

# Condover College Limited

# Welwyn

## Inspection report






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## Ratings

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

# Summary of findings

## Overall summary

About the service: Welwyn provides accommodation, personal care and support for up to seven people with learning difficulties. In addition, people are supported with complex needs including sensory impairments, physical disabilities and behavioural issues. At this inspection five people were living at Welwyn.

People's experience of using this service:

People living here experienced extremely good levels of care, support which promoted positive outcomes. The management of the service had sustained outstanding practice and actively sought to improve the care they offered. People benefitted from an outstandingly responsive service where communication was key. Care and support was tailored to meet people's needs and enabled flexibility, choice and continuity of care. People were consistently involved in and consulted about all aspects of their care and support. Staff had an excellent understanding of people's social diversity, values and beliefs and how these might influence their decisions on how people wanted to receive care and support.

The home promoted understanding and a positive attitude towards different types of disability and difference. Staff had opportunities for learning, development and reflective practice on equality and diversity, which influenced how the home was developed. Social activities offered to people were innovative, met people's needs and preferences so people could be supported to live as full a life as possible. People were consulted about events before and after the event. The home had a key role in the local community and links with other community organisations which provided information and support to people.

The culture in the home focused high-quality, person-centred care. Staff put people at the heart of the service and their views were at the core of home's quality monitoring and assurance arrangements. Staff were motivated by and proud of the home. Continuous learning was embedded in the home's culture.

People told us they felt safe at the home and there were the systems and processes in place to safeguard them. People had personalised risk assessments so staff knew how to keep them safe.

The premises were safe and well maintained. Regular safety checks were carried out on the environment and on the equipment used. There were enough trained staff on duty to meet people's needs. People were provided with their medicines in a safe way. The management team ensured lessons were learnt and improvements made when things went wrong.

Rating at last inspection: Welwyn was last inspected on the 4th and 5th May 2016 and maintained a rating of Outstanding.

Why we inspected: This was an unannounced, scheduled inspection based on the previous inspection rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

# Welwyn

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

This inspection was carried out by one inspector on the 4th April 2019.

#### Service and service type:

Welwyn is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had two managers 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. Both registered managers were present during the inspection.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about incidents at the service and information we had received from the public. A notification is information about events that by law the registered persons should tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. During our inspection we spoke with three people who used the service, one

relative and four support workers. We also spoke with the head of care, the registered managers, the deputy manager, the physiotherapist and speech and language therapist, a social worker and a consultant psychiatrist. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for five people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home and medicine records.

After the inspection we gave the provider the opportunity to send us any additional supporting information. They sent us some information and we used this as part of our inspection.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe at Welwyn. One relative told us, "It gives you that sense of knowing that they are looking after them, even when things out of the ordinary are happening."
- Staff received safeguarding training were knowledgeable about the types of abuse and what to look for to keep people safe.
- There was safeguarding policy in place which was developed with the Local Authority and best practice guidance. The provider had a safeguarding team which supported staff to identify and report safeguarding concerns as well as keeping staff informed about changes in legislation. This meant staff were confident in when and how to report and felt able to discuss concerns.
- Details were on display directing people and staff on what to do should they need to raise a concern. Staff spoke with people about raising concerns and encouraged people to open with them about things which made them feel unsafe. Staff told us it was important for people to feel safe in their home and their community and free from discrimination.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There continued to be a positive approach to safety and risk which was not restrictive for the people who were being supported. One staff member told us, "Why should their disability hold them back from doing what they want to do".
- People and their families were involved in their risk assessment and planning. People were supported to take reasonable risks to encourage their personal and emotional development. Staff told us they identified road safety awareness as a target for a person living at Welwyn. Staff worked with the person, their family and other professionals to develop a plan to improve the person's awareness as part of their activity program. This approach had enabled the person to increase their road safety awareness and be more confident when outside of the home.
- Staff were eager to learn and improve the way they care for people. Staff completed detailed records which explored the impact of potential risk on people and evaluated what worked well and what could have been improved. This enabled people to engage with activities which they may have otherwise been excluded from due to their disabilities.
- Equipment was maintained and serviced. Staff involved people in checking communal and personal spaces to identify and reduce any potential risks. For example, we saw a person living at Welwyn had been involved in water checks around the home to support their personal development.

Staffing and recruitment

- There were enough staff to meet people's needs and be flexible to encourage choice. One relative told us, "[Keyworker] has gone out of their way to accommodate the people they care for. [Keyworker] has worked

extra hours to take people to things they'd enjoy". One staff member told us they came in early to support people to go to a local tennis group as they know this is important to them. Staff enjoyed their jobs, worked well as a team and supported each other's strengths.

- Staff continued to be recruited safely and references and Disclosure and Barring Service (DBS) checks were completed before staff started work. The DBS helps employers make safer recruitment decision and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour including disciplinary processes if needed.

#### Using medicines safely

- People were supported to take their medicines safely by trained staff members. Staff were knowledgeable about people's medicines and received a medicines competency check annually, or sooner if this was required.

- When errors occurred staff were aware of the action they needed to take. Staff were supported by the management team following medicines errors and any errors were fully investigated.

- There was a medicines policy in place and staff recorded and stored medicines in line with this. Where people took "as required" medicines there were clear guidelines in place and these were reviewed regularly by medical professionals.

#### Preventing and controlling infection

- The service was clean and well maintained. People were supported to recognise risks to their environment which enabled them to be in control of their personal space.

# 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

Welwyn remained good in this area. 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 needs were holistically assessed prior to and during living at Welwyn. Assessments were personalised and involved other professionals to ensure they were meeting people's needs. For example, the provider ensured each person was assessed by a physiotherapist and speech and language therapist (SALT).
- People's personal and emotional development was a priority and people were enabled to develop specific targets; incorporated within their care to improve their independence and wellbeing. One relative told us, "[Person] used to be so socially isolated but they have changed [them]. [They] have really come out of themselves since living at Welwyn".
- People's needs and choices were central to their care. For example, a person had daily beauty sessions with staff as part of their personal care routine. This reduced their anxiety, encouraged engagement and made personal care meaningful to them.
- Staff had open conversations with people about their sexuality, gender and religion which were reflected in their care plans.
- The registered managers shared best practice with other homes owned by the provider to improve the experience of people living in the service.

Staff support: induction, training, skills and experience

- People living at the service were involved in the recruitment process. This meant people had choice in who was supporting them. Staff completed training prior to starting work which was ongoing through their employment. One staff member said, "I am completing the care certificate as part of my induction, it's really interesting and helps me do my job better".
- Training was developed around people's needs and additional training was available on request. Staff had received training on hydrotherapy to improve a person's mobility. Training was inclusive of staff's learning styles. One staff member told us, "You can ask for more training, I asked for more training in maths and now feel much more confident."
- Staff had regular supervisions and appraisals which recognised the need for continuing development. Staff had a consistently positive approach to further learning and development which was nurtured by the management team.

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

- People were able to choose what and when they ate. People had a weekly meeting where they agreed the menu for the week ahead to enable people to choose foods they enjoyed. Staff held taster sessions to explore new foods such as Italian pastas and pizza.



- People were involved in meal preparation and shopping to encourage people's independence. People had meals outside of the home when they chose to.
- Mealtimes were positive, sociable experiences. People living at Welwyn and staff ate their meals together which created a feeling of equality. People were provided with a choice of high quality, home cooked foods. Healthy choices were promoted and this was balanced with ensuring people's preferences were met.
- Staff were knowledgeable about people's dietary needs and were prompted by meal time mats which displayed people's individual requirements. This ensured people received the right support when they needed it in a dignified way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had excellent links to a variety of healthcare services. A consultant psychiatrist told us, "Whenever concerns arise staff alert me straight away and I am able to see people with carers that know the people they support well".
- People had health action plans which staff took to appointments to ensure professionals had access to all relevant information. When medical emergencies arose, people were supported by staff in a calm way to access the help they needed.
- People were supported when their needs changed. A social worker told us staff had provided ongoing support to enable the transition of a person who had moved to another home due to changing medical needs.
- People with complex and continued health needs were supported to improve and maintain their health. For example, a physiotherapist told us staff worked with the physiotherapy team to support a person to maintain their mobility with weekly appointments.

Adapting service, design, decoration to meet people's needs

- People were able to personalise their rooms. This enabled people to be surrounded by things which made them feel comfortable. For example, people had 'Marvel' and car themed rooms.
- People had access to specialised equipment where required. Equipment was personalised where possible to meet people's individual preferences. For example, we saw a person's wheelchair had been decorated with their favourite action heroes.

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

- Staff asked for consent before they supported people. People had individualised communication books which contained their preferences and empowered them to make decisions about their care.
- Individual capacity assessments were completed and reviewed. Where people lacked capacity to make decisions for themselves, staff spoke with people who knew them best and other professionals to ensure decisions were made in the person's best interests.
- Staff had a good understanding of the Mental Capacity Act (MCA). 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.
- All staff were able to tell us how the MCA impacted on people living at Welwyn. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had applied for Deprivation of Liberty Safeguards for people where

required at Welwyn and was able to tell us whether people had conditions attached to these.

# 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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People were supported by staff in a way that was respectful and kind. Staff empowered people to maximise their skills and offered choice. People had developed positive therapeutic relationships with staff which enabled them to achieve exceptionally positive outcomes. People had trust in the staff providing their support and this meant people were more confident to speak to staff about their thoughts and feelings. Feedback we received about people's treatment was consistently positive. One relative told us, "[Staff] have been absolutely brilliant".
- Care was offered in a personalised way which respected people's equality and diversity. Staff had open discussions with people about their spirituality and sexuality. People were supported to practice their faith of choice and people's experiences were shared with others to encourage their understanding. There was an open and inclusive culture; staff we spoke with told us they would support people to have a relationship should this be their choice. People were supported to meet others and build their confidence.
- Staff knew people exceptionally well and used their in depth knowledge of people's needs and life history to tailor their care. For example, one person was very anxious when new people were in their environment. This person was supported by staff to reduce any anxiety caused when new people were in the home. This approach resulted in people experiencing an enhanced sense of wellbeing.
- Staff were motivated to offer care and support which was compassionate and exceeded expectations. Staff spoke about people living at Welwyn and other staff as a "family". One staff member told us, "[Person] has had a really big impact on my life". The registered manager told us, "We come to work in their home". Staff were exceptionally focussed on the needs of people and treating people as individuals.
- The service focused on building and maintaining open and honest relationships with people and their families. Staff offered sensitive, one to one care during times when people had felt unwell or upset. For example, a person had become upset following another person receiving care by paramedics. Staff offered the person time and reassurance which had a positive effect on their wellbeing.

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

- The provider was exceptional at helping people to express their views. Involving people in decisions which effected them was intrinsic within the service and choices around their care were explored as part of people's daily routines. People had personalised communication plans in place which had been developed by the provider's SALT team. This enabled people to lead their care and ensured their wishes were at the heart of the support they received.
- People were supported to direct their own health and care where they were able. One relative told us people were supported to discuss what they would like to happen in the future. Resident meetings took place weekly and discussed people's wishes and goals. We saw information was shared in accessible

formats in line with people's communication plans. This enabled people to be partners with staff in their care and support and achieve goals which were important to them.

- People had access to advocacy services should they require someone to speak on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff when they supported them. Staff supported people in a discreet and sensitive way. For example, following a medical incident a staff covered a person over with a blanket to maintain their dignity and other people living at Welwyn were supported in another room whilst the person received support.
- Staff were passionate about ensuring people got the support they needed. Staff were able to skilfully resolve conflicts and offered people time to reflect following tension. Staff told us they were able to identify potential causes of people's conflicts and used this to reduce the risk of future conflict. This meant two people which lived at the service were now able to complete group activities together and were building a friendship.
- People's social needs were understood and we saw people were offered exceptional support to develop and maintain social relationships. For example, the service had good links with other homes owned by the provider and often completed activities across services. We saw people attended discos and group activities together to encourage them to gain confidence and create trust with others.
- Staff had a good understanding of confidentiality. We saw people's records were kept securely and people could access their information should they wish to.

## Is the service responsive?

### Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff continued to use innovative ways of involving people and their family in their care. The provider had an in house SALT team which worked with people throughout their experience of receiving support. The SALT team knew people well and staff were able to discuss any changes in people's needs with the team in a timely way. This enabled people to receive seamlessly flexible support which was exceptionally responsive to their changing needs.
- The provider used communication tools which were varied and innovative and staff changed the way they communicated dependent on people's needs. People had communication books developed by the SALT team which were personalised and enabled them to effectively communicate their changing needs. For example, one person had their physiotherapy exercises in their communication book. This enabled them to communicate with staff which exercises they wanted to do and how it made them feel whilst doing these.
- People were supported to develop and grow. The provider had communication champions who empowered people and promoted communication. One relative told us how a person's communication had improved through the perseverance and knowledge of staff. They told us this person is now able to communicate what they would like for their breakfast.
- The provider enhanced relationships between people and their families. The registered managers had introduced weekly update emails sent by people's key workers to their families detailing people's experiences. One relative told us, "We get weekly emails. It's nice to know what they have done and that they have done so much". This supported people to share their achievements.
- Care and support plans were individual to the person and when people's needs changed their care was reviewed in a timely way. For example, when a person was experiencing increased anxiety following a review of their medication, staff requested an urgent review. This ensured people received care which was tailored to them.
- Professionals and relatives told us staff had an outstanding understanding of people's backgrounds and preferences and how this may effect their needs. One relative told us; "They have really pulled out all of the stops for the [person]". This enabled staff to pre-empt people's needs and ensure they were met consistently, regardless of whether they were able to communicate these needs. For example, staff were aware of people's triggers for anxiety and discomfort and developed alternative ways of working to ensure people's comfort whilst still being given opportunities to live a full life.
- The staff team were focused on enabling people to lead as full a life as possible. Staff were empowered to work creatively to support people in an exceptionally person centred manner. People had individualised "dream books" which included their personal aspirations. For example, one person wanted to see a police van. Staff told us how they supported this person to attend a show day with the police where they were able to have their picture next to the police van.
- People's daily schedules were determined by their individual interests and routines were based upon their

preferences. Staff sought innovative ways to make reasonable adjustments to activities to enable all to be involved where they were able. For example, one staff member told us they supported people to join a tennis club however not all were able to participate. The staff member told us they spoke with the instructor and organised a one to one session for a person not able to take part in the club.

- Welwyn had exceptional links within the local community. The registered manager told us they had strong links with the local schools, shops and leisure facilities. People were able to go out with staff support when they wanted and develop relationships with others. For example, people attended local discos and sports clubs to develop relationships with their peers and extend their support network outside of the home.

- Activities were reviewed with people and staff to reflect on the impact of them on people's wellbeing. People were encouraged to develop and grow through setting goals within activities, making these exciting and fun. For example, one relative told us, [Person] is up and out at work experience. They give them jobs to do to make them more sociable and develop their confidence. This enabled people to be part of a wider community and feel valued.

#### Improving care quality in response to complaints or concerns

- The registered managers had created a culture of learning within the service. People were asked for their feedback throughout the day and there was information on how to raise concerns on display. People and their families knew how to complain and felt able to do so. One relative told us, "I know how to complain but we haven't had any need to. I know they would act on any concerns we had".

#### End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager told us they would have open discussions with people and they were aware of the importance of people being involved in planning their end of life care.

## 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

Welwyn improved from good to outstanding in this area. Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There continued to be sustained, high quality care at Welwyn which was nurtured through focused leadership and effective governance. The registered managers were committed to learning and excellence and developed their skills by working closely with people, their families and the staff team.
- People, their families and professionals were exceptionally positive about Welwyn. People told us they "loved" living at Welwyn and we could see people were relaxed and happy.
- The registered managers promoted a culture of equality and person-centred support. They had a vision for the home which was based upon ensuring people's happiness and enabling them to lead fulfilling lives. This vision was at the heart of the service and shared by the staff team who genuinely cared about people living at Welwyn and were invested in them achieving their goals. One staff member told us, "We are a family here. We build bonds, achieve dreams and have fun."
- Staff described the importance of seeing people as equals and told us that sharing experiences with people and seeing them grow made their jobs rewarding. The provider's approach for development encompassed people, their families and staff and staff worked alongside people to develop knowledge, skills and independence as a team. Staff were transparent about their own needs to support a culture of honesty and growth and celebrated success. This enabled people to feel comfortable with their development, as they were achieving their goals together. For example, one staff member told us how supporting people to improve their confidence had enabled them to feel more confident also.
- The provider promoted people and staff developing themselves in a way that was both realistic and achievable. Staff worked alongside people to understand their goals and create innovative ways to achieve goals which were meaningful to the person. For example, to improve a person's confidence in social situations they were supported to attend a musical with their peers, based on one of their favourite films. This enabled the person to build relationships with others, be more comfortable in social situations alongside experiencing something they enjoyed.
- People and relatives spoke very highly of the registered managers. People used words such as "excellent" and "brilliant" to describe them. The registered managers knew each person very well and communicated differently with everyone, taking in to account their abilities and personality.

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

- There was a culture of openness and the management team actively encouraged staff to raise concerns on poor practice. The registered managers discussed the safeguarding policy with staff in supervision and

team meetings and reminded them what to do if they had concerns about care. This ensured staff felt confident to raise concerns and enabled the provider to consistently improve. For example, staff had shared concerns about changes in people's behaviours. In each case swift action had been taken to ensure people's safety and make sure they remained in control of their lives.

- Staff had a clear understanding of their roles and their day to day work was directed by people living at the home.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. The provider had displayed their most recent rating in the home and on their website. We checked our records which showed the registered managers had notified us of events in the home as required. This helps us monitor the service.
- Information was stored in accordance with the General Data Protection Regulation (GDPR). The management team and staff had training in this area and the provider had assigned a GDPR officer to ensure compliance.

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

- The service consistently sought people's views in an accessible way. For example, people and their relatives completed surveys in a variety of formats. Feedback from recent surveys was positive. People and staff were empowered to voice their opinions and the management team always responded to comments put forward.
- People were invited to attend weekly house meetings. Creative techniques were used to involve people and ensure their understanding. People were consistently consulted about things which affected them. For example, they discussed whether people would like to go on holiday and where they would like to go.
- The registered managers had an open-door policy and people came to them frequently with concerns and other matters. They regularly supported people in activities and outings to ensure they had good relationships with them and fully understood their needs and preferences well.
- The provider recognised and supported the diverse needs of the staff team. Some staff we spoke with had received additional support with areas they had identified as challenging for them such as literary skills.

Continuous learning and improving care

- The leadership within the service had a transparent approach to when things went wrong. We saw incidents were investigated in full and involved people, their relatives and staff. For example, we saw that following incidents involving behaviours which may challenge the registered manager had completed reflective interviews for all those involved to highlight areas of future improvement. The registered managers shared information on risk with other managers, the head of care and the chief executive to improve the experience of people they cared for. This enabled people to be invested in improving the effectiveness and safety of care and reduce the risk of future incidents.
- There were organised, effective systems in place to monitor and improve the quality of the service. The management team conducted a comprehensive programme of regular audits covering areas such as support plans, the environment and medicines. These audits were effective in identifying areas for improvement and driving exceptionally high quality care.
- The service based care upon best practice and the registered managers were passionate about continuing to innovate the support they offered. The management team attended local meetings and training courses and networked with other local managers to keep up to date. For example, the registered managers shared their understanding of the role of CQC. Staff told us this enabled them to understand best practice and consider how the care and support they offered to people could be enhanced to ensure this exceeded the standards required.



### Working in partnership with others

- The team at Welwyn worked well with other professionals to ensure the provision of high quality care. The feedback we received from professionals was unanimously positive.