Condover College Limited

The Orchard

Inspection report

Aston Road
Wem
Shrewsbury
Shropshire
SY4 5JD

Tel: 01939231040
Website: www.condovercollege.co.uk

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 January 2017 and 1 February 2017 and was unannounced.

The Orchard is registered to provide accommodation with personal care to a maximum of six people who have a learning disability, physical disability, sensory impairment or autistic spectrum disorder. There were five people living at the home on the days of our inspection and one person was in hospital.

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

The registered manager did not have clear oversight of the management of the home due to moving to another home. Although this had no impact on people or staff we found issues around the completeness and availability of some records. The provider's quality assurance systems had identified some issues we found but the registered manager was not made aware of these.

People were supported by staff who understood how to recognise and report abuse. The risks connected with people's care and support needs had been assessed and plans introduced to manage these.

The provider assessed and organised their staffing requirements based upon people's care and social needs. Safe recruitment practices were in place which ensured that staff who provided care were suitable to work at the home.

People were supported to take their medicines safely and when they needed them. Medicines were stored safely and only staff who had received training and been assessed as competent were able to support people with their medicines.

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

People's right to make their own decisions and give their consent to their day to day care and treatment was sought and respected by staff. Staff asked people's permission before they helped them with any care or support. When people could not make their own decisions regarding their care and treatment the provider made sure decisions were made in their best interests to ensure their rights were upheld lawfully.

People were supported to have enough to eat and drink and risks associated with this were assessed and monitored by staff and other healthcare professionals. Staff followed the guidance of healthcare professionals where appropriate and helped people to access healthcare services. People's routine health

needs were monitored and they had health action plans in place to make sure they received on-going healthcare support.

There was a lively and friendly atmosphere within the home. People were treated with kindness and respect and were involved in making decisions about their day to day care and the support they needed. Staff were attentive to people's needs and knew them well. Staff supported people in a way that was caring and promoted their right to privacy and dignity.

People received care and support that was tailored to their individual needs and preferences. They were supported to spend their time how they wanted to but within a structured programme of either day opportunities or college. People and their relatives were given opportunities to provide feedback on the care they received including raising concerns or complaints.

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.
Arrangements were in place to ensure people were safe and staff were always nearby to support them with their care needs. Risks to people were managed to promote their independence and staff ensured they received their medicines when they needed them.

Is the service effective?

Good

The service was effective.
Staff had received training to give them the skills and knowledge to carry out their roles. People were supported to make their own decisions and consent to the care and support they received. Arrangements were in place for people to access healthcare and ensure their dietary needs were met.

Is the service caring?

Good

The service was caring.
People were supported by staff who knew them and cared for them in a kind and respectful manner. Staff kept people involved in their own care and ensured their privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.
People received care and support that was individual to them and their needs. Opportunities for people and relatives to give feedback on the care provision were made available and this included raising complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.
Although a registered manager was in post they were not actively involved in the day to day running of the home. Staff worked for the benefit of the people they supported and people were involved in what happened within the home.

The Orchard

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 January 2017 and 1 February 2017 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection.

We were unable to communicate verbally with everyone who used the service so staff supported us to interact with people. We met with five people who lived at the home and spoke with one person. We spoke with three relatives, three support workers, two deputy managers, the registered manager and the head of care and support for Condover College. We viewed two care records, three medicine records and other records relating to consent and the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety within the home. One person told us they felt safe with the staff that supported them and also in the way they helped them. They told us that when staff moved them with the use of their hoist they pushed the buttons to go up and down. This made them feel safe and happy that they could do this. Relatives all felt their family members were kept safe by staff. One relative said, "[Person's name] is safe with staff, within their environment and when the staff support them. I have no worries."

People were protected against the risk of abuse or discrimination. One person told us that if they were upset or sad about something they would speak with the registered manager or staff. We saw, and staff drew our attention, to stickers which were around the home to remind staff and visitors to report any unsafe or poor practice. Staff told us contact numbers for reporting concerns they may have that people were being abused or discriminated against were in the home's office. One staff spoke about knowing the people they supported and being able to recognise changes in their behaviour which may indicate they were unhappy. They said, "When you get to know them you know when something isn't right."

The provider had systems in place to report and manage allegations of or actual abuse. The provider had taken action following a recent safeguarding concern which had been raised to the local authority. Our records also showed that where allegations of abuse had been reported the provider took the appropriate action, followed local authority safeguarding procedures and notified CQC as required.

Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. People's care was planned to keep them safe whilst maintaining their independence as much as possible. One person was supported by a staff member to make a hot drink. This was done in such a way as to ensure the person was involved but kept safe from the risk of scalding. Staff were aware of people's level of risk in relation to their care such as their awareness of their surroundings, their level of dependence or medical conditions they had. They were able to explain to us why people were at risk and how they needed to support them in a way that reduced these risks.

Staff took responsibility for maintaining a safe environment for people to live in at the home although people were involved in helping to assess risk around the home. One person was involved in completing health and safety checks around the home. They told us they enjoyed helping to test the home's fire alarms each week. Staff told us daily health and safety checks were undertaken to monitor and help reduce risks around the home. Records relating to these checks were not always completed. The registered manager assured us these checks did take place. Contingency plans were in place in the event of emergencies and people had individual evacuation plans which informed staff how to safely assist them in the event of an emergency.

We saw there were sufficient numbers of staff deployed to meet people's needs and to keep them safe within the home. Relatives we spoke with told us the staffing levels were fine. The registered manager told us they had a fixed number of staff on each shift. This was flexible to meet people's social or health needs.

On the day of our visit one person was in hospital and staff were providing 24 hour support to that person at the hospital.

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

People were supported to take their medicines safely and when they needed them. People who lived at the house were unable to manage their own medicine so staff supported them with this. We saw one person being supported to take their medicine which was administered through their percutaneous endoscopic gastrostomy (PEG) tube. The person was fully involved in the process with the staff member talking to them throughout and telling them what they were doing. The staff member also told the person what each medicine was. Clear instruction was in place on how people wanted to be supported with their medicine and we saw staff respected this. Only staff who were trained to handle medicines had access to people's medicines. Staff told us they were only allowed to administer medicines when they had completed their training and been observed and assessed as competent to do so. They told us their competency was reviewed every three months. We found that people's health programmes, which contained information on people's 'as required' medicine, were missing from their medicines folder. The head of care and support told us these were being updated and were at head office, but a copy should still be in people's medicines folders. We found the lack of this information did not impact on people's care because staff knew the medicines people needed.

Good

Is the service effective?

Our findings

We saw staff showed a thorough understanding of what people wanted and needed and had the skills to support people effectively. One relative said, "The staff are excellent. I'm really pleased. [Person's name] is definitely at the right place in terms of staff support."

Staff told us they received training which was relevant to the people they supported and this was kept up to date by the provider. One staff member told us the provider had their own training centre at their head office where a lot of staff training was delivered. They told us they had opportunities to request and access any other relevant training which would benefit the people they supported. Staff understood the importance of the training they received. One staff member said, "It keeps the person safe and gives us the knowledge to help them to the best of our ability." Staff told us that people's care and health needs were discussed during shift handovers so they were aware of relevant information in order to support them effectively.

Staff completed their initial induction training at the provider's head office. They then worked with more experienced staff whilst they completed required training. One staff member told us they remembered when they had first started that they had felt supported by everyone they came into contact within the company, including managers and their colleagues. They felt this process was structured and included familiarisation with the provider's policies, procedures and the appropriate use of equipment and training. Staff told us they received one to one time with a manager. This was not always formal but was an opportunity to discuss their practice and any training that was needed.

People were asked for their permission before anything staff needed to do. One relative told us staff always told their family member what they planned to do. They went on to tell us that even though their family member did not communicate verbally by telling them what they were doing staff gave them the opportunity to refuse or object. We saw that staff knew people's individual communication needs and how best to enable them to make their own decisions. Staff told us that not everyone was able to give verbal consent. One staff member said, "We use pictures, objects of reference or we get the item so they can look at it or touch which one they want." Another staff member told us they would, for example, get a flannel or support the person to smell their shower gel to ask if they wanted a shower. This ensured people were able to give their consent to their day to day care and support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met.

Staff were clear about their role in ensuring people's rights were protected. Staff had received training and understood how the MCA could affect their practice if they thought people did not have capacity to make their own decisions. The head of care and support confirmed that DoL applications had been made to the local authority. One application had been authorised and they were monitoring the status of the other applications. Risk management plans were in place to ensure people's safety whilst these applications were being processed and the requirements of the MCA followed.

People were supported to have enough to eat and drink. One person told us the food at the home was good and that they were involved in choosing the menu each week. We could see that two people had chosen the menu for that week. The menu stated that one person had verbally agreed and one person had smiled to indicate their approval. Staff told us that even though most people living at the home did not have verbal communication staff were aware of what their favourite foods were. This information was obtained through relatives and from getting to know each person's likes and dislikes. People had 'mealtime programmes' in place which detailed their dietary requirements, risks and the support people needed. It also included the supportive equipment that was to be used, for example, non-slip mats to keep plates steady and adaptive cutlery so people could eat independently.

Three people had percutaneous endoscopic gastrostomy (PEG) tubes in place through which they received nutritional liquids. We saw one person being supported to have a 'taster food' of chocolate mousse. These are small mouthfuls of soft food which give a person with a PEG tube the opportunity to taste. Because of their risk of choking these are carefully monitored. Staff told us that the speech and language therapist (SaLT) provided assessment and advice for the people who had a PEG in place. Staff acted on the guidance of health care professional when supporting people's nutritional needs. This helped to ensure that risks associated with eating and drinking were minimised.

People had access to healthcare when they needed it and had health action plans in place to meet their routine health needs. Relatives told us staff would arrange and support their family member's to healthcare appointments and then would update them on the outcomes. One relative said, "Staff take [person's name] straight to the doctors if they're off colour. They have a good relationship with the local GP surgery." We saw people's healthcare needs were supported by a team of professionals including their consultant, their doctor and district nurses. The provider also employed their own speech and language therapy team and also a physiotherapist to help support people's needs.

Good

Is the service caring?

Our findings

One person told us that they enjoyed living at the home and that the staff looked after them well. Relatives told us that staff were excellent, committed and the home was always a lively and happy place. People were content in the company of staff and looked comfortable and relaxed. We saw that staff had good relationships with the people they supported and there was plenty of laughter, singing and smiling throughout the home.

People were supported by staff in a kind and caring way and were involved as much as they were able to in the day to day choices and arrangements. We saw staff adapted their approach depending on which person they supported; using tone of voice, touch and Makaton to communicate with people. Makaton is a language programme which uses signs and symbols to help people to communicate. We also saw staff use a tambourine as an effective method of interaction with one person. One relative told us that they considered their family member was happy living at the home and with the relationships they had with staff. They told us that even though their family member had no verbal communication their body language would indicate if they were not happy and this was not the case.

People were encouraged and supported to make choices, express their views and be involved in their own care as much as they were able to. Staff involved people in conversations and also supported the inspector to communicate with people at the home. We saw that staff knew the people they supported very well and were able to anticipate their needs. All staff spoke about people with warmth, respect and were able to describe their preferences, their interests and their care and welfare needs. Relatives told us they were kept up to date and felt involved in what happened in their family member's life. They were invited to and attended their family member's care reviews and felt staff listened to and respected their opinions and views.

Relatives told us they were always welcomed at the home by staff. They felt comfortable when they visited and told us they always found a positive and lively atmosphere at the home. One relative told us that every time they visited the home they could see that people were relaxed around staff. One relative told us they always telephoned in advance to make sure their family member was at the home when they wanted to visit because they had such a good social life and were quite often out.

We saw staff respected people's privacy and own space. One person told us that staff gave them privacy in their room if they wanted to be left alone. One relative said, "[Person's name] can be in their own room if they want or can be with everyone in the lounge, it's always their choice. Staff recognise when they want to be in either place and when they want to be in on their own." One relative told us they liked the approach that staff used with their family member and that staff were always respectful towards them. People were encouraged to be as independent as they could be. One person, with the support of staff, made some hot drinks. They were supported to ask what drink everyone wanted and then supported to make the drinks. Staff told us that most people who lived at the home were dependent on staff for most of their care needs. However, they made sure that people still had control over their lives by ensuring they were supported to make and communicate their choices.

Good

Is the service responsive?

Our findings

People received care and support that was individual to them and their needs. Relatives felt staff understood their family member's needs and adapted care and support if needs changed over time. They told us that staff kept them updated on any changes in their family member's health or support needs and kept in frequent contact with them. Relatives attended reviews of their family member's care to ensure the care was still relevant to meet their needs. They told us that staff ensured people were able to contribute as much as possible in planning and reviewing their care.

There was an emphasis on supporting people to communicate to the best of their ability. Not everyone living at the home was able to communicate their wishes and views verbally. One relative said, "[Person's name] is always happy and staff are responsive to their needs. There is a major focus on communication to find out how [person's name] communicates. It's all about them." Another relative said, "They do everything they can to recognise what [person's name] wants and what they are trying to communicate." The provider employed their own speech and language therapists (SaLT) who worked with people to put individual communication strategies in place. Staff told us the SaLT visited the home monthly to review these strategies with people. They also supported staff in identifying new strategies and build on what was already in place. We saw that staff understood people's communication methods and were able to keep people involved in what was happening.

People were supported to maintain relationships with people who were important to them. One relative told us how staff supported their family member to contact them through 'facetime'. One person was supported to attend their relative's special event which was in another part of the country. The relatives had asked the provider to facilitate this. The staff at Condover College worked with a respite centre close to the venue to ensure this was made possible.

People were encouraged to decorate their rooms as they wished to. One person showed us their bedroom which we saw was personalised and full of their own belongings. They told us they were very happy with how their bedroom was and that staff had helped them to get it how they wanted it.

People were supported to spend their time how they wanted to. Four people attended the provider's college during the day and the other two people were on a day opportunities programme. One staff member told us the day opportunities programme involved creating a person centred programme of events to ensure people lived their lives to the full. One person who was on the day opportunities programme told us staff always asked them what they wanted to do. They told us they went into the local town, to cookery classes, the cinema, shopping, hydrotherapy and physiotherapy. They told us they had used their wheelchair to paint a picture with other people from the home. We could see the painting was hung up on a wall in the home's lounge. They also attended a social club at the provider's head office where they met friends from other Condover College homes and helped to deliver the post there too. One relative said, "They make [person's name] life as normal as possible. They make life as happy, normal and full of fun as possible. [Person's name] wants interaction and that's what they get."

People and relatives were provided with opportunities to give feedback and their opinions on the service provided. Relatives told us they would not hesitate to complain direct to staff but also told us they had not felt the need to raise any complaints. They spoke with staff regularly by telephone or when they visited and agreed that any concerns they may have were always responded to quickly before it became a complaint. One relative said, "They [staff] keep me in the picture with what's going on with [person's name] so, while they do that, I have no complaints."

The registered manager told us that because most people could not communicate verbally their body language was used to look at their reactions to and learn from their experiences. They told us staff would observe people and their reactions to what was going on around them, what they were participating in and with other staff. The registered manager showed us that people had laminated cards with an unhappy face on which they could give to staff if they felt unhappy about something. However, they also acknowledged that most people at the home would be unable to independently take this card to a staff member.

Requires Improvement

Is the service well-led?

Our findings

Due to a changeover in management there were two managers at the home. The registered manager told us they were "in the process of moving over to another home" and was supporting the new deputy manager of The Orchard during this transition period. We found staff were not clear on who was responsible for the day to day management of the home. We also found that there was no clear responsibility for overseeing systems at the home and both managers had difficulty in locating some information we asked for such as specific care records. Although this had had an impact on the registered manager's oversight of the home staff confirmed there had been no impact on people or staff.

The provider undertook their own quality monitoring visits at the home and we could see issues relating to daily records had been identified by the provider in December 2016. During our visit we found that daily records were not always completed by staff. These records when completed would show that staff had completed required health and safety, medicines and petty cash checks Action was already being taken by the deputy manager, with the support of the provider, to address these issues. We also found care records were not always available, up to date or complete. One person had very little information on their care needs at the home including the availability of any assessment of risk. This information was waiting to be typed up at the provider's head office. However, staff knew how to support this person safely and knew the risks associated with their care. We were therefore assured this lack of information at the home had not impacted on the quality of this person's care.

The issues we identified on the first day of our visit regarding daily health and safety checks, people's individual evacuation plans and medicines records were taken on board by the registered manager, deputy manager and the provider. When we returned on our second day action had started to be taken to address the issues. The registered manager showed us new processes which had already been put into place and information about these had already been circulated to most staff. The head of care and support told us they would continue to monitor the home through the changeover of manager and through their quality monitoring visits. We received further information after our visit confirming actions taken in response to issues we had raised. We were assured that the provider had oversight of the home during this period and would support both managers with their responsibilities.

Relatives spoke positively about the culture of the home and the staff that worked there. One relative said, "It's fantastic, the best decision we ever made, it is right for [person's name]. Staff are easy to talk to. I see their commitment to the home, they go above and beyond." Another relative said, "I see that quite often staff will stay longer than they need to after their shift officially ends. They're loyal and they're committed." Relatives described the atmosphere at the home as being relaxed and friendly.

People and relatives were involved in what happened at the home. Where they were able to people were involved in the interviewing of potential new staff. One person told us they had asked questions at an interview. They told us they had asked questions about topics that were important to them such as what their hobbies were and were they a good cook. The deputy manager told us it was important to people that they were supported by staff who enjoyed the same sort of hobbies as them. The deputy manager told us

they had spent time with this person after the interview to get their opinion on the potential new staff member. Two relatives spoke about the newsletters that were sent to them. These were sent quarterly to all relatives. They told us it contained information about staff and the training they had completed. It also gave information about what people in the house had been involved in such as days out and events at the home and they often contained photographs of the event. One relative said, It's good to see that [person's name] is happy and getting out and about so much."

Arrangements were in place for the provider to use people's feedback to make improvements to the service they received. One person told us they had 'house meetings'. At these meetings people who were able to were encouraged to give ideas and identify what they felt would improve the home. This person told us they had asked for a barbeque which had been obtained. They also had asked for a sensory area in the garden which was due to be completed this year.

Staff were clear on their roles and responsibilities and felt supported by management and the provider. We found there was a shared commitment to ensure people were supported in the best possible way. Staff told us that people were at the heart of what happened at the home and that they worked to make sure people had the best possible quality of life. One staff member said, "This is their [people's] home not our workplace. If we can make sure they have fulfilled lives then I know we've done our best for them."

We saw lessons were learnt from incidents and this learning was used to improve procedures at the home. The head of care and support told us that following a recent incident when no oxygen trained staff were on duty they had reviewed policy. Extra training sessions had been arranged to ensure all staff were trained and they had advised the registered manager that an oxygen trained staff member should be on duty at all times if practicable. Following this incident the head of care and support had spoken with this person's relative to update them on the actions they had taken in response to this incident. This helped to demonstrate a culture of openness and learning.