Condover College Limited

High Ridges

Inspection report

High Ridge
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Tel: 01743872250

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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

The inspection took place on 18 November 2016 and was unannounced.

High Ridges is registered to provide accommodation and personal care for up to six people with learning disabilities, autistic spectrum disorder and physical disabilities. There were five people using the service on the day of our inspection.

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

People were protected from harm and abuse by staff who had received training in how to recognise, respond to and report abuse. People and their relatives knew how to report any concerns about people's safety and wellbeing and felt comfortable doing so. The risks associated with individual's care and support had been assessed and managed. The provider had assessed and organised their staffing requirements based upon people's individual care and support needs. People received their medicines safely from staff.

People were supported by staff with the necessary skills and knowledge to meet their individual needs. Staff received effective induction, training and supervision. People's rights under the Mental Capacity Act were protected by the provider and staff team, and their consent to care was sought. People had the support they required to eat and drink comfortably and safely, and any associated risks were managed.

People were supported in a kind and caring manner. Staff knew the people living at the home well, and treated them with dignity and respect. People were encouraged and supported to express their views and be involved in decision-making.

People received care and support that was tailored to their individual needs and preferences. They knew how to complain about the service if they needed to. People's feedback on the service was actively sought and acted on.

The provider promoted a positive and inclusive culture within the service. People, their relatives and staff felt informed and involved. Staff felt well supported and able to challenge practice, if necessary. The provider had developed quality assurance systems to drive improvement at 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.

Staff knew how to recognise and report abuse. The risks associated with individual's care and support had been assessed and managed. The provider followed safe recruitment procedures. People received their medicines safely from trained staff.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs. People's consent to care was sought in line with the Mental Capacity Act. Any risks associated with people's eating and drinking had been assessed and managed. People's access to health services was supported by the provider and staff team.

Is the service caring?

Good

The service was caring.

The provider and staff team adopted a caring approach to their work. People were encouraged and supported to express their views and be involved in decisions. People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received care and support tailored to their individual needs and choices. People's feedback about the service was actively sought and acted upon.

Is the service well-led?

Good

The service was well-led.

An open and inclusive culture was promoted within the service. Staff understood what was expected of them and felt well supported. Quality assurance systems had been developed by

the provider to drive improvement at the service.

High Ridges

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 18 October 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give us some key information about the service, what it does well and the improvements they plan to make. We took this information into account during our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we spoke with three people who used the service, four relatives and a consultant psychiatrist. We also talked to seven members of staff, including care staff, a lead support worker, an in-house physiotherapist and the registered manager. We looked at two people's care plans, staff training records and records associated with the provider's quality assurance systems.

Good

Is the service safe?

Our findings

People told us they felt safe and happy living at the home. People's relatives were also satisfied that their family members received safe care and support from staff. One relative told us, "Staff tend to [person's name's] needs as I would, and that reassures me." Another relative explained that the staffing arrangements at the home and the security of the building gave them confidence their family member was safe.

The provider encouraged people, and their relatives, to express any concerns they may have about their own or other's safety and wellbeing at the home. The people and relatives we spoke with felt confident about coming forward to the provider and staff team with any such concerns. One person told us they would go to a particular staff member to resolve any worries they had. Another person showed us a "help poster" displayed in their bedroom. This poster and its detachable pieces were designed to support people to request and clarify the help they needed.

The provider had trained staff in how to protect people from harm and abuse. Staff attended safeguarding training as part of their induction, followed by periodic refresher training on this subject. The protection of people from abuse was also routinely discussed at staff meetings and during staff members' one-to-one sessions with management. The purpose of this was to keep staff's associated responsibilities fresh in their minds. The provider had also created a new safeguarding working group, involving their senior management team and other key staff. The purpose of this working group was to monitor and learn from any safeguarding issues, review the provider's associated procedures and look at further ways to raise safeguarding awareness.

The staff we spoke with understood the different forms and potential signs of abuse. They gave us examples of the kinds of things that may give them cause for concern, including marked changes in people's mood, behaviour, sleep pattern or appetite. Staff understood the need to report any abuse concerns to the manager without delay. One staff member told us, "I would flag it up straightaway to [registered manager] or ring the on-call manager." The provider had developed formal procedures to ensure that any allegations of abuse were appropriately acted upon. Our record showed that the provider had previously notified the relevant external authorities in line with these procedures.

The risks associated with each individual's care and support had been assessed, recorded and plans developed to manage these. These plans covered a wide range of subjects, including people's health, mobility, personal care needs and the specific activities they participated in outside of the home. The staff we spoke with demonstrated an awareness of the content and importance of these risk assessments. Decisions about risks were discussed with people's relatives and, where possible, the individual themselves. We saw that people's risk assessments were reviewed with them and their relatives as part of their six-monthly care reviews at the service. People's relatives were happy with the balance maintained between keeping their family members safe and respecting their freedom and right to take risks. Relatives praised the support people had to try out new activities, such as ice skating, boat trips and concerts.

The lead support worker on duty carried out daily health and safety checks in the home, including visual

checks on people's mobility aids and equipment. The provider's health and safety representative also completed periodic health and safety audits at the service. Staff understood the need to report any new hazards to the manager without delay. The provider had robust procedures in place for sharing any new information on risks, including daily staff handover, staff memos and the use of a staff communication book. Handover is the means by which staff leaving duty pass on important information, in person, to those arriving on shift.

Any accidents, incidents or near misses affecting the people who lived at the home were recorded and reported by staff. The registered manager described how the provider used this information to identify trends, patterns and underlying issues to minimise the risk of reoccurrence.

The registered manager explained that the home's staffing requirements were planned and organised based upon people's assessed care and support needs. People's relatives and the staff we spoke with felt that staffing levels at the home reflected people's individual needs. One relative told us, "I like the fact that the staff ratio at the home is high." During our inspection, we saw that there were enough staff on duty to promptly respond to people's needs. All potential employees were required to undergo pre-employment checks to confirm they were suitable to work with the people living at the home. These checks consisted of an enhanced Disclosure and Barring Service (DBS) check and the taking up of employment references. The DBS helps employers to make safer recruitment decisions.

We looked at how the provider helped people to manage their medicines. People's relatives told us their family members received their medicines safely and correctly from staff. We found that the home's procedures for the storage and administration of people's medicines reflected good practice. All staff involved in the handling and administration of people's medicines underwent relevant training and periodic competency checks. Staff understood the action to take in the event of a medication error or if a person refused their medicine. Written protocols had been produced for any "as required" medicines prescribed, in order that staff knew the circumstances in which this was to be offered to people.

Good

Is the service effective?

Our findings

People's relatives felt that staff had the skills and knowledge required to meet their family members' care and support needs. One relative told us, "They (staff) all seem well qualified and well versed in the home's procedures to keep the young people who live there safe. They are very aware of what [person's name] needs."

Before starting work at the home, all staff underwent a formal induction. During this period, they completed initial training, had the opportunity to read people's care plans and worked alongside more experienced colleagues. Following their induction, staff participated in an ongoing programme of training and refresher training. This reflected both mandatory training requirements and the individual needs of the people living at the home. For example, staff attended training with the provider's in-house speech and language therapy team and in-house Makaton trainer, to give them an understanding of people's individual communication needs and preferences. Makaton is a language programme involving the use of signs and symbols to help people communicate. The provider maintained up-to-date training records to keep on top of staff training needs.

Staff spoke positively about the way in which their training had prepared them to carry out their job roles and to meet people's needs. One staff member told us, "It satisfies what I need to know to do my job and keep the students safe and well." This person went on to talk about the benefits of their first aid training which had given them greater confidence to deal with emergency situations. Another staff member described the usefulness of their training with the provider's in-house physiotherapy team that had enabled them to help people with their daily exercises.

In addition to their training, staff attended regular one-to-one sessions with a manager or lead support worker to support them in their work. These sessions provided the opportunity to talk about any difficulties in their work, discuss training needs and receive feedback on their performance. The support available to staff also included access to 24-hour guidance and advice from an on-call manager to respond to any urgent issues or queries.

We looked at how the provider protected people's rights under the Mental Capacity Act. 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.

Staff received training in relation to the requirements of the MCA. We also saw written guidance on the use of mental capacity assessments, best-interests decision-making and how to support individual's choices in people's care files. The registered manager and staff we spoke with demonstrated an understanding of the implications of the MCA for their work with people. They understood the need to support people to make their own decisions and the role of best-interests decision-making. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities.

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). The provider had assessed each individual's care and support arrangements and had, on this basis, made DoLS applications for all of the people living at the home. At the time of our inspection, the provider was monitoring the progress of these applications which were still being processed by the relevant funding authorities.

People told us they liked the food and drink provided at the home. One person said they were looking forward to having sweet and sour chicken for their evening meal that day. People's relatives were satisfied that their family members had enough to eat and the right level of support at mealtimes. During our inspection, we saw that the evening meal was an unrushed and relaxed affair where people received discreet support to eat and drink as they chatted freely with staff.

People were encouraged to make decisions about their food and drink at weekly menu planning meetings, regular house meetings and other forums. The food and drink on offer reflected the choices people made. People's nutritional needs had been assessed with specialist input from the local speech and language team, where necessary. The provider's in-house speech and language team developed individual programmes for each person, based upon this external advice. These programmes were designed to ensure people had the right support with eating and drinking and any associated risks were managed. Each individual had a personal place mat displaying key reminders of the support they needed to eat and drink safely and comfortably. One parent praised the way in which the provider had managed their family member's special dietary requirements. This relative went on to say, "I've had very open discussions with the home about [person's name's] dietary problems. They are very good at meeting their dietary needs."

Two people living at the home had gastronomy tubes, and staff had been trained in the management of these. The provider had also assessed and taken into account religious and cultural considerations when providing people's food and drink.

People were supported by the provider and staff team to maintain good health. People's relatives praised staff's vigilance in monitoring any changes in their family members' health and the prompt medical advice and treatment sought. One relative told us, "If something is wrong, they (staff) get [person's name] straight to the GP and advise me what they've done. They are really on the ball about things like that." Each person had a health action plan, setting out the support they needed to stay healthy. Staff supported people to attend healthcare appointments and routine health check-ups, as required. We saw that the provider worked with a range of external healthcare professionals to ensure people's day-to-day health needs were met. The consultant psychiatrist we spoke with praised staff's efficiency in gathering the information needed at appointments and implemented any changes to people's medicines. The provider's in-house psychologist also spoke positively about their collaborative working with the service's staff team They told us staff were keen to put their postural management training to use.

Good

Is the service caring?

Our findings

People told us they liked living at the home and that staff treated them well. One person said, "I'm happy here." This person went on to describe the staff team as "very nice". People's relatives praised the caring approach adopted by the provider and staff team. One relative told us, "They (staff) have always got time to talk to you as a parent, and to allay any fears you may have. They are all such caring people."

During our inspection, we saw a number of positive, caring interactions between staff and the people living at the home. Staff spoke to people in a warm and respectful manner, engaged them in conversation on topics of interest to the individual and took interest in what people had to say. People were at ease in the home's environment, chatting and joking freely with staff. We heard one person laughing with staff as they were supported to put their clean laundry away in their bedroom. We saw another person smiling as they played a hand game with staff. The staff we spoke with talked about the people who lived at the home with affection and respect, and understood people's individual needs well.

The provider and staff team showed concern for the people living at the home. One person showed us a pictorial "goodbye book" which had been produced by the management team. The purpose of this book was to help people understand, and talk about, the recent departure of the home's previous, long-term registered manager. At one point, this person became upset about the previous registered manager having left the service. We saw that staff offered reassurance, and that this helped the person.

People were supported and encouraged to voice their opinions and be actively involved in decision-making that affected them through a variety of forums. People and their relatives were invited to six-monthly care reviews to discuss what had been achieved in the last six months and make plans for the coming period. Regular house meetings were also organised to provide a forum for people to express their views about the care and support provided. People were supported to play an active role in the recruitment and selection of prospective staff members, to give them a clear say in who supported them.

The provider's in-house speech and language therapy team carried out an assessment of each individual's communication needs and preferences. This information was used to develop effective communication strategies to maximise people's communication and involvement. We saw that a range of communication resources and techniques were used to support the communication of the people living at the home. This included, amongst other things, the use of Makaton, the Picture Exchange Communication System (PECS) and Tacpac. PECS involves the use of pictures to develop individual's communication and social skills. Tacpac is a sensory communication resource using touch and music to help communication and social skills.

Two of people living at the home had previously had access to advocacy services to ensure their voices were heard in important decisions. The registered manager confirmed that people would continue to have the support needed to local advocacy services, as necessary.

People's relatives felt that staff took appropriate steps to promote the privacy and dignity of their family

members. They confirmed they were able to visit their family members without any unnecessary restrictions. During our inspection, we saw that staff respected people's decisions, addressed them in a respectful manner and promoted their independence. One person enjoyed making a cup of tea with staff support. The staff we spoke with understood the need to treat people in a respectful and dignified manner. They gave us examples of how they put this into practice in their day-to-day work with people. This included protecting people's confidential information, meeting their personal care needs in a discreet and sensitive way and remembering to protect people's privacy and modesty.

Good

Is the service responsive?

Our findings

People's relatives told us that the care and support provided was tailored to the individual needs and wishes of their family members living at the home. Through the six-monthly care reviews and an open, ongoing dialogue with the management and staff team, they felt involved and listened to. One relative told us, "They give [person's name] choices all the time with what they want to do. They (the provider) involve me with absolutely everything and are always in touch with me if they have any questions." Each of the people living at the home had also been allocated a key worker to act as a focal point for the individual and their relatives and ensure their individual needs were met.

We saw that people's care plans emphasised their strengths and abilities, and reflected their individual preferences, interests and personal goals. Each individual also had a "dream book" setting their dreams and aspirations and how these were being achieved with staff support. People's cultural and religious needs had been fully assessed by the provider. One person's care file contained detailed information about the individual's religion, and the support they needed to practice this. People's care plans were reviewed every 12 weeks, or sooner if required, to ensure the information recorded was accurate and up-to-date. The staff we spoke with confirmed that they were given time to read and remind themselves of people's care plans.

People told us about some of the activities they enjoyed participating in with staff support. One person told us they liked visiting their friends and parents, going swimming, and cooking. They went on to talk excitedly about their upcoming holiday at Center Parcs. Another person, who had just returned from a personal shopping trip, said, "I like hoovering and doing the washing." People's relatives and the staff we spoke with felt that people were able to spend their time doing a wide range of activities they found interesting and enjoyable. People were able to pursue individual educational programmes at the provider's specialist independent college based at the Grafton Centre. They were also able to access a range of activities through the provider's opportunities programme. These included zumba and yoga classes, cookery sessions, hydrotherapy, an adapted cycling club and storytelling sessions.

People were supported to develop new relationships and maintain contact with those important to them. People's involvement in their local community was actively encouraged, providing a greater opportunity for them to meet new people and form new friendships. Regular access was made of the local pub and shops, and the local village hall was used for parties and coffee mornings. Staff helped people to stay in regular contact with their existing friends and family members though phone calls, emails, Skype and letters home.

People's relatives told us they knew how to complain about the service and felt confident about doing so. Any previous issues and concerns had, they told us, been dealt with to their satisfaction by the provider. The provider had developed formal procedures to ensure all complaints were dealt with appropriately and learned from.

The provider actively encouraged people, their relatives and others to provide feedback on how well they were doing as a service. Feedback questionnaires were distributed to people, their relatives, staff and relevant healthcare professionals on an annual basis. The feedback received was collated and used to drive

improvement at the service. "Learner voice" meetings and drop-in sessions were organised to further capture people's views and suggestions about the things important to them. A "learners' views" folder was maintained to track that any feedback received from people had been acted upon. People were also asked for their thoughts and feelings about their care and support at the monthly house meetings. At the end of each six-monthly review meeting, the relatives in attendance were prompted to give their feedback on the care and support provided. One relative told us, "I have the opportunity to put my penny's worth in and I know whatever I say will be taken into consideration."

Good

Is the service well-led?

Our findings

People's relatives and the staff we spoke with described an open and inclusive culture within the service, in which others' views, ideas and suggestions were welcomed by the provider. They felt involved in the service, listened to and that they were working towards a common goal with the provider. A staff member told us, "If we have any ideas we can put them forward and they will be thought about by the management." The registered manager described the importance of maintaining an open ongoing dialogue with people and their relatives. They made use of a range of communication resources and techniques to facilitate this. The provider sought to maintain and develop strong links with the local community, and worked collaboratively with the external health and social care professionals involved in people's care.

All of the staff we spoke with felt well supported and valued, and described their relationship with the provider's management team in positive terms. One staff member told us, "They are supportive. If you have a problem in work or at home, they will take the time to sit and talk with you about it." Another staff member said, "I think highly of the management team." Staff told us they received constructive feedback to guide their work performance. They found the management team approachable and felt comfortable about challenging any decisions they disagreed with. One staff member told us, "I feel completely relaxed. They (management) are a friendly bunch and we are able to ask them any questions." Staff were aware of the provider's whistleblowing policy and confirmed they would make use of this if necessary. Staff had been issued with job descriptions and were clear what was expected of them in their respective job roles.

The registered manager clearly understood the duties and responsibilities associated with the management of the home, and spoke with enthusiasm about the achievements of the people living at the service. They told us the provider was committed to high quality care. A range of quality assurance systems had been developed to monitor and assess the quality of the service delivered. These included bi-monthly quality monitoring visits carried out by the head of care and chief executive, internal audits by the registered manager and periodic health and safety checks by the provider's health and safety representative. The provider's in-house speech and language therapy team and physiotherapists also carried out their own assessments to ensure guidelines were being consistently followed by staff. The registered manager described a range of improvements resulting from these quality assurance systems. These included developments in the key worker role, more consistent communication approaches with people and better record-keeping at staff handover.