

Condover College Limited

38 Torrin Drive

Inspection report

38 Torrin Drive
Shrewsbury
Shropshire
SY3 6AW

Tel: 01743455252

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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

38 Torrin Drive is a residential care home for five people with a learning disability, associated physical disability and/or autistic spectrum disorder.

38 Torrin Drive is a large detached property with local amenities and transport links close by and the home is staffed 24 hours a day.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were safeguarded from the risk of abuse as staff were confident to recognise and report any signs of abuse.

There were sufficient numbers staff to meet people's needs in a safe way. The provider followed safe recruitment procedures to ensure that appropriate staff were employed.

Risks to people were assessed and safely managed and people's medicines were safely managed and administered.

There were effective systems in place to reduce the risk of the spread of infection.

The provider followed the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to eat well in line with their needs and preferences. People's health and well-being was monitored and supported. People were cared for by staff who were supported and had the skills and training to meet their needs.

Staff interacted with people in a kind and respectful manner and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. People were offered choice and had strong family links to ensure support with decision making if required.

People saw healthcare professionals when they needed. People received a service which met their needs

and preferences.

People were provided with opportunities for social activities and they were supported to maintain contact with their family and friends. Communication was a strength of the service and as a result people lived fulfilled lives.

There were effective procedures in place to respond to any concerns or complaints. People's end of life wishes were documented and reflected their cultural diversity.

There were effective management systems in place and there were systems to monitor the quality and safety of the service provided.

People were supported by a team of staff who felt supported and valued.

Further information is in the detailed findings below

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 remains safe

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Good ●

The service remains well led

38 Torrin Drive

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 03 December 2018 and was unannounced. It was undertaken by one inspector.

We looked at information provided to us by the provider. This contained details of how the service is being run. We looked at previous inspection reports and other information we held about the service before we visited. We used this information to help plan the inspection.

During our visit we met with the five people who used the service. We also spoke with three members of staff, the registered manager, the head of care and the Quality Assurance coordinator. We met with a health care professional who was visiting the home. During our visit to the home we observed how staff interacted and communicated with people. Following our visit, we rang and spoke with three relatives of people who use the service to gather their views and experiences.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of three people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People were safeguarded from the risk of abuse as staff knew what to do if they suspected someone had been abused. All of the staff we spoke with said they would be confident to recognise and report suspected abuse or poor practice. The registered manager told us they would not hesitate to share concerns with the local authority in order to protect people from harm.

People who could share their views with us said they felt safe. People looked relaxed and comfortable in staff company and received appropriate support to keep them safe. For example, two people were supported to move safely from one room to another. We saw staff interacting positively and openly with people, sharing information and offering support and advice in a timely manner.

Risks to people were assessed and minimised through the effective use of risk assessments to support people with their daily routines and activities. Fire safety checks were routinely carried out to promote people's safety in the event of a fire. Personal evacuation plans were in place for everyone.

There were sufficient numbers of staff to meet the needs of people who used the service. Two staff were available to support people at any one time. At night, people only required a staff member to 'sleep in' to be available in an emergency. Staff told us that staffing levels were sufficient and we saw staff work together and flexibly to support people with their activities of daily living. A relative felt that the low turnover of staff meant that people received consistency. They said, "Consistent staff is a benefit as they get to know people well".

The provider followed safe recruitment procedures to ensure staff were of suitable character to support people. People were involved with the recruitment of staff and one person said they enjoyed this role.

Overall people's medicines were stored and administered safely by trained, competent staff. However, we saw that, for one person, staff were dispensing medicines for family members to administer. Their reason for doing this was to ensure the process was safe for the family member to administer but they had not considered themselves to be carrying out unsafe practice. We discussed this issue at the feedback with the registered manager. They stated this practice would immediately stop and a safer arrangement implemented. Medicines were checked weekly and all records seen were complete and had been appropriately completed. Senior managers also audited medicines for additional safeguards.

People were protected from the risk of infection as staff followed safe infection control procedures when supporting people. The provider had employed a staff member to oversee this process and check staff were working safely and with the correct equipment. This ensured that practice was safe and consistent to keep the home clean and hygienic.

Staff told us they were confident to manage behaviours that challenged and were positive that their responses and knowledge of people's support needs meant that the number of incidents of concern had been greatly reduced. This showed that interventions were proving effective. Relatives also considered

behaviours were well managed in order to keep people safe. One relative told us, "Behaviours have never phased staff."

Is the service effective?

Our findings

People's needs had been initially assessed and were regularly reviewed to ensure they were being met at the service.

People's care was delivered in line with the registering the right support guidance which is designed to ensure people receive personalised care to meet their individual needs.

We saw health professionals supported staff to care for people effectively. We met a health care professional who was visiting a person following a recent intervention. They told us that staff worked effectively with health agencies to ensure people's needs were met appropriately and that the recent intervention had had a positive outcome for the person they supported. When people became unwell or their needs changed, staff supported people by seeking health advice and attending appointments with them. This meant that people's ongoing health care needs were being met.

People were supported by staff who had the skills, training and experience to meet their needs. Staff were knowledgeable about people's needs and they told us how they supported people effectively. We observed staff were confident and competent when they interacted with people and this led to a relaxed and enabling atmosphere. Staff told us they received the support and training they required to fulfil their roles effectively. One staff member told us, "The training is excellent and we are all kept up to date." Another staff member said, "We have good training, good support. I love my job."

People were supported to eat and drink sufficient amounts of food and drink to remain healthy. People had a choice of food and staff promoted a healthy diet while recognising people's likes and preferences. People who used the service worked together, with staff support, to develop a weekly menu. People took part in shopping and food preparation as they wished and were able.

The environment was designed to meet the needs of people who lived there. Everyone had their own room, there were two communal lounges and a large dining kitchen which was seen to be the hub of the home. People had access to a large garden and we saw people going in and out at their leisure. The home was large, bright and airy and suited people who were independently mobile and people who used a wheelchair. We saw what some walls were decorated with the art work of one of the people who used the service creating a homely feel.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was following the principles of the MCA to ensure people were being supported to consent to their care where they lacked capacity to do so.

Is the service caring?

Our findings

People were supported by staff who treated them with respect and this led to a relaxed atmosphere where people approached staff for support and staff offered that support discreetly. People were treated kindly and sensitively and people told us they liked the staff who supported them. A relative told us, "All of the staff are kind. They support people well and have the upmost regard for people." A staff member told us, "I love working here." They went on to say that they knew people well and in conversations they were compassionate and caring. One relative told us, "Care is second to none." Another relative commented, "I can't speak highly enough of the staff team."

We observed interactions between people and staff and saw that they were based on a mutual respect for each other. Staff wanted people to have a good quality of life and have as many life experiences as possible. Records and photos reflected this happened.

People's care plans and information about the services provided had been produced in an easy to read format. Staff had been creative to demonstrate people's involvement in plans. For example, when people were unable to sign there was a picture of them reviewing it with the staff member who supported them.

Everyone had their own private bedroom and people were free to spend time in there as they wished. One person preferred to eat meals by themselves and this was supported. Staff were discreet when discussing issues about other people. A staff member told us, "We respect people's privacy, especially when we support people with personal care". Staff also told us that people were supported by a same sex staff team making people feel more comfortable.

The registered manager ensured that people's personal information was kept securely. This showed that people's right to confidentiality was being respected.

Is the service responsive?

Our findings

We asked two people if staff supported them to achieve their goals and dreams and they said yes. We saw pictures of such experiences and relatives told us that people had many opportunities to enjoy a good quality of life. A relative shared this view and told us, "People have such a lot to do. Staff will take people anywhere." One staff member told us, "People get lots of opportunities." Another staff member said, "Community is very important. There are lots of opportunities for people." This showed care and support enriched people's life experiences.

On the day of our inspection two people had been visiting family over the weekend and were returning home. Staff told us how important it was for people to maintain their family relationships and relatives told us how staff would go 'above and beyond' in order to ensure visits happened. This showed that staff recognised how important family links were and ensured these links were maintained and promoted to promote meaningful relationships.

People had opportunities to attend work experience. The registered manager told us, "They attend a local farm and have their own vegetable patch, this is maintained buy the guys having enjoyed the fruits of their labour in the summer." People told us they enjoyed this activity.

People's care was personalised to meet their individual needs and preferences. Care plans were detailed and had been regularly reviewed to reflect changes in people's needs and current best practice. For example, new care plans clearly identified if the person was able to consent to the support they required for each specific activity. Staff told us "People's needs are met really well." This demonstrated that staff were responsive to people's individual needs and this had a positive impact on people.

People's cultural and religious beliefs were well documented and plans had been developed with families. Staff told us that, "cultural needs are met extremely well." Staff supported people to attend events that reflected their culture. Due to one person's culture they also had specific dietary needs. We saw how this was accommodated on the menu. The registered manager told us that, at the family's request staff should call them at the time of a person's death as they would like to manage arrangements due to their cultural beliefs. This had been agreed and recorded to ensure that people's wishes and beliefs could be accommodated at the end of their life. A senior staff member told us how they had supported a person at a funeral and prior to the event established their responsibilities to ensure effective support. This demonstrated that staff recognised and valued people's individual beliefs and preferences and supported them to ensure these needs were met

Staff and the registered manager all told us that communication was a strength of the service. One staff member told us, "It's a great team and continuing communication is a strength". Another staff member described communication as "unique". Staff had been trained in signing that was understood by people who used the service. These signs were backed up with pictures for reference. One relative commented that improved communication in relation to appointments would enhance the communication process. Other relatives spoke very positively about effective communication enhancing people's quality of life.

Staff told us how effective communication had enhanced people's lives. For example, one person had recently used a pictorial communication aid to order themselves a drink while out in the community. The person and the staff team were very proud of this person's achievement.

We saw one person's communication diary that was completed by staff and by family members. This enabled effective communication between family and the home and also enabled staff and relatives to talk about activities with the person the diary belonged to. Pictures were available to support people with decision making at meal times. Records showed people were shown two options and that the weekly menu is agreed as a whole house.

Staff use an approach called TAC PAC. They told us that this was a therapeutic response that helped interactions. Staff said it is very effective to support communication.

The registered manager discreetly supported us to talk with people given that certain subjects increased the person's anxiety. The registered manager's intervention meant that we could have a positive discussion without causing undue distress to the person. They were responsive to the person's change in mood to ensure that anxiety was reduced.

A staff member told us there were strong male personalities living at the home and that each person's individual support needs were met. They said that routines could be flexible to support individuals and how they were feeling on any day. Staff said they had the flexibility to do this. Staff considered they worked well as a team. One staff member said "We are all like a big family. We support each other to make things happen."

The provider had a complaints procedure although there had been no complaints received. One person who we spoke with said they would speak with a named member of staff if they had a worry or a concern. The complaints process was available in easy to read and pictorial meaning if someone wished to make a complaint the process could be shared in an accessible format.

Is the service well-led?

Our findings

There was a registered manager in post who knew people who used the service well. 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, relatives and visitors we spoke with were happy with the way that the service was run. One relative said, "They all work well. 10 out of 10."

The service had an ethos of promoting people's independence and providing personalised care. People were at the centre of everything and were involved as much as they were able to be in making choices in how their care was delivered. Positive values and behaviours were introduced at staff induction and underpinned policies and procedures, according to the head of care. Senior managers were aware of the Equalities Act and its impact on care delivery.

Staff we spoke with told us about the home being, "A good place to work". They told us they felt supported, received regular supervision and had access to plenty of training. One staff member told us, "Managers lead from the front. They are very supportive personally and professionally." Staff felt valued and the provider had incentives in place to promote staff well-being and inclusion.

Systems were in place to continuously assess and monitor the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents. The registered manager told us that the organisation took steps to learn from events and put measures in place to improve practice as a result.

As part of the home's on going monitoring and auditing we saw records that reflected the process. We saw how improvements were made after identifying shortfalls. For example, an issue with signatures had been identified during a quality visit and we saw how the registered manager had then shared the issues with the staff team to ensure improvement. We saw how senior staff had monitored the service and set action plans for the registered manager, giving timescales. It was evident that these were followed up on.

Staff at the service liaised and worked with other agencies to ensure that all of people's needs were met. These included health and social care professionals.

The registered manager knew their responsibilities in relation to their registration with us and was aware of what constituted a notifiable event, although they had not had to send any. We saw the last inspection rating was clearly visible as is required.

The provider was proactive in various local groups, such as the local safeguarding forum. They told us that this raised their awareness to new and emerging issues. They then implement these into their own policies

to improve the service. For example, they have recently considered sexual exploitation and addressed how they could raise awareness and protect people. They also worked with local services such as the bank to arrange for them to talk with people about protecting people's finances. We also saw how the provider's annual conference introduced new issues and good practice. For example, at their conference held in October they looked at protecting people's information.

We spoke with the head of care about wording in some documents and they committed to review paperwork and implement changes to improve them and create a more positive image.

Residents surveys gathered people's views about the service provided and house meetings discussed food and holidays. Surveys seen reflected that people were very satisfied with the service they received.