Condover College Limited

Church View

Inspection report

Longnor
Shrewsbury
Shropshire
SY5 7PP
Tel: 01743 872250
Website:

Date of inspection visit: 20 January 2016
Date of publication: 19/02/2016

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 20 January 2016 and was unannounced.

Church View is registered to provide accommodation with personal care needs to six people who have a learning disability or autistic spectrum disorder. There were six people living at the home on the day of the inspection. The house is situated in the village of Longnor in Shropshire.

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 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and their relatives told us they felt safe as there was always enough of staff available to support them.

Summary of findings

Staff were able to recognise signs of abuse and knew who to report any concerns to. The provider carried out necessary checks to ensure staff were safe and suitable to work at the home prior to them starting work there.

Risks to people's safety had been assessed and guidelines put in place to enable people to follow their interests and promote their independence.

People were supported to take their medicines by staff. People's medicines were stored safely and accurate records maintained. Staff had received training to ensure they were competent and confident to give people their medicines.

People were supported by motivated and well trained staff. The registered manager provided effective leadership and worked as part of the team to enable people to work towards their aspirations.

Staff used people's preferred method of communication to enable them to understand and be involved in decisions about their care. Where people were unable to make certain decisions staff would ensure that decisions made on their behalf would be in their best interest.

People were encouraged to choose and help prepare their own meals and drinks where able. People's nutrional needs were assessed monitored and reviewed to ensure their dietary needs were met.

People were encouraged and supported to keep in contact with family and friends. Relatives we spoke with told us they were always made to feel welcome when they visited the home.

People were supported to make choices about how they received their care and treatment. Care plans were tailored to peoples' individual needs and preferences.

Staff treated people with dignity and respect. People were supported to remain as independent as possible and staff encouraged them to pursue their interests and hobbies.

People and their relatives knew how to raise concerns and were confident that their concerns would be listened to and acted upon.

Both the provider and registered manager completed a range of checks to monitor the quality of the service and to identify if improvements were required. They were keen to develop the service and actively sought feedback from people who used the service, their relatives and staff to drive improvements.

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.

People felt safe as there were always enough staff available to support them. The provider encouraged people to take risks as part of their care and treatment to maintain their independence. People were supported to take their medicines safely to promote good health

Good

Is the service effective?
The service was effective.

People were supported by well trained and motivated staff. Staff used people's preferred method of communication to help people understand and make their own decisions. Where people were unable to make their own decisions these would be made in their best interest. People were supported to access health care professional as and when needed.

Good

Is the service caring?
The service was caring.

People were given choices about how they wished to be supported. People's care plans were tailored to their individuals needs and preferences. Staff treated people with kindness and respect. People were supported to maintain contact with family and friends.

Good

Is the service responsive?
The service was responsive.

People were actively encouraged to pursue their interests and aspirations. People and their relatives were involved in planning and reviewing their care plans. People and their relatives were aware of how to raise concerns or complaints and were confident that they would be acted upon.

Good

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

The registered manager had clear visions for the service and provided effective leadership in working towards these. People and their relatives found the registered manager approachable and felt that the service had a homely atmosphere. The provider had checks in place to monitor the quality of the service and to drive improvements in the service.

Good

Church View

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 20 January 2016 and was unannounced. The inspection was conducted by one inspector.

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 six people who used the service and three relatives. We spoke with six staff which included the registered manager, a speech and language therapist, and support staff. We viewed two 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 accidents reports and recruitment records.

We were unable to communicate verbally with everyone who used the service. We used people's communication books, staff and observation to gain an understanding of people's experience of the service.

Good

Is the service safe?

Our findings

People told us they felt safe because staff were available to support them when they needed help. One person told us that it was slippy out side and that they would stay by staff to make sure they did not fall over. Relatives we spoke with were confident that their family members were safe living at the home.

One person with support from staff showed us a laminated card with a picture of a sad face on which they kept in their bedroom. They told us they would give this to a staff memer if they had any worries or concerns they wanted to report. All the staff we spoke with had received training on how to keep people safe from harm or abuse. Staff were able to tell us how they would recognise the signs of abuse and who they would report any concerns to. They told us that their staff handbook had information about the different forms of abuse and contact details to report concerns. The registered manager was aware of their responsibilities to report concerns to the local authority. They would also share concerns with their management teams so lessons could be learned.

Staff enabled people to live life to the full by minimising the risk of injury or harm. Staff had developed support guidelines and completed risk assesments to maximise people's independence. These reduced the risks associated with people's care needs and the activities they chose to take part in. People showed us pictures of them enjoying activities such as horseriding and trips out to various settings. Staff told us they referred to people's care plan and risk assessments to ensure they were aware of people's needs and the equipment that was required to keep them safe. Staff were also able to demonstrate that they would take appropriate action in the event of an accident or incident. The registered manager told us they analysed incident forms for trends or patterns and took action to reduce the risk of the incidents happening again. For example, one person had fallen a number of times the provider arranged for a medical review and physiotherapy to reduce the risk of reoccurrence.

People and their relatives felt there were enough staff to meet people's needs. One relative said, "I think staffing at the home is very realistic, people want for nothing and are very well catered for". This was confirmed by another relative who said like any other workplace there would be staff sickness but this had never compromised the care their family member received. The registered manager told us that they had a flexible rota that could and was arranged around the needs and activities that people wished totake part in. For example, if people wanted to remain at home during the day and to go out for a meal or to the cinema in the evening the rota was arranged to suit. During our visit we saw there were enough to support people when they needed help.

Staff we spoke with said that the provider had carried out checks with their previous employer and the disclosure and barring service prior to them starting work at the home. This registered manager confirmed that the providers recruitment team ensured all checks were in place to ensure staff were suitable and safe to work with people living at the home.

One person with the assistance of a staff member was able to tell us that staff prompted them to use the cream and bath lotion they had from the doctors. Relatives told us that staff supported their family members to take their medicine as prescribed. One relative was grateful that staff arranged for their family members medicine to be put in blister packs as this helped them when they went to stay with them. Medicines were stored safely and accurate records were maintained. Only people who had received training administered medicine. Staff told us they had annual 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 knew how to support their family members. One relative said staff were, "Excellent". Another relative told us that all staff had received makaton training and felt that they communicated well with their family member. Makaton is a form of sign language that uses signs and symbols to help people communicate. Staff told us they had access to and had completed a wide range of training. They felt that the training was relevant to their role and enabled them to meet people's individuals needs. Staff had regular supervisions where they could discuss their support and development needs as well as any concerns they may have. We spoke with a new member of staff who was in the process of completing their induction. They told us the staff and management had been really supportive and if they were unsure of anything they only had to ask one of the other staff.

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.

The registered manager was able to demonstrate their knowledge of the DoLS and had systems in place to apply for DoLS and review authorisations. One staff explained whilst they ensured that people's safety was not compromised people were still able to make choices and decisions about how they wanted to be supported.

The staff we spoke with had received training on the MCA and were clear about promoting people's rights and choices. Where people did not have capacity to make certain decisions, staff and the registered manager told us they would have a best interest meeting with the person, professionals and family to ensure people's rights were protected. Staff said that they always explained to people what they were going to do before supporting them and checked whether the person was happy to continue. Where people chose not to consent to support staff respected their decision and were clear that they would not force anyone to do something they did not want to do. Care records we looked gave clear guidance on people's communication needs. There was an explanation about people's preferred communication and the support they required to enable them to make their own decisions. These included use of people's communication passport and pictorial aids. The registered manager told us they were continually working with the provider's speech and language therapists (SaLT) to develop and enhance people's communication. They told us that one person who lived at the home was a Makaton champion and was supporting other people to develop their skills. We observed that three people had been to communication classes on the day of our inspection.

People were able to choose what they wanted to eat and drink. We observed staff used different communication methods to help people choose between different options. For example a staff member put a choice of drinks in front of one person and they were able to choose which one they wanted by pointing. Staff told us that they held meetings with people living at the home on a monthly basis where they would discuss what they would like to be included in menus. These ideas were then included in weekly menus. The menus included detail about who had made the decisions and what method of communication they had used to make their choices known. People told us that they had an indian takeaway the previous night as one person had chosen it for their birthday tea. People told us they enjoyed this and the birthday cake they ate afterwards. People's nutritional needs had been routinely assessed monitored and reviewed. Staff were aware of people's dietary needs and the associated risks. Where people had problems swallowing or were at risk of choking we saw that speech and language therapist (SaLT) had been involved. We also saw that the dietician had been involved where there were concerns about how little one person ate and drank. Staff were able to explain how they monitored and supported the person to take supplements to meet their dietary needs. Records we looked at reflected the persons needs and the support provided by staff.

Good

Is the service effective?

Relatives told us their family members were supported to see health care professionals when needed. They said if there were any concerns about their family member's health staff would contact them to let them know. One relative said," The slightest thing and they [Staff] make an appointment with the doctor". Each person had a health action plan which provided a detailed account of people's health needs. The plans included information about people's support needs should they need to be admitted to hospital as well as the purpose and outcomes of any medical appointments attended.

Good

Is the service caring?

Our findings

We asked people and their relatives about the care provided by the staff and how staff made them feel. One person used pictures about feelings in their communication book to indicate that staff made them feel happy. Another person told us that staff were nice to them. Relatives we spoke with were very positive about the care their family members received. One relative said, "Staff are all very dedicated. I don't think they there just to earn money they are dedicated to our family members. I have 100% trust in them to look after my [Family member]". Another relative found that staff were friendly and welcoming. They said, "It's just like a family unit, when you walk in, it's like home".

Staff had built effective working relationships with people. People told us they liked the staff that supported them. A relative we spoke with said that their family member talked of staff as if they were friends. We saw lots of smiling and heard lots of laughter and chats as staff supported people. One person told us they were pleased that a staff member had helped them to do their make up and had painted their nails. Another person enjoyed a foot spa. Staff we spoke with told us they recognised people as individuals and gave them choices about what they wanted to do. They spoke fondly of people and were committed to supporting people to achieve their aspirations.

People were supported to keep in touch with people and places that were important to them. One person showed us pictures of where they used to lived. Another person showed us pictures of their friends who they stayed in contact with. Relatives told us their family members had all lived together prior to moving into the home and had formed and maintained their friendships. One relative told us that their family member and another person had a really good bond". People were also supported to keep in contact with family. They kept in contact both by telephone and visits to their family homes. One relative told us how their family member enjoyed their visits but was always keen to return to the home. Records we looked at confirmed that regular contact was maintained with family and friends.

People were able to tell or indicate that they were involved in decisions about their care and support. This was confirmed by a relative who said, "Staff make sure every person is at the centre of all that goes on and are well looked after". Another relative told us that staff were really good at communicating with their family members and enabled them to make choices. Each person had a key worker whose role it was to build a relationship with the person. They would support people's interests and act as a point of contact for relatives friends and other professionals. One Key worker told us they would sit with the person and go through their care plan on a regular basis to see if any changes were needed. The registered manager told us that they aimed to deliver person centred care that was tailored to people's individual needs. Records we looked at showed people's involvement recorded their likes, dislikes and how they preferred their care to be provided.

People and relatives we spoke with felt that staff treated with dignity and respect. One relative told us that staff were respectful to their family member and talked to them in an appropriate manner. Another relative felt that staff were always respectful of their family member needs and when they visited they were able to meet with them in private. Staff told us they maintained people's dignity by ensuring doors and curtains were kept closed when delivering personal care. We observed that staff supported people in a discreet manner when they needed help with their personal care.

Good

Is the service responsive?

Our findings

People we spoke with told us or indicated that they led active lives. One person showed us their audio book which contained picture of things that were important to them. They laughed and sang along with the music as they showed us the different pictures. These incuded a picture of where they used to live, a picture of their favourite pop star as well as picture of them horse riding. Other people used their communication books to show us places they liked to visit and things they liked to do. Relatives we spoke with were pleased with the opportunities that their family members were given. One relative said, " We would struggle to give [Person's name] the social opportunities they get there". They went on to tell us that their family member was always busy and got to do things such as art, cooking, going out to the pub and horse riding. We looked at records of activities and were shown pictures around the home that confirmed the busy social lives of people who lived there.

Each person living at the home had a 'dream book' which captured pictures of their aspirations and how people worked towards them. With support of staff one person was able to show us their 'dream book' which had a picture of them with one of their favourite television characters. Staff explained to us that the person liked to watch a certain soap on television. They found out one of the characters was due to visit a nearby town and they arranged for the person to go and see them. Another person was able to tell us that they had attended a college class which taught them about making food and drink. They showed us their folder of the achievements they had made and were visibly proud of. Relatives told us that their family members were always involved in choices about what they wanted to do and were currently looking at where they wanted to go on holiday. Staff told us they had meetings with people every month to look at different things people wanted to do. They said they used different methods of communication such as pictures and sign language to ensure everyone could join in and give their views.

People and their relatives were involved in planning and reviewing their care. Care plans were personalised to the individual, gave clear details about each person's needs and how they liked to be supported. Care plans were easy to follow and were displayed in pictorial format to allow the person greater understanding of their objectives. Care plan reviews were completed every six months or as people's needs changed. In addition to this people met with their key worker every 12 weeks to go through their care plan and identify if they were on target to meet goals they had set. One relative told us as well as looking at people's changing needs they also looked at what their family member had achieved. They said, "They might only be small steps but if you look back you can see the progress they have made over time".

People were supported by staff who knew them well and were responsive to their needs. During our visit we observed one person became anxious. Staff responded promptly using the person's preferred method of communication to establish what they wanted. They chose to leave the room returning later when they were more settled.

People were involved in the daily running of their home. One person told us that they helped to do the weekly fire alarm check. They later went around to remind everyone they were about to sound the alarm. Another person laid the table ready for dinner and ensured that people that needed special cutlery were provided with these. We also saw them go and ask each person in sign language what they wanted to drink and then told the staff who helped them make the drinks. Other people told us they helped with their laundry and other jobs around the house.

People and their relatives told us they would tell staff if they had any concerns or complaints. People had posters and laminated card in their room explaining what to do if they were not happy. Staff told us they would also ask people if they were happy or if they had any concerns during their monthly house meetings. If people or staff wished to complain they would refer their concerns to the registered manager to deal with. The registered manager told us they had not received any complaints but was able demonstrate they would take appropriate action if they did.

Good

Is the service well-led?

Our findings

There was a warm and welcoming atmosphere at the home. We observed that people were comfortable in the presence of staff and interacted well with them and the registered manager. Relatives we spoke with found staff and the registered manager very approachable. One relative told us that the registered manager always took time to speak with them when they visited. They went on to tell us they had done a lot of groundwork before choosing this provider. They said, "I think we have found the right place. The life long care is great". Another relative found that staff very cooperative and would always welcome them when they visited which they appreciated.

Relatives we spoke with felt that there was open and transparent communication with staff at the home. One relative said, "Excellent place, excellent company – any problems and they are on the phone". Another relative told us, "I can speak to anyone at anytime and if they can't answer my question they will make a note and get the appropriate person to call me back". The registered manager told us they aimed to be open and honest with people and their families. They were aware of their responsibilities under the duty of candour and would investigate any concerns and keep people and their families fully informed of the outcomes.

The registered manager told us their vision for the service was to recognise everyone as an individual. To support people to live their lives as independently as possibly by ensuring care was tailored to their need. This was a vision shared by staff who were keen to enable people to live a full life and achieve their aspirations. Staff felt there was a positive working culture where they and the registered manager worked together as a team to enable people to reach their full potential. Their was a clear management structure in place where the deputy manager would provide cover in the absence of the registered manager. There was a designated shift leader on each shift as well as a designated staff member to oversee the safe management of medicines. Staff told us they had access to a 24hour on call systems and management were always at the end of the telephone if they needed help. Staff had regular staff meetings where they could discuss what was going on at the home and raise any concerns.They felt that management listened to them and took appropriate action.

People and their relatives were actively encourage to give feedback about the quality of the service. Staff told us they had regular meetings where people were encouraged to raise concerns and talk about things like food, activities and holidays. The registered manager showed us that people had completed a questionnaire about the quality of the service. They told us that they also gathered views from people who used the service and relatives at care plan review meetings. They discussed the outcomes at house and staff meetings to consider actions required to improve the service. People had requested that they held a coffee afternoon during one of their house meetings. Staff supported people to make invitations, to chose what food and drink they would like to serve. We saw pictures of people enjoying the coffee afternoon were featured in the home's December Newsletter.

The registered manager was keen to develop the service. We saw that they completed a range of checks to ensure that people received a safe and good quality service. These included audits of medicines and care plans. The registered manager also worked alongside staff on a variety of shifts and was therefore able to monitor and develop staff practice. During our visit the registered manager received a visit from another manager and SaLT worker who had arrived to complete a quality monitoring review. They told us they first went through the previous action plan to ensure actions had been completed. They would then complete their checks and complete an action list for the registered manager should they find any areas that required improvement. The registered manager found these visits beneficial as they could also talk about the support they required to meet objectives.