Condover College Limited

Harley Road Scheme

Inspection report

25, 32 &34 Harley Road
Condover
Shrewsbury
Shropshire
SY5 7AZ
Tel: 01743 872250
Website:

Date of inspection visit: 6 and 12 January 2016
Date of publication: 15/02/2016

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

Overall summary

The inspection was carried out on 6 and 12 January 2016 and was unannounced.

The Harley Road Scheme is registered to provide accommodation with personal care needs to 14 people who have a learning disability or autistic spectrum disorder. There were ten people living at the scheme on the day of the inspection and two people accessing respite. People lived in three houses located on the same street in the village of Condover. Two of the houses provide long term care and the remaining house provides respite care.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

Relatives felt people and their belongings were kept safe. Staff had received training on how to keep people safe, they knew how to identify signs of abuse and who to report any concerns to. Staff had access to detailed care plans and risk assessments and were aware of how to protect people from harm. Risks were managed appropriately promoting people's choice and independence.

Staff knew how to deal with accidents or incidents and these were overseen by the registered manager who took appropriate action to reduce the risk of reoccurrence. Checks had been made to ensure new staff were suitable to work with people living at the home before they started work there. There were enough staff to meet people's needs.

People received their medicine when they needed it. Medicine was stored safely and accurate records maintained. People were supported to see health care professionals where needed to promote good health.

Relatives felt that staff were well trained and knowledgeable about people's needs. Staff confirmed that they had access to training that was relevant to their role and enabled them to meet the needs of people living at the home.

Staff gained people's consent before supporting them and respected people's wishes when they declined support. Staff used people's preferred method of communication to enable them to be involved in decisions about their care and treatment.

Relatives told us they thought the food quality was good. People were supported to choose what they wanted to eat and drink.

People were treated with kindness and compassionate. Staff supported people to keep in touch with people who were important to them. People's dignity was promoted and they were supported to be as independent as possible.

Relatives and staff felt that management were approachable. There was a positive working culture at the home where staff felt well supported and motivated to deliver good quality care.

The provider had checks in place to monitor the quality and safety of the service. They actively sought feedback from people, relatives and staff in order to develop and improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had received training on recognising the signs of abuse and knew how to report concerns. There were enough staff to meet people's needs. People's received their medicine when they needed to promote their health and wellbeing

Good

Is the service effective?
The service was effective.

Staff received training and support to enable them to meet people's individual needs. Staff supported people to make decisions about their care and support and respected their wishes when they declined support.

People were supported to see health care professionals when they needed to in order to maintain good health.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness and compassion and supported them to keep in touch with people who were important to them. Staff involved people in decisions about their care and were aware of their aspirations, their likes and dislikes. Staff were positive about their caring role and promoted people's dignity and independence.

Good

Is the service responsive?
The service was responsive.

People were actively supported to pursue their hobbies and interests and were involved in their care planning and reviews. Relatives felt comfortable and able to raise concerns with management. The provider had systems in place to manage complaints and these were available in different formats.

Good

Is the service well-led?
The service was well led.

There was a positive culture at the home, staff felt well supported by the registered manager and other staff. Relatives and staff told us that the registered manager was approachable and listened to them.

People, relatives and staff were encouraged to give feedback in order to develop the service. The provider had checks in place to monitor the quality of the service.

Good

Harley Road Scheme

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 6 and 12 January 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and three relatives. We spoke with ten staff which included the registered manager, the manager, a speech and language therapist, a training and recruitment manager and support staff. We viewed records which related to assessment of needs, risk, medicine, communication passports and people's dream books. We also viewed other records which related to management of the service such as complaints, accidents and recruitment records.

We were unable to communicate verbally with everyone who used the service. We used staff and observation to gain an understanding of people's experience of the care and support they received.

Good

Is the service safe?

Our findings

Relatives we spoke with felt that staff kept their family members and their belongings safe. One relative told us if they had any concerns they would tell staff and were confident that their concerns would be dealt with. Staff told us it was their responsibility to keep people safe. One staff member told us they kept people safe by ensuring their wheelchairs were safely clamped in the vehicle when taking people out. Another staff member told us they were mindful of the needs of people with visual impairment and ensured that there were no trip hazards.

All the staff we spoke with had received training in how to keep people safe from harm and abuse. They were able to tell us about the different forms of abuse and who they would report concerns to. The registered manager was aware of their responsibility to report any allegations of abuse and was able to tell us what action they would take. Staff we spoke with told us that the provider had completed checks to ensure that they were suitable to work at the home before they started. Recruitment records we looked at confirmed this.

Staff were clear on how to manage and report accident and incidents. Records we saw confirmed this. The registered manager explained their process for reviewing incidents. They told us how they used the information to analyse trends and to identify any staff training needs to reduce the risk of reoccurrence.

Staff had a positive attitude to enabling people to take risks. For example one relative told us their family member enjoyed going to theme parks and liked going on the bigger rides. The relative supported their wishes and told us staff had supported them carry out their wishes. Staff said if they were going to support a person with a new activity they would complete a risk assessment to enable the person to complete the activity and to ensure that the risks were reduced as much as possible. We saw that staff had access to detailed risk assessments which were tailored to people's individual needs and the various activities people chose to undertake.

One relative told us that sometimes there were not enough staff on duty to take people out as they had to provide staff cover in the respite house. However, we found there were sufficient staff on duty during our inspection. A staff member had called in sick on the first day or our visit and alternative cover had been found. Staff told us they felt there were enough staff to enable them to support people with their care and leisure activities. The manager told us that there were ample bank staff to cover the respite service without this impacting on the people who lived at the service. The registered manager told us that staffing numbers were regularly reviewed in line with the amount of people accessing the service and their different levels of need.

Relatives told us their family members received support from staff to take their medicine when needed. One relative said that staffed ensured that they gave them their family member's medicine to take out with them when they were taking the person out or away on holiday. We observed a staff member giving a person their medicine. The person was given time to take their medicine comfortably. We saw that staff kept an accurate record of medicine given and that medicines were stored safely and securely in a locked cupboard. Only staff who had received training on the safe administration of medicine supported people to take their medicine. Staff told us that they received competency checks to ensure ongoing safe management of medicine.

Good

Is the service effective?

Our findings

Relatives we spoke with told us that they felt that staff were well trained and knowledgeable about their family member's needs. The provider operated a key worker system. The role of the key worker was to build a relationship with the person. They would support and represent the person's interests and to act as a first point of contact for relatives, friends and other professionals. One relative told us how their family member's keyworker used a telephone conversation between them and their family member to train the other staff how to promote effective communication with the person.

Staff received regular supervision and told us they could approach the management at any time if they required support or guidance. Supervision gave them the opportunity to discuss their training needs and to discuss any concerns they may have. One staff member who supervised staff said they used supervision to identify staff development needs and to keep them on track with goals they had set within their yearly appraisal. Staff told us they had opportunities to undertake a wide range of training that was relevant to their role. They felt the training provided, prepared and enabled them to deal with the variety of situations they had to manage. We spoke with a new member of staff who told us they had a structured induction. They were undertaking the care certificate which developed their understanding of the standards and enabled them to fulfil their role. They worked alongside experienced staff and if they were uncertain about anything they only had to ask and guidance was given. Their manager told us they monitored their progress and ensured that they were competent in their role. We spoke with the training manager who explained it was their role to arrange and monitor staff training requirements. They told us that if staff required specialist training this would be requested through the manager and they would arrange it.

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. 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 understood the principles of the MCA and promoted people's involvement in decisions about their care and treatment. This was confirmed by relatives we spoke with. One relative said, "They [Staff] expect [Person's name] to make choices. It may take a bit longer but [Person's name] can do it". The registered manager and home manager told us that staff worked closely with the speech and language therapists (SaLT) to promote effective communication to enable people to be involved in decisions about their care. Staff told us they gained people's consent by first explaining what they were going to do. If people declined support they would respect their decision. The registered manager demonstrated their understanding of the MCA and told us they would involve other professionals in MCA and best interest decisions where people were unable to make decisions for themselves. They told us and we observed that they had completed DoL applications for all people living at the home.

Where able people were encourage to make drinks for themselves. We saw that one person made several hot drinks throughout the course of the day. Another person required limited prompts to enable them to make a squash drink. Relatives told us that the food quality was good. Staff told us and we saw that people were given a choice of what they would like to eat and drink. Menus were discussed in house meeting where people had the opportunity to taste and touch different foods. Staff told us that different communication aids were used to plan weekly menus and the method of communication used to choose the menu was recorded on the menu sheet. During our visit one of the providers SaLT team members showed us how they supported people to use talking mats to choose what they wanted to eat and drink. We observed that people were familiar and comfortable with using the talking mats and were able to choose what they wanted to drink. Staff told us that people were supported to be involved in meal preparation where possible.

Good

Is the service effective?

People's nutritional needs were had been assessed and were monitored by staff. SaLT had been involved where necessary and staff were aware of people's dietary need. The SaLT staff had also developed personalised place mats which gave an overview of people's needs and the support and equipment needed to meet those needs. People were encouraged to feed themselves where able and we saw that one person had their crockery raised on the table to enable them to feed themselves independently. Where required staff supported people to eat.

Relatives told us that people had access to health care professionals as needed. One relative said that their family member saw their doctor and had physiotherapy on a regular basis. Another relative commented that the doctor was excellent and that their family member was responding positively to speech and language therapy support received from the provider. The SaLT worker told us that staff followed the guidance given and this was reviewed alongside people's care plans. During our inspection we saw that a person had a health appointment which staff supported them to attend. Staff told us they supported people to see health care professionals when needed. Staff recorded the purpose and outcome of any appointments attended. We saw that people had comprehensive Health Action Plans which clearly recorded their health needs and the support they required to maintain their health. These recorded the purpose and outcomes of appointments attended and any health reviews.

Good

Is the service caring?

Our findings

We were unable to communicate verbally with everyone but people were able to indicate they were happy with the care received. We saw that people were relaxed in the company of staff and we saw lots of smiles and laughter. Relatives told us that staff had built effective working relationships with people. One relative said, [Person's name] is extremely happy, they've come on in leaps and bounds. They have a lovely relationship with staff". People were encouraged to keep in touch with people who were important to them and to build friendships with other people. One relative told us how their family member was best friends with another person living at the home and that they regularly spent time listening to music in each other's room. Staff told us people were given many opportunities to meet with others and build friendships. They helped people to show us pictures of holidays they had been on with their friends. The relatives we spoke with told us that they kept in regular contact through visits and by telephone.

Relatives we spoke with told us that both they and their family members were actively encouraged to be involved in decisions about their care and treatment. One relative said, "I know [Person's name] is involved in decision making. Another relative said, "[Person's name] seems to be now making more decisions for them self and it is quite right that they do. They have come on so much recently, more confident. I've noticed when we're out "[Person's name] has an opinion now". Care records we looked at were centred around the person their likes and dislikes, their wishes and aspirations. Staff told us and we observed that they used people's preferred method of communication to enable them to be involved in decisions about their care and treatment.

Relatives spoke highly of staff and their approach. Relatives told us that staff made them feel welcome when they visited. They felt staff were respectful to their family members and them. One relative added that they had never heard any staff speak to anyone disrespectfully or even raise their tone of voice. We saw that staff spoke with and about people in a respectful way. They used people's preferred method of communication to good effect as people were able to choose what they wanted to eat or drink or what activities they wanted to do. We observed a staff member patiently supporting a person to choose between different drinks. They then proceeded to assist the person to take a drink in a kind and considerate manner, stopping for the person to have a rest before they finished their drink.

Staff were mindful of people's dignity and right to privacy. During our visit one person returned home from college and went straight to their room. Staff explained that the person liked time to themselves on returning home and they respected this. They said they would come out and join the other people of their own accord when they were ready. Staff told us they promoted people's dignity by ensuring people's doors and curtains were kept shut when helping with personal care. They also used sign language when they asked people if they needed to use the toilet as they felt that this was more discreet. We observed that staff were discreet in their approach and knocked on people's doors before entering their rooms.

Good

Is the service responsive?

Our findings

One person we spoke with demonstrated their interest and enthusiasm of going to college on the bus and talked about other people and staff who attended. Staff helped them explain that they also liked to go swimming. Another person talked about going to the pub for a drink. Relatives we spoke with were positive about the opportunities their family members were given to partake in activities and fulfil their interests. One relative told us their family member enjoyed flying and that staff had supported them to go flying. The person also had an interest in motorbikes and a staff member who had a motorbike allowed them to sit on their bike and 'rev' up the engine which the relative said they enjoyed. Another relative praised a staff member's efforts in supporting their family member to attend the local football match. They said the staff member even came into work on their days off to accompany the person to the football matches. People also had the opportunity to attend the college or day opportunities. At the day opportunities centre they were able to make use of resources such the computer suite and the sensory room.

Each person living at the home had a 'dream book'. These books displayed pictures of people's interests and aspirations and how they were supported to work towards them. Staff told us they would break down people's goals into achievable tasks to allow them to build up to what they wanted to do. One person wanted to attend a league football match. A staff member explained how they broke this down into achievable steps by first going to local football matches prior to attending the bigger games. People were also supported staff to choose where they wished to go on holiday. Two people had expressed a wish to go to a theme park. Staff told us that with the two people's agreement they went on holiday together. With support of staff one person showed us the pictures of the cottage they stayed at and of them enjoying their time at the theme park.

People were encouraged to be actively involved in the local community. People had recently been visited by the local vicar and had subsequently attended the church. We saw that this visit was included in the scheme's newsletter and showed the people talking with the vicar and lighting candles. During our visit we saw that some people were preparing to go out to a youth club that evening.

People's needs were assessed before they moved to the home. This included an assessment at their home, at their education or residential setting and an overnight stay at the home. The provider also liaised with relevant professionals such as physiotherapist, SaLT and educational support to ensure that they were able to meet people's needs prior to them moving in. Staff had access to personalised care plans which detailed person's needs, their likes and dislikes. People also had communication passports which detailed how staff and others could enable people to communicate their needs and wishes.

The staff we spoke with demonstrated good knowledge of people's needs and the support they required to meet those needs. This included people's preferred method of communication, their aspirations and how to help them manage their anxieties. Staff were provided with detailed information on how to support people and told us they referred to people's care plan and risk assessments to establish their support needs. We observed that staff responded appropriately when a person had become anxious. A staff member told us the person may have been in pain they had administered pain relief and supported the person to take a bath and listen to music as this usually helped to relieve their anxieties. This was done with positive effect as the person became calmer. Care records we viewed reflected the support provided by staff.

People's care plans were kept under regular review. Meetings were attended by people, their relatives and professionals involved in their care. The meetings gave people and their relative's time to reflect on what people had achieved and if there were any changes in their needs, wishes or support needs. On a day to day basis staff told us they used staff handovers to share information about any concerns or changes in people's needs.

People were each given a copy of the complaints process when they moved into the home. They were given laminated cards which had a sad face on that people could give to staff if they were not happy. Staff told us if people had concern they would help them voice them. Relatives we spoke with told us they were confident and able to raise any concerns or complaints with staff. The provider had not received any complaints but was able to show us their policy and explain the action they would take in response to a complaint.

Good

Is the service well-led?

Our findings

People indicated and relatives told us that they found the staff and management welcoming and approachable. We saw one person greeting the registered manager by their name before moving towards them to engage in conversation with them. One relative knew the registered manager well and told us they frequently had contact with them. Relatives we spoke to lived some distance away from by the home and told us their family members had remained at the home as they were very happy with the service provided. One relative said, "I know [person's name] is happy, if they weren't they wouldn't be living there".

Staff told us there was a positive working culture at the home where staff worked as a team and were able to gain support and guidance from management as and when required. The registered manager told us that they felt well support by the provider who operated an open door policy and were available to support where needed. There was a clear management structure in place which included the registered manager, a house manager and three senior support workers. Staff told us that there was a 24hour on call system in place which they could contact should they require advice or support outside office hours. Staff were aware of the whistleblowing procedure and had access to a 24 hour confidential helpline should they have any concerns they wished to discuss. Staff told us regular staff meeting were held and they felt comfortable to raise issues. They found management listened and responded to their views and suggestions.

The registered manager told us the vision of the service was for people to live full and active lives. This was a vision shared by staff who told us that they were keen to ensure that people worked towards their aspirations. They said the service was all about the person and that they were employed to meet their needs and enable them to live life to their full potential. The staff's efforts were confirmed by a relative who said, "I always ring up when we want to pick [Person's name]up for lunch or a visit. I never assume they will be free. They have such an active life with education classes, swimming, does their own shopping, [Person's name] is always busy". We observed that the culture in the home was person centred and inclusive. Staff were motivated to provide individualised support that allowed people to achieve their aspirations and goals. Staff we spoke with found their jobs rewarding. One staff told us, "Just to see their face and the smile on their face makes it all worthwhile". The registered manager told us they supported staff development to ensure good quality support. They went on to tell us that this year the organisation had been awarded gold level of accreditation for Investors in People. Investors in People sets standards for better people management and measures organisations performance against the standards.

People's views were actively sought and acted upon. Staff told us and we saw that monthly house meetings were held. The minutes recorded the communication aids used to facilitate the meeting such as Makaton and picture support. The meeting included discussions on different issues such as activities and food choices. People were shown pictures of different activities and staff monitored their reaction to items shown to enable them to establish people's interest in different activities. We saw that people were shown different food options and were able to taste them and feel the different textures of the food. Staff used the views expressed by people to plan the weekly menu's and to arrange activities for people to partake in.

The provider had systems in place to assess the quality of the service provided. The systems included internal audits and monthly quality monitoring visits where managers from other projects would visit to complete quality checks. Where areas for improvement were identified, we saw that action plans were developed and monitored to ensure actions were completed. People and their relatives were invited to complete an annual questionnaire about the quality of the service. The registered manager told us that they had not received any negative feedback but should they do so they would addressed them as they arose. One relative told us they disliked the questionnaire and therefore provided verbal feedback on the service. The registered manager told us they used a variety of different methods to gather people's and relatives' views on the service. These included people's care reviews, questionnaires, and feedback received in complaints and compliments. They told us they valued both positive and negative feedback and used the information provided to develop and improve the service. We observed the service had received positive feedback from relatives and from professionals who worked in partnership with the service.