

# Condover College Limited

## High Ridges

### Inspection report

High Ridge  
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Shrewsbury  
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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

High Ridges is a residential care home providing personal care for up to six people living with learning disabilities and/or autistic spectrum. Some people also had physical disabilities and sensory impairments. Six people were living at the service at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

People were supported by staff who had an excellent understanding of their needs and were exceptionally skilled. Staff were dedicated to promoting people's independence. Each interaction with people was seen as an opportunity to achieve this. People were encouraged to set ambitious goals and achieved these, which had highly positive impacts on their wellbeing and confidence. The service was unanimously praised by people, relatives and professionals. One relative said, "They do the absolute best for each individual."

People were integrated and welcomed into their local communities and made full use of a range of community facilities. They were supported to develop and maintain positive relationships with friends and family.

People were able to take positive risks. They were involved with monitoring safety in the service and staff recruitment. People's relatives felt the service was a safe place for their family members to live.

Staff worked with healthcare professionals to support people to live healthy lives. The dietary needs of people were well understood, this contributed to people's physical health improving. Meal times were a social experience, where people were encouraged to try new foods.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a warm, caring atmosphere at the service. People saw the service as a second family. People's

choices and independence were at central to how support was delivered. The contribution of each person was valued, promoting inclusivity and an understanding of equality and diversity.

The provider placed people at the centre of its aims and objectives. Staff understood these values and promoted them in their work. People and their relatives were involved in the running of the service. They were consulted about any changes planned and what activities they would like to do.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

#### Rating at last inspection

The last rating for this service was good (published 29 November 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# High Ridges

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector visited the service on both days of the inspection.

#### Service and service type

High Ridges is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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.

#### Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service, including notifications for events the provider is required to tell us about. We sought feedback from the local authority who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with two people who used the service. We spoke with nine members of staff including the

provider, registered manager, three support workers, the marketing officer, the head of domestics, head of maintenance and a physiotherapist.

We reviewed a range of records. This included two people's care records and four medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks and health and safety records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two healthcare professionals who regularly visit the service and four relatives of people living at the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People were supported to take positive risks to aid their independence, for example checking the identification cards of visitors to the service and going horse riding.
- Staff understood where people required support to reduce risks. Care plans contained information about measures in place to keep people safe.
- The environment and equipment had been assessed for safety. People were involved in checking water temperatures and fire drills.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of how to make sure people were protected from harm and abuse.
- When staff raised safeguarding concerns they were kept updated to develop their knowledge and experience of safeguarding systems.

### Staffing and recruitment

- The registered manager monitored staffing levels based on people's needs, activities and appointments.
- Safe recruitment processes were in place and followed.
- People were actively involved in the recruitment process. They were on the interview panel and their views were listened to when considering candidates suitability for the role.
- Relatives had confidence that their family members were safe living at the service. One relative said, "The staff team are so consistent, I have no worries about [person's] safety."

### Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when no-longer required.
- Staff followed best practice guidelines and identified where medicines should be reviewed as they may no-longer be required.
- Medicine errors were identified and investigated. Staff were encouraged to reflect on these to support their proper and safe use of medicines.

### Preventing and controlling infection

- Staff followed good infection control practices.
- People from the service and the provider's other services took responsibility to ensure there was sufficient personal protective equipment available.

### Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately. They were used as learning opportunities to prevent future incidents where possible.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same add rating. This meant 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

- Pre-admission assessments were completed over an extended period to observe people's physical, mental and social needs and consider if the service could meet these.
- Careful consideration was given to which people lived in the service. This was monitored to ensure people were in the environment best placed to meet their needs.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and training programme. This was tailored to their individual learning style to support them to gain knowledge and skills to provide care.
- Robust checks, including medicine competency checks and driving assessments were used to ensure staff had the appropriate knowledge and skills.
- Supervisions and appraisals were used to support staff development. One support worker said, "We are encouraged to reflect on our work." This supported staff in delivering effective care and support.

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

- Weekly menus were chosen and agreed by all the people living in the service. Everyone's dietary needs were considered to enable them to eat together.
- People were encouraged to try new foods, including those from different cultures. This changed their attitude to meal times, seeing them as exciting experiences.
- People were supported to prepare fresh, nutritional meals. Improvements in people's physical health were seen as a result of changes to their diets.

Staff working with other agencies to provide consistent, effective, timely care

- Staff across the provider worked to provide consistent, effective care. When one person had been in hospital they had continued to be supported by a regular staff team to maintain their comfort and physical health.
- Information about people's care needs and any changes in these was effectively communicated throughout the staff team to ensure people received consistent, coordinated care.

Supporting people to live healthier lives, access healthcare services and support

- People's health conditions were monitored effectively to maintain and improve this where possible.
- Any health concerns were quickly identified by staff and the relevant healthcare professionals involved.

Positive outcomes were seen for people's health and wellbeing. One relative had written, '[Person] continues to thrive at High Ridges and their health and wellbeing is maintained due to the level of expertise and knowledge staff have in meeting their health needs.'

- People were actively involved in their health appointments and were encouraged to contribute to these. A healthcare professional told us, "Staff allow [person] to speak and support them. The staff that come tend to be the ones that know [person] very well."

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

- The service was adapted to the needs of the people living there, promoting their independence.
- The service had been redecorated. People had been actively involved in choosing colours they found comforting. The work had been completed while people were on holiday to minimise any disruption or impact to people.
- People's bedrooms were decorated as they wished. The layout of their rooms was designed to meet their needs. One relative said, "[Person] was helped to decorate their room, so it's really personal to them."

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

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 when this is in their best interests and legally authorised under the MCA. 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.

- Mental capacity assessments and best interest decisions were not always recorded to show how people's capacity had been assessed and decisions taken in their best interests. The provider agreed to review this.
- DoLS were applied for and monitored when required.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same add rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Consistently positive feedback was given about support from the staff team and their caring approach. Comments from relatives included, "It gives you a really warm feeling, it's a really special place."
- There was a welcoming and inclusive culture. The registered manager said, "It's the perfect jigsaw puzzle here, everyone fits together and adds something." A relative also found this to be the case and told us, "It's a happy home and that is what I want for my family member."
- The service was seen by people as a second home. One relative told us, "[Person] tells us they have two families, one here and one there."
- Staff recognised the value of each interaction with people. We saw them singing with people and explaining each part of their care to them. This helped people form positive, trusting relationships with staff.
- Equality and diversity were promoted. People were supported to understand one another's cultures and religions.
- People's emotional needs were understood and supported. This provided them with reassurance and improved their wellbeing.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were at the centre of their care and were involved in making decisions. They were encouraged to have dreams and aspirations, which their key workers worked with them to achieve.
- People were supported to be independent in their ideas and choices, which gave them control of their life. A relative told us, "They are encouraged to use a choices board, staff have to be really in-tune with what they are wanting."
- People were prompted and reminded of their responsibilities with regards to housework. One relative said, "[Person] has definitely learnt skills such as cooking, they'd never do this at home before. Now [person] offers to help out at home with cooking, cleaning and making a cup of tea."
- People's privacy and dignity were promoted at all times. People were able to spend time in private, staff recognised when they needed this space.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to set new, ambitious goals to empower them and develop their skills. One person who had previously had no verbal communication had been supported to start to speak, learning how to greet people through exercises with staff and having a sign in their room to help them familiarise themselves with words. The person was very proud of this achievement. They were working with staff to extend their vocabulary. A support worker said, "We are firm believers that anything we can do the guys can do too, we encourage them to do whatever they want."
- People's religious and spiritual needs were extremely well understood across all aspects of their lives. People were supported to follow their faiths through accessing services in the community, praying and singing. Staff were highly conscious of how people's beliefs affected their personal care. They ensured one person had access to their own en-suite with a shower to wash according to their beliefs. The person's room layout was carefully considered to enable them to pray facing Mecca.
- People's heritages, cultures and religions were celebrated. One person had designed training to help educate staff and people about their religion. People with religious beliefs had the opportunity to watch one another pray and go to each other's services and religious buildings to learn about these. This empowered people to feel proud of their backgrounds and promoted inclusivity.
- Staff were exceptionally skilled at ensuring people lived fulfilling lives and that each aspect of their support contributed to this. A support worker told us, "In every way possible we try to make sure people have as much of a fulfilling life as they possibly can. This can be from giving them food they like, getting them to make choices and involving them in the upkeep of the house." Relatives comments showed their family members received this care. One relative told us, "I want [person] to experience independent living with people of their own age, they get this here."
- Care was tailored to each person. A relative said, "They understand [person] down to a tee." We saw examples of people who had been very reluctant to accept support with personal care tasks directing this. One person had refused to have their hair cut or washed. Through carefully planned staff support, they now enjoyed and led this. The person now loved choosing different hair styles each day. This had a highly positive impact on their self-esteem, health and wellbeing.
- People's care was reviewed and changed as their needs, wishes and aspirations changed. People thrived from the new experiences they had, such as going ice-skating and going on holiday. This improved their confidence and helped their social development.
- Visiting professionals praised the person-centred care and results people achieved. One healthcare professional said, "They are outstanding, really responsive at contacting me. They allocate one member of staff throughout my visit." They described how when a person had become unwell the detailed care notes

recorded by staff enabled them to tell hour by hour how a person's condition had developed to enable them to decide the healthcare intervention needed.

- Technology was used in innovative ways to help people engage in their local community and develop independent living skills. One person used a video link to watch a local church service when they were unable to attend this in person.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and staff had an excellent understanding of them. Information was available in different formats to use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to take part in activities and work experience opportunities that reflected their social and cultural backgrounds and values. Staff identified through observations and discussions with people and their families their love of helping others. Work experience opportunities in a care home had been arranged. A relative said, "The work experience has done [person's] confidence a world of good."
- Opportunities for enabling people to try new activities and interests, further improving their quality of life were always considered. We saw photos of people enjoying a range of activities within the service and going out, such as pancake tossing and going to local nature areas. A relative told us, "The service is absolutely perfect for [person], they are happier to be there now than home because of the stimulation and how well integrated they are." Creative and innovative sensory stories had been developed for people to help them remember outings they had been on and continue to celebrate these new experiences.
- The service was integrated in the local community and was working to develop links. One person was very much part of their local congregation, this community supported the person to remember significant life events and share their faith." The congregation had given the person a special gift of a prayer book with a personalised note, recognising the person as a valued part of the church community
- People were supported to maintain their relationships with family members. Diaries were used to share information about how they had been and activities they had done at the service and with family. A relative told us, "[Person] can't tell me everything, the diary is brilliant."
- People were supported to develop and maintain friendships with one another, including when in hospital. These friendships created a strong sense of community in the service and boosted sense of identity and self-esteem.

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

- People knew how to provide feedback to staff and the registered manager about their experiences of care and the service provided a range of accessible ways to do this.
- Relatives felt able to raise any concerns. A relative said, "They are open in asking for feedback and want to hear if you're not happy." They had confidence that any concerns would be addressed effectively by the registered manager and provider.

#### End of life care and support

- Staff were aware of good practice and guidance in end of life care. People's preferences and religious beliefs had been considered as part of their end of life planning.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same add rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the heart of the provider's mission and aims. Staff across the organisation worked to ensure they promoted people's quality of life, enabling them to fulfil their dreams and aspirations. A physiotherapist from the provider said, "Everyone cares about people here, it goes beyond just doing your job and going home, we worry about them as our own relatives."
- There was an open, inclusive and empowering culture. Staff felt supported and valued. A support worker told us, "I highly believe Condoover College will support you in any way, shape or form."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager's ethos was understood and respected by people, relatives and staff. One support worker told us, "They are very positive and proactive, they will go above and beyond to make sure people are happy."
- Staff had a clear understanding of their roles. A support worker said, "We are here because we want to give the guys a good life, this is reflected in what we do."
- Staff respected the dedication and contribution their colleagues made to the service. The registered manager said, "My lead support workers are brilliant, I only have to ring them and ask them to do something and they will."
- Staff were encouraged to be aware of their own practice and that of others. They were confident any incidents or concerns would be dealt with effectively to improve the service.

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

- People and their relatives were involved in the running of the service. Questionnaires were used to gather their views and inform changes. For example, considering how to develop the garden area for people to maximise their use and enjoyment of this space. A relative said, "We're all asked for our input and our views".
- People met frequently to discuss the service they received and new opportunities they would like to try. Their feedback was used to plan activities and make changes.
- There was regular communication between relatives, staff and the provider, this led to transparency.

#### Continuous learning and improving care

- Quality assurance checks were used to monitor quality and safety and make improvements.
- Learning was shared across the provider, reflecting on incidents. This was used to inform changes.
- The provider worked with key stakeholders to review their processes and systems and keep up to date with new developments.

#### Working in partnership with others

- Strong partnerships had been established with healthcare professionals.
- People made full use of local amenities including leisure and fitness facilities and pubs. People were warmly greeted and welcomed in the community.