

Condover College Limited

The Crescent

Inspection report

1a-1b The Crescent
Bomere Heath
Shrewsbury
Shropshire
SY4 3PQ

Tel: 01939291841

Date of inspection visit:
07 September 2016

Date of publication:
18 October 2016

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

The inspection was carried out on 7 September 2016 and was unannounced.

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

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives felt staff kept their family members and their belongings safe. Staff knew how to identify poor practice and signs of abuse and how to report concerns. Where concerns had been identified these had been dealt with appropriately and action taken to prevent reoccurrence.

There were enough staff to support people's health and social needs. The provider had carried out recruitment checks to ensure prospective new employees were suitable to work with people living at the home.

People needs were assessed prior to moving into the home to ensure that the service could meet their needs and aspirations. Staff were aware of the risk associated with people's needs and took action to minimise these without restricting people's choice. Staff took appropriate action to deal with incidents and stop them happening again.

People were supported to take their medicines as prescribed and accurate records were maintained. Staff monitored people's health and arranged medicine reviews and health care appointments as required.

Staff sought people's consent before supporting them. Staff enabled to make their own decisions by explaining things to them in a way they could understand. Where people were unable to make certain decisions for themselves these were made in their best interest to protect their rights.

People were supported to choose and prepare their own meals and drinks. People's nutritional needs were routinely assessed monitored and reviewed. Staff provided support and equipment to enable people to eat independently.

People and relatives found staff friendly and caring. People were supported to keep in contact with friends and relatives. Staff treated people with dignity and respect and supported them to increase their independent living skills.

People were supported to lead fulfilled lives. Staff sought opportunities to broaden people's life experiences. People were supported to follow their dreams and aspirations.

Relatives had not found reason to complain but were confident that prompt actions would be taken to address them. The provider had a clear complaints procedure that was available in different formats.

There was a positive working culture at the home which encouraged open and honest communication. The registered manager had a clear vision for the service which was shared by staff. The provider sought the views of people, relatives and staff to drive improvements. The provider had a range of checks in place to monitor the quality and safety of the service.

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.

Relatives were confident that people and their belongings were kept safe. Staff knew how to identify signs of abuse and how to report concerns. There were enough staff to support people safely at home and when they went out. People were supported to take their medicines as prescribed to maintain good health.

Is the service effective?

Good ●

The service was effective.

Staff had excellent training opportunities and felt supported in their roles. Staff sought people's consent before supporting them and explained things in a way they could understand to enable them to make decisions. Where people could not make certain decisions these were made in their best interest to protect their rights. People were supported to access health care as and when required.

Is the service caring?

Good ●

The service was caring.

Relatives found staff friendly and caring. People and their relatives were actively involved in decisions about their care and support. People were treated with dignity and respect. Staff supported people to increase their independent living skills.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individualised. Staff sought opportunities to broaden people's experiences and supported people to live fulfilled lives. Relatives had not had cause to complain but were confident should the need arise prompt action would be taken to address their concerns.

Is the service well-led?

Good ●

The service was well led.

There was a positive working culture at the home which encouraged open and honest communication. Relatives were pleased with the quality of the care and the effectiveness of the service. The provider sought the views of people, relatives and staff and used their findings to develop the service. The provider had a range of checks in place to drive improvements.

The Crescent

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 7 September 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we met with five people who lived at the home. We spoke with four relatives by telephone. We spoke with five staff which included the registered and deputy manager, the head of care and two support staff. We viewed two records which related to the assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, incident reports and recruitment records.

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

Is the service safe?

Our findings

Relatives we spoke with were satisfied that staff kept their family members and their belongings safe. One relative told us their family member had no sense of danger. They felt staff were well aware of their family member's needs and how to keep them safe. This was confirmed by staff we spoke with who were knowledgeable about people's individual needs and areas of risk. Staff told us and we saw that they had access to detailed risk assessments which provided guidance on how to support people to remain safe. Staff told us that the risk assessments were focussed on enabling people and not restricting their independence or choices. One staff member told us "We give them opportunities, we don't restrict. If we can make an activity happen we do and explain the risk to them." Another staff member told us, "If a person made it known they wanted to try something new. The provider would do what they needed to do to make it happen." They went on to explain that the provider completed risk assessments to guide staff on how to support safely to minimise any risks.

All the staff we spoke with had received training on how to keep people safe from abuse. They knew how to recognise the different signs of abuse and how to report concerns. One staff member told us, "Keeping people safe is the most important part of our job." Staff told us they also took action to protect people's finances. They explained that people's money was checked at each staff handover and that finance sheets were subsequently sent to head office to audit. The registered manager informed us in the event of any allegations they would report these to the provider. They in turn would refer them to the local authority safeguarding team and notify the Care Quality Commission.

Where concerns had arisen we saw that these had been appropriately dealt with and action taken to minimise reoccurrence. The registered and deputy manager told us that safeguarding formed part of the agenda for both one to one meetings with staff and staff meetings. This allowed them to ensure staff understanding and responsibly to report concerns of abuse or poor practice. The head of care told us that the provider operated a safeguarding working group attended by themselves, the chief executive and a human resource representative. The group promoted a safe service. They ensured training was kept up to date and that lessons learnt from any safeguarding concerns were disseminated to all staff to prevent reoccurrence.

Staff took appropriate action to deal with accidents and incidents that occurred. We saw that a person became increasingly anxious during our visit and that staff took prompt action to minimise risks to the person and others. Staff told us that they would complete an incident form and behaviour chart to record the events that led up to the incident as well as actions taken. The registered manager would review the forms and take action to prevent the incident happening again.

Relatives we spoke with told us there had always been enough staff on shift when they had visited and to support their family member's to do things they enjoyed doing. Staff felt there were enough staff to support people safely. The registered and deputy manager told us there had been staff vacancies in the team. They were awaiting disclosure and barring service (DBS) checks for one new worker before they could join the team. The DBS helps employers make safe recruitment decisions and prevents unsuitable prospective

employees working with people. In the meantime they had bank staff who could cover shifts when needed. In the event of bank staff not being available they would use agency staff. They told us that each shift had the necessary skill set to meet the needs of people living at the home. They had a flexible approach and would adapt rotas to support people to do things they enjoyed doing. We saw that there were enough staff to meet people's needs both within the home and when they wanted to go out.

Relatives told us staff supported their family members to take their medicines as prescribed. We saw people were supported to take their medicines safely and were given a drink to take them with. Only staff who had received training and been assessed as competent in administering medicine were able to do so. Staff had also received further training to administer epilepsy medicine. We saw that staff ensured people carried with them medicines required as needed when they went out. There were systems in place to sign these medicines in and out to make certain they were always readily available when needed. Medicines were safely stored and accurate records maintained.

Is the service effective?

Our findings

Relatives we spoke with felt staff were competent in their roles. One relative told us, "I've got such confidence in them. They took away all my worries." They explained that they had been unwell and were reassured as they knew their family member was well looked after by staff. Another relative said that staff knew people and their needs well.

Staff we spoke with had regular one to one meetings with their line managers and felt comfortable to approach them or senior managers whenever they felt the need to. Staff told us their one to one meetings provided a safe environment to discuss anything of concern and to reflect on their practice. One staff member said, "It's nice to be asked if you are happy. You're listened to and cared for by management instead of being left to it." Another staff member said they found their meetings useful as they got feedback on their practice.

Staff told us they received a structured induction where they learned about the company's policies and the standards in care required of them. As well as this they received essential training on how to keep people safe and worked alongside experienced members of staff. One staff member told us, "During my induction I shadowed other workers and did not support people until I was taught everything about safe practice."

Staff told us they had excellent training opportunities and were encouraged to progress their career. One staff member said, "The opportunities for professional development are really good." Staff received regular updates of available training and reminders of any training they were required to do. They found the training beneficial to their development and to the people they supported. For example, one staff member told us they had attended an autism seminar where the guest speaker was someone who lived with autism and spoke of their experience. The staff member said, "This really opened up my eyes. It helped me understand their world and taught me not to assume." They went on to tell us they had since completely changed how they worked with the people. They did not assume that people could not do certain things for themselves. They instead looked at how they could enable people to do things that they had not done before. Another staff member told us they had completed non-abusive psychological and physical intervention (NAPPI) training which had enabled them to support people to manage their anxieties better.

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. One staff member told us, "They have the right to make choices like anyone else." They said it was staff's responsibility to provide information to people in a way they could understand to help them to make decisions about the available choices. Another staff member said, "The decisions they are able to make, they do make." They went on to explain if people were unable to make certain decisions for themselves they would ensure that these were made in their best interest. They would involve the person and their relatives or advocates to ensure their rights were protected. This was confirmed by a relative we spoke with who told us they were due to attend a best interest meeting with their family member.

Relatives told us staff gave people choices to accept or refuse support. Staff told us they sought people's consent before supporting them. One staff member told us if a person refused to take part in a planned activity they would try and establish why or what else they might want to do. They went on to explain everyone was very versatile and would adapt to suit people's choices.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made DoLS applications where appropriate. Where DoLS had been authorised the provider had systems in place to ensure these were reviewed at the required intervals. Staff were aware of who was subject to DoLS and the requirement to use the least restrictive measures to ensure their safety.

We saw that people were encouraged to choose what they would like to eat and drink. One person used sign language to tell staff they wanted to drink. Another person got what they wanted to eat out of the freezer and gave it to staff to serve. Relatives we spoke with said that their family member's dietary needs were catered for and that staff encouraged them to do as much as they could for themselves. Another relative said they had recently visited on a Sunday and staff were supporting people to cook a roast dinner. They saw that some of the people living there were involved in cutting up the vegetables. They went on to tell us that staff closely monitored what their family member ate. People's nutritional needs had been assessed and were routinely monitored to establish if any changes were required. People had meal time programmes which detailed the support and equipment they required to eat independently. The programmes also recorded people's dietary needs. We saw that this guidance was followed by staff

Relatives we spoke with told us staff ensured that their family members were supported to access health care professionals such as the doctor and dentist as required. One relative said their family member was 'off colour' the last time they visited and staff arranged for them to see the doctor. Another relative told us that staff had recently called the emergency services when their family member had become unwell during the night. Staff told us they looked out for any changes in people's health and arranged the necessary appointments. They recorded the reason and outcome of appointments and any changes in medicine or support needs were discussed at staff handover. We saw that people had Health Action Plans which included pictures of different areas of their health to aid their understanding. The Health Action Plans provided a detailed account of people's health needs and the support they required to manage them.

Is the service caring?

Our findings

Relatives we spoke with were complimentary about the care and support their family member's received. One relative told us, "I really can't praise them [Staff] enough, they are so caring." They went on to say, "We thoroughly enjoy our time up there, not just with [Person's name] but with other people and staff. Staff are welcoming, very much so." Another relative told us they felt staff showed a genuine interest in their family member's life and wellbeing. They said that their family member would always be happy to see them when they visited but would happily wave them off at the end of the day. They were confident that this indicated that their family member was happy and well cared for at the home. Staff spoke positively about their work and the people they supported. One staff member told us, "I enjoy what I do. I like making them laugh."

Relatives told us that they and their family members were always involved in decisions about their care and support. They told us staff used people's preferred methods of communication to enable them to make choices about what they wanted to do. One relative told us staff used sign language and encouraged their family member to use their communication book to express their choices. A staff member explained that the person was able to point at pictures in this book to make their choices known to staff. Staff told us they promoted people's inclusion by using their preferred method of communication. One staff member told us, "We facilitate their involvement in meetings about them to integrate them as much as we can. It's about explaining to them in an understandable way." They went on to explain that they had good links with the provider's speech and language therapist (SaLT) team. They could contact them if they needed support to help people understand choices available to them. We saw that SaLT attended on the day of our visit to support a person with their communication needs. We also saw that people had communication passports which detailed their communication needs and how to support them effectively.

People were supported to keep in touch with friends and relatives who were important to them. One relative told us their family member had recently been on holiday and staff had sent them photographs of the holiday. Another relative told us their family member was supported to keep a birthday book to remind them of their relatives and friends birthdays. Staff supported them to purchase and write the cards. People also met up with friends they had met at college who were living at other houses owned by the provider. For example, they had recently been to a coffee morning arranged by another home. Staff told us they took time to get to know people, their friends and relatives and helped people maintain these important links. A staff member told us, "The staff team are really good, everyone knows the people inside out and know their families."

The provider operated a keyworker system where each person was allocated a keyworker. The keyworker role was to form an effective working relationship with the person they were keyworker for. They would act as a point of contact for relatives and professional involved in the person's care. The registered manager explained that they tried to match people to staff member's they had a good rapport with. As there had been a number of staff changes they said that keyworker system needed to be reviewed to support this aim.

Relatives felt that staff were respectful towards their family members and protected their dignity. One relative said, "Yes very much so [Person's name] needs help in all areas. Staff support them discreetly."

Another relative told us, "[Person's name] interacts well with staff and they with them." They went on to tell us new staff were shown how to communicate effectively with people. We saw that staff spoke with and about people in a respectful manner.

People's independence was encouraged. One relative told us, "Staff try to promote their independence, [Person's name] has come on leaps and bounds." They explained that staff supported them with independent living skills such as cookery and communication lessons. Another relative said their family member would do things around the house such as, loading the washing machine and sweeping the floor. They said, "They [Staff] involve [Person's name] as much as possible. I think it is good for them." One staff member acknowledged the importance of breaking things down into achievable goals to build people's confidence and self-esteem. Another staff member told us that one person had made great progress in successfully using picture cards to request their own drinks when they went to a local cafe. We saw that one person gave their electronic tablet to staff to type what they wanted to view in the search bar. Once staff had done this the person was able to navigate their own way around the website and choose what they wanted to watch.

Is the service responsive?

Our findings

People had their needs assessed prior to them moving into the home to establish if the provider could meet their needs and aspirations. This included an overnight stay at the home and liaison with other services that had previously supported them. One person had moved into the home at the beginning of the week. In preparation for their stay they were provided with an introductory pack. The pack included photographs of the home, who lived there and who would support them during their overnight assessment. The person's relative told us they had found the information pack very useful as it gave them and their family member an overview of what to expect. Since moving in staff had kept them fully informed and they felt everything was going well. Staff told us they had access to the person's care plan prior to them moving in and demonstrated they were aware of their support needs. The registered and deputy manager explained the person's care plans would be developed further as the person adapted to the changes in their life and as staff got to know them better. The deputy manager said they would use staff handovers to discuss the person's progress and how best to support them through the transition process. They felt communication was key to achieving a smooth transition. They were confident that the team would share their experiences and provide consistent support to enable the person to settle in.

Staff told us they were kept up to date about any changes in people's needs during staff handover and by reading the staff communication book. They were able to recognise triggers that made people more anxious and how to reduce these. For example, when one person became anxious they found playing music or encouraging them to take a bath relaxed them. They were aware that some people were sensitive to noise and therefore they supported them to avoid noisy environments. We saw that this was reflected in records we looked at.

Relatives were pleased with the range of opportunities offered to their family members. One relative told us their family member enjoyed action packed days. They said, "[Person's name] has a busier social life than we do." They went on to tell us that staff ensured activities were aimed at their family member's interest and abilities. Another relative told us their family member previously did not like to go out in new environments. They explained that staff had supported them to better manage their anxieties and this had helped build up their confidence. This had allowed their family member to experience the theatre and they had done some work in a local garden centre.

One relative said, "I'm really, really pleased with how the placement has worked out." They explained it was difficult to find things their family member could do safely. They said their family member had achieved a lot since moving to the home. They went on to tell us they now visited theme parks and went out for meals which they really enjoyed.

Staff were keen to enable people to live fulfilled lives and sourced opportunities for people to broaden their experiences. One staff member told us "It's important the guys have the opportunities as we would have in the same situation." Another staff member said, "Sometimes you have to take some risks to achieve progress." They explained that people had the right to take risks like everyone else. They said it was their job to minimise these to allow people to try new things. The head of care told us one person had never been

swimming. As a result they hired a private swimming pool for the person to allow them to be surrounded by staff they knew and trusted. This proved positive as the person had enjoyed their time in the pool. They now went swimming on a regular basis and staff ensured that the persons' holiday choice had swimming facilities.

The deputy manager told us activities were discussed at house meetings which were held on a regular basis. Staff used various communication methods to enable people to express their views. For example, staff used talking mats and Makaton to encourage people to choose activities that they would like to do. Makaton is a form of sign language which people used to communicate their wishes. We saw that the minutes of the meetings recorded each person's reactions to different choices. The deputy manager told us the opportunities council held afternoon teas where people were asked their views about what activities they would like to do. These were facilitated by the SaLT team who supported people complete questionnaires about the suggested activities. The findings were fed back to the home. They in turn would adapt the rotas to facilitate support for the activities to take place.

Staff told us they helped people display their dreams and aspirations in their 'dream books'. The 'dream books' contained pictures and captions of what people liked doing. They showed how people were supported to work towards their goals and new experiences. A relative told us that the 'dream books' were ongoing and showed how their family member had progressed. Staff explained that one person particularly liked books and had been fully involved in preparing their 'dream book' and 'life story'. Their dream book showed picture of them on their holiday and on a boat trip. The head of care explained to us that this was the person's first holiday and had been successful as the person had really enjoyed themselves. A relative told us their family member liked animals and tractors we saw that their 'dream book' contained pictures of both. They also liked going to theme parks and this was also reflected in their 'dream book'.

Relatives we spoke with told us they had not had cause to complain but were confident if the need arose action would be taken to resolve any issues. One relative told us, "We have no complaints at all. If I have any queries or concerns they will deal with them straight." The provider had a clear complaints procedure which was available in different formats. Staff told us they knew people well and were able recognise if they were not happy. In the event of this occurring they would report their concerns to the manager. The registered manager had not received any complaints but demonstrated they would follow the provider's procedures in the event of a complaint.

Is the service well-led?

Our findings

Relatives found the registered manager and staff easy to talk with and they felt communication between them was very good. One relative told us, "[Registered manager's name] is very good, they support myself and [Person's name]". Another relative said that the registered manager and staff kept them fully informed. We saw that people approached staff and management with confidence and staff responded positively.

Relatives were positive about the quality of the service. One relative told us they had recommended the service to other people. Another relative told us the service was brilliant. They felt the service was supportive of their family members and them. One relative explained that staff attended and supported them in review meetings with the placing authorities. Another relative told us they were due to attend a care plan review and were often asked their views about the service. The registered manager told us it was important to gain feedback from everyone who had contact with the service as this allowed them to make the required improvements.

The registered manager told us the aim of the service was to support people to get the best out of life. This included helping them improve their communication and supporting their independence. Staff we spoke with had the same ethos. One staff member explained the team focussed on people's health and wellbeing and worked well as a whole in supporting people towards independent living. The deputy manager showed us they had developed a system to record what people had done independently on each day. They analysed the findings to show any progress or trends and set actions for staff to follow to increase people's independent living skills.

Staff described a positive working environment which encouraged open and honest communication. One staff member told us, "[Registered manager's name] is really good and nice to work with. There is no them and us. I know if there is something wrong they will take it seriously and address it." Another staff told us they could approach the registered or senior managers at any time. Staff felt they and their opinions were valued. One staff member said, "We are involved and not left at the bottom. For example, at care plan reviews we are asked for suggestions for improvements and our ideas are listened to." Staff told us there were regular staff meeting where they felt comfortable to voice their opinions. They explained they were encouraged to share best practice such what had worked well for people they supported. They also used this as an opportunity to ensure people's care plans reflected their needs and progress made. Records we looked at confirmed this.

There was a clear management structure in place where the registered manager was supported by a deputy and shift leaders. There was a 24hour on call system in place. Staff and management were also able to contact the provider for support or guidance when required. Staff told us that senior managers were visible within the service and were familiar with each person living there. Staff we spoke with were clear about their roles and responsibilities and felt well supported by management and other colleagues. One staff member told us, "All staff are friendly with one another." Another staff member told us they were daunted when they first started working at the home as they felt there was a lot to learn. They went on tell us staff had been very supportive of them and had answered all their questions straight away. They had also accessed support

from the SaLT team and found this very helpful. The provider information return recorded that they had achieved a gold level of accreditation for Investors in People in recognition of the support they provided to staff. Investors in People sets standards for better people management and measures organisations performance against the standards.

The provider promoted inclusion and sought people's views. They told us in their provider information return that each house had a 'Learner Voice Folder' in place to ensure people's views and opinions were responded to. There was an opportunities council which people attended and were supported to put forward their views about the service and what they wanted to see happen. These meetings were facilitated by the SaLT team to enable people to express their views. The deputy manager told us they used the outcomes of these meetings to help people achieve what they wanted to do. Records we looked at confirmed this. People were also involved in the staff recruitment process. Two people from the home had been part of the interview process. The prospective employees were given a copy of each person's communication password to read to enable them to communicate with them. Staff facilitated their participation by watching how the prospective employee interacted with the people and by gauging people's reaction to them.

The head of care told us that the provider had achieved Makaton friendly status. The Makaton Friendly scheme recognises organisations that use Makaton to make people who use Makaton feel welcome and enable them to access services within the community. A staff member told us they had applied to work for the provider because of the emphasis they placed on communication and education. Although they had not done their Makaton training they had sought and received support from the SaLT team in relation to Makaton and other forms of communication. Another staff member told us they were able to attend Makaton sessions with the people who used the service.

The registered and deputy manager were keen to forge and maintain community links. One relative told us their family member could go to the local pub for a meal. People accessed the local shop, enjoyed walks around the village and used public transport to travel to nearby towns. One person went to the college which was also run by the provider.

The provider had a range of checks in place to monitor the safety and quality of the service. As well as routine checks completed by staff at each handover the registered manager had systems for checking the health and safety of the environment. They also completed medicine audits and monitored staff practice as they worked alongside them on a range of shifts. They used one to one meetings to develop and support safe working practice. The provider completed quality monitoring visits every two months. These were formulated around Care Quality Commission inspection methodology to ensure that the service was working to the regulations. The registered and deputy manager told us that any areas that needed addressing were put into an action plan with timescales for completion.

The provider information return recorded that the provider had received an award as a national centre of excellence for non-abusive psychological and physical intervention (NAPPI). The provider analysed incident forms for any trends or patterns. Where there were repeated incidents where a person had become increasingly anxious these were reviewed by the NAPPI team. The NAPPI team would visit the person or give guidance on how best to support the person to manage their anxieties.