were protected from the risk of infection. Accident and incident forms were completed, and lessons were learnt when things went wrong.

People's care needs were assessed, and staff received training that enabled them to meet people's needs. People were supported to maintain a balanced diet and had access to fluids and snacks. Systems were in place to ensure information was shared when necessary. For example, when accessing health care. The building was adapted to meet people's needs and people had access to outside space.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were treated with kindness and supported to express their opinion wherever possible. People's dignity was protected, and people were encouraged to maintain develop their independence.

People's care was personalised to their individual needs and people had access to activities they were known to enjoy. Staff used alternative means of communication such as photographs to assist people in the exchange of information. People were supported to maintain relationships and attend family events. A complaints procedure was in place. No one was in receipt of end of life care however advance decisions were in place for some people.

People were supported by a staff team who worked well together and felt supported. Staff were open and honest when something went wrong. Regular audits were in place and monitored to ensure people received a good service. Staff attended regular team meetings and updated families of up and coming events via a newsletter. Staff were supported to maintain up to date knowledge and the provider worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our methodology.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Walford Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Walford Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since they became registered with the commission. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service however due to people's limited communication skills we

spent greater time observing people's interactions with the staff team and their engagement with the activities being presented to them. We spoke with one relative and six members of staff including the head of care and support, registered manager, care workers, head of domestic services and the quality lead for the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, maintenance records, handover sheets and the training matrix.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and accident and incident analysis.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who had received training in recognising the signs of abuse and had the confidence to speak up if concerned. One staff member told us, "Staff would all say something if they were worried about someone's welfare."
- Staff had access to clear policies and procedures that they could access at any time.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed by the provider.
- Risk assessments were detailed, and in several instances, pictures were used to ensure staff were clear on exactly how to mitigate risk. For example, when using a hoist to transfer someone or when settling a person in bed using a sleep system that supported the person's posture.
- Health and safety checks were completed in the property on a regular basis. Documentation was seen evidencing the relevant property assessments had been completed. Such as a fire risk assessment, electrical wiring certificate and portable appliance testing.

Staffing and recruitment

- People were supported by sufficient numbers of staff although we found the rota was frequently completed at short notice due to a number of vacancies in the service. We reviewed previous rota's and could see that shifts had been covered.
- We were informed two new staff members had been recruited and were soon to be starting at the service. Currently unfulfilled shifts were covered by relief staff or staff coming from other services managed by the provider.
- New staff were recruited following safe recruitment procedures which included, checking people's qualifications, background and character.

Using medicines safely

- People received their medicine as prescribed, from staff who had been trained.
- People's medicine was stored securely, and room temperatures were checked daily to ensure medicine remained safe to administer. We observed that action had been taken during a recent heatwave to reduce the temperature in the room.
- Protocols were in place for the use of pain relief medicine given on an 'as required' basis.' We discussed with the provider the need to ensure all reasons for administration were clear. Within the records it was not always clear what pain staff felt they were targeting and whether it was effective.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination by effective controls being in place. The property was clean throughout and records indicated staff were completing allocated cleaning tasks to the standard required.
- Infection control was overseen by a dedicated person in the organisation. Their role was to ensure the correct cleaning materials and Personal Protective Equipment (PPE) such as, gloves and aprons, were available and used as directed. They told us, "I monitor all our homes and carry out regular audits to ensure the standards are met."
- Regular infection control audits were completed and analysed by the provider.

Learning lessons when things go wrong

- Accident and incident forms were completed by staff as required.
- Completed forms were analysed by the registered manager and then forwarded to the provider's head office for review by the senior management team. Lessons learnt were shared within the staff team and across the organisation where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed upon admission and reviewed on a regular basis. Some people had moved in to the service to access the further education college that was managed by the provider.
- Care plans contained detailed information about people's specific needs and how the staff needed to help meet those needs. Where people had specific conditions, we saw that the service had included information about the condition to increase the knowledge and awareness of the team.
- Information written by professionals who had been involved in the persons care was included in care plans to ensure staff understood where specific recommendations had come from. For example, speech and language therapy.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training appropriate to their role.
- We spoke to one relative who told us, "Staff appear to have the right skill set to support [relative]"
- New staff received an in-depth induction and all staff received regular supervision with the registered manager.
- We checked the training matrix for the service and observed that several of the staff had received specialist training to be able to support people's complex needs. For example, postural management and gastric feeding.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and had regular access to drinks and snacks.
- Menu choices were pictorial to enable people to choose what they wanted.
- People who received their nutrition via a gastric tube had clear and detail protocols in place to ensure staff knew exactly what people required and when. People who received their nutrition via a tube were still permitted the opportunity to taste foods in a prescribed way.

Staff working with other agencies to provide consistent, effective, timely care

- Systems and processes were in place to ensure people needs were communicated to other agencies. For example, information was shared between the home and the college to ensure people received a seamless service.

Adapting service, design, decoration to meet people's

- People lived in a building that had been fully adapted to meet the needs. The home was well decorated, and people had space to move around and spend time in different areas.

- Specialised equipment was available to meet people's needs. For example, bathrooms contained equipment that enabled people with limited mobility to have a bath.
- People had access to outside space. A garden was situated at the rear of the property that one person used throughout the inspection.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health care and it was clear within the care files the professionals who were involved.
- People had regular access to physio therapy and a time table was in place to indicate when people needed to attend.
- Health action plans and hospital passports were in place to ensure the correct information was shared should someone need to spend any time in hospital.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to make decisions had been assessed in line with the principals of the MCA.
- Applications to deprive people of their liberty had been made and were pending assessment by the local authority.
- Restrictions placed upon people were proportionate and had been assessed to be in people's best interests. For example, constant care and supervision and the use of lap belts when using a wheelchair.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a staff team who knew them well and treated them with kindness. Staff who usually worked in other services and were covering shifts, had enough knowledge of people to provide continuity of care.
- Some people did appear upset at varying points during the day. Staff responded sensitively and took it in turns to try to lift the mood of the individual.
- One relative told us, "My [relative] is happy here, they are well supported and like the quiet environment."
- People's characteristics such as their religion and ethnicity were recorded on their care plan. We saw that consideration was given to a person's family religion when certain activities were being planned. We discussed with the provider the need to include information about people's sexuality, even if the response was that the sexuality was unknown. This would ensure the subject was given due consideration.

Supporting people to express their views and be involved in making decisions about their care

- Staff were observed communicating with people and asking their opinion on day to day decisions, such as food choices, activities, and where they wanted to be in the home.
- Most people living at Walford lodge had very limited verbal communication skills however the staff that knew them well were able to interpret people's body language and vocalisation.
- One person had an electronic device that supported their communication. Staff used it to ensure the person was able to provide feedback to questions. We were shown a demonstration by the person on how it worked and the choices of words available to them.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was protected. Personal care was carried out behind closed doors and people were supported to maintain a clean and tidy appearance.
- Attention was given within the property to promote people's dignity further. The property had large windows to the front which were subtly screened so that people walking past the property could not see directly in.
- People were encouraged to maintain and develop their independence. People had aids that would enable them to eat independently and ensure staff support was kept to a minimum.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to have as much choice and control over their life, as possible.
- We observed one person who was unsettled due to having new equipment fitted in their bedroom. They were supported by staff who understood their body language and behaviour and could engage them in their known likes and interests. The person was enabled to check on their bedroom while work was ongoing. This promoted the feeling of inclusion.
- People who attended college were supported to meet their timetable and all were supported to have an active presence in the community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was following the Accessible Information Standard
- People living at Walford Lodge had high communication needs. Documents had been produced as easy read and communication systems were in place in the home to try and support people to receive information in a way they could understand. For example, menu choices were made with the use of photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain important relationships. One relative told us, "I can visit anytime and am always made to feel welcome."
- We saw people interacting with one another in the home and the involvement of friends and families being actively encouraged via the services newsletter.
- The registered manager recently supported one person to attend a family wedding and the person told us "It was a good day."

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and measures were in place to support people who may struggle to communicate when something was wrong.
- People had a poster in their bedroom with a detachable sign which they could give to staff to indicate "I need help!". Once received staff would then work with the person to find out what was wrong and how to

remedy the situation.

- There had been no formal complaints received by the service.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care.
- Advance decisions had been considered for some people and agreements were in place indicating best practice had been adopted.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by a staff team that worked well together and was supportive of each other. The registered manager had introduced a system that enabled staff to share positive feedback about one another and celebrate success.
- The registered manager told us, "I have worked for the provider for a long time and when I knew this home was opening I asked if I could take the lead. I wanted to start something from scratch and have been supported to develop myself and the service. I am very proud of what we have achieved."
- Staff told us that they were well supported and only when the service was short staffed was it difficult.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Information was shared with the appropriate person when things went wrong. One relative told us, "They keep me informed and let me know straight away if there is a problem."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Regular audits were completed in house and by the provider's own quality team. Any areas of improvement were recorded, and actions required to remedy. Comments were made when actions were completed.
- Handover sheets were completed daily to allow staff to identify day to day tasks that had been completed and any that were outstanding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Newsletters were produced on a regular basis to demonstrate and celebrate recent events in the service and highlight future activities. Newsletters were shared with family members to keep them up to date.
- Team meetings were held on a regular basis and staff were encouraged to contribute and share their ideas.
- Visitors were encouraged to provide feedback following time spent in the service. Comments were seen from health and social care professionals, families and trades people.

Continuous learning and improving care

- People were supported by a team that kept up to date with developments in the health and social care sector.
- Information was seen throughout the inspection the highlighted best practice in a range of different areas. For example, recognising the signs of sepsis.
- The provider held a number of development days throughout the year to ensure registered managers were able to update their knowledge and discuss how to implement new practice with the colleagues.

Working in partnership with others

- People accessed services across the county and the provider worked with other organisations to increase the opportunities available to people.
- The provider had adopted numerous initiatives to support with staff well-being. Some of which involved creating partnerships with organisations that promoted healthy living.