# Condover College Limited

## Inspection report

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## Ratings

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|---|---|
| **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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. It was last inspected in December 2013 and no areas of concern were identified.

Condover House provides accommodation and personal care in four houses for up to 21 adults with a learning disability or autism. Three houses accommodate people for long term care and one house accommodates people for respite care. There were 13 people living at Condover House when we visited. There was also one person in respite.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make

# Summary of findings

decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions about something, that best interest meetings were held.

We looked at care plans for four of the people that lived there. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information. There were also detailed assessments about the person's health that included specific care plans. We observed that staff were able to support people with dignity and respect in a safe and caring manner. We found that people who needed help to manage their anxiety were effectively supported by staff. We saw that when required other health professionals had been involved to help develop strategies for doing this.

Care records we looked and what we observed demonstrated to us that the social and daily activities that were provided had been decided upon by each person. For example we saw that some people chose to go shopping for items for their home. We saw that staff then supported people to do this activity.

Systems were in place to monitor and review people's experiences and complaints to ensure improvements were made where necessary. Staff supported people to communicate their wishes and views, including for people who could not speak. For example we observed that Makaton (a form of sign language) was being used with a person who could not speak.

All of the professionals, relatives and staff felt that the service was well led. There were systems in place to ensure that the provider was able to monitor the quality and safety of the service that was provided.

# 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. Relatives and carers told us that they felt people were safe. Staff had the skills, knowledge and experience to keep people safe and protect them from harm. They were able to respond quickly if someone needed help. Staff could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Good

**Is the service effective?**

The service was effective. All of the care records that we looked at had detailed information about people's needs and were clear in how these needs were to be met. Staff were able to tell us about people's needs and we observed that staff were able to provide care that managed these needs. Regular training and supervision ensured that people were supported and trained to meet people's individual needs.

Good

**Is the service caring?**

The service was caring. We saw that staff had good relationships with the people they cared for. The people that used the service appeared to have good relationships with the staff that cared for them. All of the staff treated people with spoke dignity and respect.

Professionals told us that people accessed the right support when they needed it. What we saw in the care records also showed that when people's needs had started to change appointments had been made and people referred to other professionals for additional help and support. This showed that staff cared about the health and welfare of the people they were looking after.

Good

**Is the service responsive?**

The service was responsive. People's needs were regularly reviewed by health and social care professionals. The health and social care professionals we had contact with told us that they felt that the provider responded appropriately when people's needs changed. Relatives and carers that we spoke with told us that they were kept informed if staff had any concerns about anyone's health or welfare.

People were supported to attend director meetings so that they could be involved in decisions that affected their care.

Good

**Is the service well-led?**

The service was well led. Relatives and carers that we spoke with were complimentary about how the service was run. Relatives said that they felt listened to and any comments or complaints were responded to. The provider had a system in place that demonstrated that complaints would be dealt with appropriately.

Systems were in place that meant that the manager was able to measure the effectiveness and quality of the service. We saw that audits that looked at medicines, infection control, health and safety and other relevant areas happened on a regular basis. We looked at minutes for meetings and saw where ideas for improvement had been actioned.

Good

# Condover House

**Detailed findings**

## Background to this inspection

We carried an inspection at Condover House on 8 July 2014. The inspection was unannounced, which meant the provider and staff did not know we were coming.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was carried out by an inspector and an Expert by Experience of people with a learning disability. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at and reviewed the provider's information return. This is information we have asked the provider to send us and how they are meeting the requirements of the five key questions.

We spoke with six people living at the home, five relatives, six care staff and the registered manager. We also spoke with a community nurse and a doctor. Not everyone who used the service was able to communicate verbally with us. We used staff, people's care plans, our observations and other information to help us to gain people's experiences.

We looked at four people's care records. We also looked at how the quality of the service was measured by looking at audits that had been carried out, staff meeting minutes and any feedback and complaints from relatives or carers.

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Good

# Is the service safe?

## Our findings

People we spoke with told us that they felt people were kept safe. One relative told us; “They (staff) always take particular care to ensure that people are safe in what they do. We are always involved in care reviews and this is when we discuss care plans and any risk assessments”. We saw in the care records that people’s care plans and risk assessments had been reviewed. This meant that risks were regularly reviewed to ensure that people would remain safe.

All of the staff and relatives we spoke with felt that there were enough staff to keep people safe and meet their needs. We asked the manager about staffing levels and we were told that currently the service has a stable staff group and that there were sufficient numbers of staff to keep people safe and meet their individual needs. We observed that people received care when they needed it without any delay. For example we saw a person ask for help with their personal care. The person did not have to wait long as there were sufficient staff around to make sure that they could respond quickly.

Staff had a good understanding of what their responsibilities were under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). A DoLS application may be made by the manager where it was felt necessary to restrict a person's liberty to keep the person safe. The provider had reviewed the latest DoLS guidelines and made referrals for people where their liberty may have been restricted. During the inspection we spoke with a specialist DoLS assessor who had come to carry out assessments on the people that had been referred. They confirmed to us that the registered manager had made a number of referrals for assessments. This showed that the provider recognised when people’s freedoms and liberties may have been impacted upon, and had a system which managed this in a safe and legal manner.

The provider had policies relating to whistle blowing and safeguarding which were accessible to staff. Staff told us that they had received safeguarding training and this was confirmed by records that we looked at. We spoke with six staff, and all of the staff had a good understanding of what abuse was and how to report this. This meant that staff knew how to respond appropriately if they had any concerns over the safety of the people that lived there.

The provider had procedures that ensured all relevant authorities were informed of any incidents when appropriate. The registered manager told us about a recent safeguarding incident and how it was handled in line with their own policies and procedures. We then saw some written feedback from the local authority praising the registered manager about how the incident had been handled.

We saw in the staff records that staff were only employed after essential checks to ensure that they were fit to carry out their roles effectively and safely were made. We found that where disciplinary action had been needed to be taken, this had happened in line with the provider’s own policies and procedures to ensure that people were protected from unsafe care.

Good

# Is the service effective?

## Our findings

When we asked people about the staff that supported them, and also about what they thought of using the service, all of the responses we received were positive. Some people smiled and pointed, another person put their thumbs up with a smile to indicate they were happy. A relative told us, "You just can't fault the staff. I think the care they give X (person's name) is excellent."

Relatives told us that they were confident of the skills and knowledge of the staff. One relative told us; "The care is excellent, all of the staff seem to know the needs of the people here". We saw in the training records that as well as training around health and safety and medicines, staff also had the opportunity to do other training that was specific to people's needs. For example staff attended training around diabetes management, as there were some people who used the service with diabetes.

All the staff we spoke with had knowledge of the needs of the people at the home. We saw that staff helped and supported people. Staff told us that the amount of support that a person required was always based on an individual's needs. We asked staff about some of the health needs of the people who used the service. Staff were able to tell us about how they managed a person's epilepsy, they were also able to tell us how they managed this person's other complex health needs. What staff told us matched what was in people's care records.

We spoke with health professionals about the care that was provided at Condover House and everyone we spoke with was complimentary. One doctor told us; "They (staff) are good at what they do. They always know the needs of the people we discuss in clinics." This meant that staff had the knowledge and skills to meet people's needs.

We observed that people were supported to prepare their own meals with the choices that they had made. For some people these choices were made verbally, where for other people they used pictures and symbols to communicate their wishes. We saw that staff were able to understand what people were saying to them. People had a varied diet and had access to fruit and vegetables to make sure that people had sufficient nutrition. We asked if there were any concerns over people's diets. Staff and relatives all told us that they felt people ate and drank well and that there were no concerns.

We looked at four people's care records and we found that where required people had been referred to other professionals for specialist input. For example we saw that a person's anxiety had started to increase so the provider had referred them for input from the community nurse. We spoke with the nurse who told us; "They always carry out what you suggest trying and I think they manage people's needs very well." A doctor told us that they felt the staff referred people at the right time, for example when a person started to show signs of ill health. This showed that the provider had responded to people's needs and taken appropriate action to ensure that the care given remained effective.

We looked at care plans for four people who lived at the home. They covered a range of needs and had been reviewed regularly to ensure that staff had up to date information.There were also detailed assessments about the person's health that included specific care plans. The staff we observed were able to help and support people.

Protocols for people's medicines were clear and also showed that they were reviewed regularly. We found that alongside a person's protocol for medicines to treat their anxiety was a plan to first try to calm the person without the need for additional medicines. This had reduced the amount of emergency medicines this person received.

Good

# Is the service caring?

## Our findings

We saw staff talking with people in a kind and respectful way. We observed that people were asked what they wanted to do and staff listened. We saw in the records that people had access to advocacy services. Staff told us that this was to help people make decisions and to make sure that people were able to make their wishes known. One person chose to go to the local shops to purchase items for a new home they were due to move to. This person then returned and appeared happy with the activity they had just done. People were happy and when asked if the staff were kind caring people responded positively, either by smiling, gesturing with their thumbs or telling us that they were. A relative told us that the staff were; "Without exception very caring." Professionals we spoke with all told us that the approach of staff was very caring, for instance one health professional told us; "They (staff) mould what they do around people's needs. You can see that staff care."

Staff communicated in a way that showed that they valued the person as an individual. We saw that staff supported a person to prepare a drink for themselves. Staff told us that care was about enabling not just doing things for them. One staff member said; "We always focus on what the person can do. It's not about doing everything, people need to feel valued and proud of who they are."

During our inspection some people chose to go shopping to the local shops, whilst we saw that other people chose to do other activities such as cleaning their room, and another person spent some time in the garden. We saw that staff fully respected the choices that people made.

People were supported and encouraged to keep contact with their families. One relative told us, "The staff are so good they really make you feel welcome, regardless of when or how many times you visit." Another relative told us; "It doesn't matter when you come, people are always out and busy. I believe that people really care about what they do."

We saw that people's dignity was respected and when people required assistance with their personal care needs this was carried out in a dignified and respectful way. We saw an example where a person asked for help with their personal care. We observed that the staff then supported this person to an area that was private to meet their needs. We also saw where another person wanted to go to their own room. This person was able to go into their room and close the door to have some time alone. This showed that staff respected people's own personal space and people were treated with dignity and respect.

Good

# Is the service responsive?

## Our findings

All the staff we spoke with were able to tell us how they responded to all of the needs that people had that used the service. For example staff told us how they responded if a person had a seizure due to their epilepsy, they could also tell us about how they responded to a person who displayed anxiety. This showed us that staff had the knowledge and skills to respond to people's health needs.

We asked some of the people that used the service if when they were unwell staff looked after them and made sure they saw a doctor if it was needed. The relatives we spoke with told us that if people's needs changed they were quickly referred to the relevant professionals. On occasions this had been the doctor or other health professionals such as the community nurse.

We saw that staff used a variety of different communication methods to ensure that people were able to communicate their needs and what their wishes were. We saw staff using Makaton (a form of sign language), also we saw examples where staff used pictures to communicate, and also other people were able to understand spoken language. We saw that staff took the time to listen and understand the people that used the service.

We looked at the complaints records. Although there had not been any recent complaints we could see that there was a procedure for staff and the provider to follow. All the staff we spoke with told us that they knew how to respond is someone made a complaint. Relatives we spoke with told us that they had not had any need to make any formal complaints, but if they did they felt that management were approachable and responsive to ideas and feedback. One person told us; "I am involved in [person's name] care and whenever staff see me they always ask if I'm happy with things. I am sure if I had any worries or concerns they would try to sort it out."

Care files indicated that a range of external health and social care professionals had made visits to people. We spoke with the community nurse and they told us that; "They (staff) are really good at keeping me informed of how people are and when needed they do make referrals." An example of this was a person whose needs had started to change. This had been identified by staff and the community nurse had been asked to offer further support to meet the person's needs. We saw in the records that this person's anxiety management strategies were currently being reviewed in consultation with healthcare professionals. All staff had received training in techniques to help make the person become calmer and where needed to safely manage the person's behaviours. When we looked at the amount of emergency medicines the person had been given we saw that all other strategies to calm the person were tried first and the emergency medicines were only given as a last resort. All the staff we spoke with said that they felt the training and input from other professionals helped them to respond appropriately to the person's changing needs.

We also found that the provider had its own speech and language therapy team to help with people's eating and drinking needs and also their communication needs. The health professionals we spoke with told us that this service helped greatly with meeting people's needs as it was able to respond quickly if people's needs changed. This meant that people had their needs regularly assessed and consistently met.

People's health and wellbeing were monitored. We saw in the records that all of the people that used the service had regular care reviews every six months. This involved the individual, relatives or carers and also other professionals involved in their care. All aspects of the person's health and social care needs were reviewed at these meetings. One relative told us; "The meetings are really good as it gives me a clear picture of how (person's name) is doing."

We found that where instruction had been given by health professionals for additional monitoring this was carried out. For example a doctor told us; "I have never had any problems with monitoring at the service. Staff have always carried out what I ask, like with seizure monitoring for epilepsy, without this information I would struggle to make the right medication judgements. I think some of this is in part to the organised approach from the manager."

Good

# Is the service well-led?

## Our findings

The registered manager told us that when the board of management hold their meetings it is always attended by a person who uses the service, and where required they would be supported by someone who could assist with their communication. These meetings reviewed comments, complaints, outcomes of audits and other information from the manager. Any action plans or ideas for improvement would also be discussed. We were told that the provider was keen to ensure that the views and feedback from people that used the service was heard by all managers. This meant that people who used the service were actively involved in developing the service.

The provider had policies relating to whistle blowing and safeguarding which were accessible to staff. Staff told us that they felt that the service encouraged the views of the staff that worked there. They told us that if they had to speak with management about any concerns they would feel comfortable to do this. They also felt they would be listened to. This showed a management culture that empowered staff to be open in sharing any concerns.

All of the staff we spoke with were enthusiastic about their job roles. One member of staff told us, "It is a privilege to be able to care for the people here. It is a special job we do." Another staff member told us about their job satisfaction at being able to provide care how the individual wanted it. All of the professionals and relatives we spoke with were complimentary about the approach of staff and management to caring for the people that used the service. One relative said; "The manager is nice and is approachable." A health professional told us; "The service is run well." Another professional told us that; "Management always ensure that staff that know the person attends appointments. This ensures that we can make decisions based on information from a person with knowledge about the needs." This meant that good leadership had made sure that the appropriate resources were available to achieve the best outcomes for the people that used the service.

The provider had procedures that ensured all relevant authorities were informed of any incidents when appropriate. The registered manager told us about a recent safeguarding incident and how it was handled in line with their own policies and procedures. We then saw some written feedback from the local authority praising the registered manager about how the incident had been handled. This showed that there were systems in place to ensure accidents and incidents were managed and reported appropriately.

The registered manager had completed regular audits. These looked at a particular area of care and all the paperwork and activities around this area of care would be checked. We saw evidence of audits around medication, health and safety and infection control. There were also forms which were sent to families and carers, to give them the opportunity to feedback directly on the quality of the care. We saw that action had been taken to address any issues identified. We saw where a parent had raised concerns over how the provider was keeping them up to date with their relative's health and progress. We saw that the provider as a result had put changes in to place that improved how information was shared with relatives and carers. This indicated that the provider constantly measured the performance of the service. This meant that the provider protected the people who lived there from the risk of inappropriate care by regularly assessing, monitoring and where necessary taking action to improve the quality of the service provision.