

Condover College Limited

The Wheatlands

Inspection report

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Tel: 01939261631

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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

This inspection took place on 31 May 2016 and was unannounced. At our previous inspection no improvements were identified as needed.

The Wheatlands is registered to provide accommodation with personal care to a maximum of nine people who have a learning disability, physical disability, sensory impairment or autistic spectrum disorder. There were seven people living at the home and two people staying with relatives on the day of our inspection.

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 supported by staff who had received training in and understood how to protect them from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe but did not restrict what they wanted to do. Staff knew how to and were confident in reporting any concerns they may have about a person's safety.

Staffing levels were monitored and kept under review to ensure there were sufficient staff to meet people's needs safely. Checks were completed on potential new staff to make sure they were suitable to work with people living at the home.

People were supported to take their medicines safely and when they needed them. Staff were familiar with people's preferences on how they wanted to be supported with their medicines and these were respected. Systems were in place to monitor staff practice and only staff who had been trained were able to give medicines.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and their colleagues.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff. Where people were unable to make their own decisions systems were in place to make sure these were made in their best interests by people who knew them.

People were supported to have a balanced diet and staff supported them to make their own choices about what they wanted to eat and drink. People's routine health needs were monitored by staff and appointments made as necessary.

People were supported by staff who knew them well and had positive relationships with them. Staff made sure people were involved in their own care and made sure they understood information that was given to them. People were treated with dignity and respect and they were encouraged to maintain their independence as much as they were able to.

People received care that was individual to them and were supported to spend their time how they wanted to. Staff worked with people and their relatives to make sure they had a full and varied life and kept in contact with others who were important to them. Changes in people's needs were recognised by staff and their support was adapted to meet these changing needs.

People and their relatives had opportunities to give their opinions on the service that was provided. They were kept up to date on what happened at the home and relatives thought communication with staff and management was good.

Staff created a positive environment within the home and worked for the benefit of the people who lived there. Systems were in place for the provider to monitor the quality of care provided and this was used to drive improvements at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who were trained to protect them from harm and abuse. Risks to people's safety were identified and measures were in place to help reduce these risks. There was enough staff to respond to and meet people's needs safely.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had the skills and knowledge to support them. Staff respected people's right to make their own decisions and supported them to do so. We saw that people were supported to eat and drink enough and access healthcare from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they were familiar with and had the opportunity to build positive relationships with. People received information in a way they could understand and were supported to make choices about their own care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and that was reviewed regularly. People were provided with opportunities to make comments or raise complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

Staff worked for the benefit of the people they cared for and supported. People were involved in what happened within the home. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

The Wheatlands

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 31 May 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed information held about the home. We looked at our own system 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. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

During the inspection we spoke with one person who lived at the home and three relatives. We spoke with six staff which included support staff, the registered manager, deputy manager, the care and support manager and one speech and language therapist. We viewed six records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed other records which related to quality monitoring and the management of the home.

We were unable to communicate verbally with everyone who used the service. We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

People were supported by staff who understood how to protect them from potential harm and abuse. Relatives told us they were happy their family member lived in a safe environment. They said staff supported their family member safely and that they had confidence in them. Staff understood how people could be discriminated against or abused and knew their responsibilities in keeping them safe. One staff member told us that because they knew the people they supported so well they could recognise, through their behaviour or body language, if they were unhappy. This would be important because people could not always verbally communicate their concerns to staff if they were being abused or discriminated against. All staff were able to tell us the procedures they would follow if they thought someone was at risk of harm.

People were protected by staff from the risks associated with their care and their environment. One relative told us that although staff needed to protect their family member this was balanced with their need to be independent so they were not restricted in what they wanted to do. We asked staff how they protected people and managed the risks to their safety. They told us they followed people's support plans and risk assessments. Information was shared about any new or potential risks to people's health and safety through handover meetings and from other staff. One staff member told us that training was important in being able to support people safely at all times and be aware of what could be a potential risk to people. We saw risk associated with people's mobility, medicines and environment had been assessed by staff and all staff we spoke with were aware of these. One person required bed rails to keep them safe in bed and this was managed in a way that reduced the risk to their safety and made sure their freedom was not unnecessarily restricted.

People were supported safely and their needs met by sufficient numbers of staff. Relatives told us that when they visited there were always enough staff around the home. One staff member told us the morning had been, "hectic" because they had a lower number of staff than usual. Because two people were staying with relatives the staff level had been reduced proportionately. We saw that this reduction in staffing did not impact on staff being able to meet people's needs safely. All staff we spoke with told us there were enough staff on duty to safely support people. The registered manager explained the staffing rationale for the home and told us extra staff would always work when needed. They said, "Routines are flexible and staff are flexible, (the service) is needs based". They told us that if people's needs changed or if they needed more support with outings staff would be asked to provide cover. We saw this was the case with outings that happened on the day of our inspection. Other staff and bank staff would be asked to provide cover at short notice if required, for example due to staff illness.

People were supported by staff who had received appropriate checks prior to starting work with them. We spoke with staff about the checks that had been done prior to them starting work at the home. They confirmed that the provider had requested their previous employers to provide references for them. They told us they had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks.

People were supported by staff to take their medicines when they needed them. We saw staff ask people if they wanted to take their medicine. One person was encouraged to sit down and was given their medicine with food. This was detailed in their care plan as their preferred way to take their medicine. Staff stayed with people whilst they took their medicine to ensure they had taken it safely. We saw staff recorded when people had taken their medicine. The registered manager told us that as a safeguard all medicine records were checked at the end of each shift. This made sure that the records were up to date and there were no discrepancies as to whether people had received their medicine. Staff were trained to administer medicines and their practice was monitored to ensure they were competent to support people safely. Where people needed 'as required' medicine, for example to manage a seizure, we saw that clear protocols had been put in place for staff to follow.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. All relatives we spoke with told us they had confidence in the staff's ability to support their family member. One relative told us training was one of the home's strengths. Another relative said, "They [staff] get lots of training. The longer they stay the better they get". All relatives thought the service was effective in meeting their family member's needs. The provider had their own Speech and Language Therapist (SaLT) team. People benefited from this because the SaLT team gave specialist knowledge and training to staff to enable them to effectively communicate with them.

We saw staff had the skills to support people and this included their ability to communicate in a variety of ways with them. Staff told us they received a lot of training in communication and there was a strong emphasis on this throughout Conover College. Staff told us they enjoyed the training they received and felt it gave them the skills they needed to support people. Staff were clear how their training benefitted the people they supported. One staff member said, "Our training keeps us grounded so we know how to support (people) this protects them and protects us as staff". Staff told us about their induction training which they said they enjoyed and was, "really thorough". They told us they learnt about the policies and procedures they needed to follow and completed a workbook which helped to improve their knowledge. New staff were supported by and worked alongside more experienced staff until they felt confident and were competent in their roles. All staff told us they received regular supervisions where they had one to one time with their manager. They had the opportunity to talk about any concerns they had, receive feedback on their performance and to request training.

People living at The Wheatlands were able to make their own decisions about their day to day care. People were supported by staff to give their consent and make decisions which affected their day to day lives. One staff member said, "They can all make their own (day to day) decisions. We give them options, use clear communication and make sure they understand, we use the communication they understand". We saw staff supported people to decide what they should wear, what they wanted to eat and drink and what they wanted to do with their time. Where people had limited verbal communication staff used alternate methods to ensure people had clear choices and could make their own decisions.

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. The provider worked closely with other professionals to ensure there was a joined up approach to people's care and support. This included being able to support people to make decisions about their care and making decisions on a person's behalf which was in their best interests. Staff had been trained and understood when they needed to follow the MCA to ensure decisions were made in people's best interests.

People can only be deprived of their liberty so that they can 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. The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. The provider had submitted DoL applications for four people and was waiting for these to be authorised. We saw that whilst these were awaiting authorisation plans were in place to keep these four people safe. Staff we spoke with were not clear on whether people had a DoL either in place or were waiting for authorisation. At the time of our inspection no one had a DoL authorised. We raised this with the registered manager who agreed they needed to improve staff knowledge of this. This is important as conditions can be applied to DoL authorisations that staff need to be aware of.

People were supported to have enough to eat and drink and maintain a well-balanced diet. One person confirmed they enjoyed the food at the home and they enjoyed trying new foods. One relative told us their family member was supported by staff in line with their eating plan which had been put in place by a speech and language therapist (SaLT). People were assessed and monitored by staff as to whether they had any risks associated with their eating and drinking. Where risk was identified advice was sought from other professionals. During our inspection we saw people were offered drinks and snacks and were able to ask for these. We saw that when people asked for snacks staff offered choices including healthy options such as fruit. A weekly menu planning meeting was held at the home. This was an opportunity for people to express their food likes and dislikes. Staff used picture cards and other methods of communication to ensure people were involved in the menu planning. Staff told us they also had 'taster meals' where people could try new foods to see if they wanted these on the menu.

People's healthcare needs were monitored by staff and people were supported to maintain good health. We saw people had yearly planners and health action plans where routine and other healthcare appointments were recorded. These also contained details of their health needs and the support people needed to maintain good health. The outcomes of health appointments were recorded and these were shared with family and staff to ensure they were kept up to date.

Is the service caring?

Our findings

People were supported by staff who had developed positive and caring relationships with them. One person confirmed the staff were nice, they were kind to them and looked after them well. Relatives told us staff knew their family member well and what their needs were. They told us their family members were happy living at The Wheatlands and had built strong relationships with staff. One relative said, "It's really obvious they [staff] care". When staff supported people they did so with kindness, consideration and patience. Staff knew people well and spent time talking and engaging with people in a way that made people smile and laugh. Staff did not rush people and took the time to work at the person's own pace.

People and their relatives were involved in making decisions about their own care and their goals for the future. People were supported by staff to identify their needs, hopes, dreams and what they wanted to achieve. This ranged from staff identifying how to support one person to make their own choices to another person working towards attending a large sporting event. One relative told us their family member was always involved when staff were looking for new things to do with them. One staff member said, "[People] have to be able to express their opinions, they have to take part in the process". Staff told us that in order for people to be involved in their care they needed to understand what was happening. Each person had a comprehensive 'communication profile'. They were supported by Speech and Language Therapists (SaLT) who worked closely with each person to assess and support their communication needs. Staff were confident when communicating with people and supported them to be involved in what was happening at the home and with their own care. We saw staff used signing, picture cards and reference objects to give people information in a way they could understand.

People were supported to identify what was important to them in their lives. Part of this was to identify which relationships were important to them and to maintain them. One relative told us their family member was supported by staff to keep in touch with family through the internet and with sending birthday cards. Relatives told us staff were always around when they visited and made them feel welcome at the home.

People were treated with dignity and had their privacy respected by staff. We saw staff help people to wipe their hands and mouth after they had eaten. People were encouraged to do this for themselves where they were able to. People were also encouraged to take responsibility for their own items. We saw one person being reminded and encouraged to get items they would need from their room prior to going out. One staff member said about the people they supported, "Treat them how you want to be treated yourself, let them know what we're doing, ask them if that's ok, make sure they have clean clothes and look presentable". Another staff member said, "Keep records secure and be aware of who has access to personal information". Staff spoke with people in a way that respected them by using their preferred names and making sure they understood what was communicated to them. Staff told us they were always conscious of the person's privacy and dignity when supporting them with any personal care. They told us they were always discreet when talking about sensitive matters and were aware of who else was around that may over hear these conversations.

Is the service responsive?

Our findings

People received care and support that was individual to them. One person confirmed they were happy with how staff supported them and that staff helped them in the way they wanted. Staff understood people's needs and adapted their care and support if their needs changed over time. One staff member said, "We don't have rigid routines, we are flexible in terms of what happens". Each person had an allocated staff member who worked closely with them to review and update their needs, goals and achievements. This staff member was called their keyworker. One staff member said, "Reviews are about the person, they have to take part in this". They told us this was an on-going process and more formal reviews were completed three and six monthly. Relatives told us they were encouraged to be involved at these reviews. They told us this was an opportunity for them to ask questions and make any comments or suggestions which staff took on board. Staff kept relatives up to date on any changes to their family member's health or support needs. Information from healthcare appointments were recorded and people's care plans updated if required. All staff were able to tell us about people's support needs and their individual preferences and information contained in people's care plans reflected what staff told us.

People were supported by staff who were responsive to changes to their routines. One person was due to go into hospital for an operation and staff were working with this person to create a social story about this. Staff were supported by the SaLT team to create a story that the person would understand. This was designed to help them become familiar with what would happen when they went to hospital. Staff told us it was important this person and others were kept involved and helped to understand any changes to their routines and environment.

People were supported to spend their time how they wanted to and to be supported by their preferred staff. One person told us they were going cooking later that day and they were very much looking forward to this. One relative told us that although their family member had a really good programme of events staff were always looking for new things to do. Staff told us they would try new things with people to gauge their reactions. If people liked it then they would pursue this, if not then staff would try something else. One staff member said, "We fit to their needs, not the other way around". People had clubs and events which they regularly attended including cookery classes, horse riding, hydrotherapy and drop in clubs and events which the provider organised. People were supported to maintain their own religious beliefs and staff had established links with the local community to enable this to happen. Staff told us they considered they had a diverse staff team with a wide range of interests. They told us this benefitted the people they supported because it meant there was always a member of staff with similar interests to support individual people with their hobbies.

People and their relatives were encouraged to give their views on the service, make complaints and raise concerns. People were supported by the registered manager to complete a questionnaire. They told us that because not everyone could give their opinion they looked for evidence to support the answer. For example, if the question was about the person liking their keyworker they would look for evidence of trust and a positive relationship between them such as the person was comfortable to go on new events with them. People had opportunities to give opinions through 'house meetings' and through working closely with their

keyworkers. Relatives all agreed that if they had complaints or concerns they would not hesitate to raise these with staff or the registered manager. They told us they also received questionnaires from the provider which asked for their opinions. The provider had systems in place for dealing with complaints and the complaints procedure was made accessible for people to understand. The registered manager had stated in their PIR that they had not received any complaints in the last 12 months and this was confirmed at our inspection.

Is the service well-led?

Our findings

People, relatives and staff were involved in the running of the home. Potential new staff were interviewed by people as part of the recruitment process. This gave people the opportunity to ask questions that were important and relevant to their needs such as whether they could drive or whether they enjoyed the same hobbies. One relative said, "There is very open communication and the service is constantly looking to improve". Relatives were complimentary about the provider's values which they gave as being all about the people who used the service. One relative put this down to the fact that Condover College was first established by parents and told us they believed these values had not changed. Staff echoed this value and told us the service was for the benefit of the people who used it. One staff member said, "We put people first, always". Relatives told us they received newsletters and were aware of what happened at the home and the provider as a whole. They were aware of the improvements that had been made and also that there were plans for a sensory garden at the home.

Staff were confident in their roles and told us they would not hesitate to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately. One staff member told us they had received a leaflet about whistleblowing during their induction and would refer to this if needed. All staff spoke about good teamwork within the home and within the company as a whole. All felt supported by the registered manager, the provider and by their colleagues.

The registered manager had been in post at The Wheatlands since January 2016 but had worked for the provider at other homes for a number of years. They understood their regulatory responsibilities with regards to notifying us of important events which happen at the home and statutory notifications were submitted appropriately. They told us they received regular visits from their line manager and felt supported by the provider in their role. The registered manager had resources available to help drive improvement which benefitted the people who lived at the home. We saw that new garden furniture had recently been purchased and plans were in place to improve the garden for people.

The provider had systems in place to assess, monitor and report on the quality of care provided at the home. The registered manager worked alongside staff and told us they were therefore able to observe staff practice and the quality of support given. They also kept an action plan which was updated following their own quality monitoring checks on the service. One of the provider's managers also completed quality checks at the home and their findings also fed into the action plan for the registered manager to address. Systems were in place to report on and monitor any accidents or incidents in the home and to learn from any errors that may occur. The provider had worked to raise staff awareness of their duty of candour and this was discussed at staff supervision to ensure staff understood their responsibilities. The registered manager attended meetings where the provider and other managers met and had the opportunity to share practice, reflect on incidents or errors which had occurred and use these findings to drive improvement throughout all of the provider's homes.