

Condover College Limited

# Harley Road Scheme

## Inspection report

25, 32 & 34 Harley Road  
Condover  
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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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Harley Road Scheme is a residential care home for 14 people with a learning disability, associated physical disability and/or autistic spectrum disorder. Accommodation is arranged over three houses in a quiet residential cul-de-sac. Each house is staffed 24 hours a day.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to live their lives in a safe way by sufficient numbers of staff. People were protected from the risk of harm or abuse because the provider had effective systems in place which were understood and followed by staff. People received their medicines when they needed them from staff that had been trained to carry out the task. There were effective systems in place to reduce the risk of the spread of infection.

People were cared for by staff who had the skills and training to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat well in accordance with their needs and preferences. People's health and well-being was monitored and supported.

Staff interacted with people in a kind and respectful manner and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. The provider's procedures relating to confidentiality were understood and followed by staff.

People were provided with opportunities for social stimulation and work placements and they were supported to maintain contact with their family and friends. Staff ensured people saw healthcare professionals when they needed. People could be confident that they received a service which met their needs and preferences. Concerns and complaints were taken seriously and responded to.

There were effective management systems in place and there were systems to monitor the quality and safety of the service provided. People were supported by a team of staff who felt supported and valued.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains 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 was a comprehensive inspection and was carried out by two adult social care inspectors. The inspection took place on 22 June 2018 and was unannounced.

Prior to the inspection the provider submitted a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to plan the inspection.

During our visits we met with six people who used the service and four relatives. We also spoke with one relative on the telephone. We met with the registered manager, two members of the provider's senior management team, a job coach and four members of staff. We met with people in their home where we were also able to observe how staff interacted and communicated with people.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of four people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance. We checked three staff recruitment files and staff training and supervision records.

# Is the service safe?

## Our findings

People were safe living at the home and with the staff who supported them. Some people were unable to use speech to tell us about their experiences but we observed people looked relaxed and comfortable with their peers and with the staff who supported them. Some people actively sought staff attention and others smiled and gestured with good humour when staff approached them. The relatives we spoke with felt their relative was safe living at the home. One relative said, "I have no worries about the safety of [name of person]. I wouldn't have them anywhere else. I have recommended the home to many people and that says a lot."

Staff received training on how to recognise and report any suspicions of abuse and those spoken with said they would not hesitate to report any concerns. All were confident any concerns raised would be dealt with effectively to make sure people were protected. Where issues had been raised with the registered manager they had acted swiftly to make sure people were kept safe.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with people who used the service. Staff told us, and records confirmed they had not been able to begin until all checks had been carried out.

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way. Examples included accessing the community, travelling in a vehicle and participating in certain activities outside of their home. Other risk assessments were in place which enabled people to develop and maintain independent living skills. These included cooking, doing the laundry and attending college.

Where people exhibited behaviours which could place themselves or others at risk of harm, there were clear strategies in place to manage and help to de-escalate these behaviours. Behavioural support plans had been developed and agreed with appropriate professionals and with staff who knew the individuals well. The plans provided clear information for staff on possible 'triggers', preventative measures and agreed techniques for managing a situation. This helped to reduce the risk of people receiving unsafe or inappropriate care.

Health and safety audits were regularly carried out. These included hot water temperatures and checks on window restrictors. Appropriate equipment servicing and safety checks had been carried out to ensure the environment and equipment remained safe. The provider's maintenance person ensured any repairs and redecoration were dealt with in a timely manner. For example, we were informed that staff reported a broken tumble drier the day before the inspection and engineers had attended the home on the day of our visit to address the matter.

There were arrangements in place to deal with foreseeable emergencies. Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff. Records confirmed that staff received regular training on fire safety and we saw records confirming that the fire alarm was tested on a weekly basis. Regular fire evacuation procedures also took place. Moving and handling equipment such as hoists, had been regularly serviced by external contractors.

There were sufficient staff to meet people's needs and to help keep them safe. We observed staff responded quickly to any requests for assistance. We observed staff spending time chatting with people. There was an on-call system in place which meant staff always could always seek additional support from the management or senior staff when needed.

People received their prescribed medicines when they needed them. People's medicines were safely managed and administered by staff who had the skills and training to carry out the task. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. Staff carried out regular stock checks and there was a clear audit trail of all medicines being managed by the service.

The service was kept clean and staff understood and maintained good infection control and food hygiene practices.

A record of accidents and incidents were maintained and regularly analysed by the provider's senior management team. This helped to identify any traits and actions needed to reduce the risk of reoccurrence.

Where things went wrong the service learned from these mistakes and took action to make sure improvements were made and people were safe.

# Is the service effective?

## Our findings

People and their relatives were confident that staff had the right skills and experience to meet their needs. One relative told us, "The staff are excellent and [name of person] has flourished since being here." We observed staff were confident and competent when they supported and interacted with people. People's relatives felt the service met people's needs effectively and provided person centred care. Relatives felt the staff knew people and their needs well.

Records were kept of all staff training and these showed that staff had completed the provider's mandatory training which included health and safety, moving and handling, safeguarding and infection control. Staff were positive about the training available to them. One member of staff said, "The training is constant. There is so much available. We get all the training we need to support the people we support."

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people safely and effectively. New staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be supported. Care staff also completed the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People were supported to make decisions about their day to day lives and how they wanted to be supported. Staff used objects of reference, photographs and signing which assisted people to make choices and decisions. Each person had a communication passport and care plan which detailed how the person communicated and how they made decisions. Staff knew people well. We observed them communicating with people in accordance with the persons individual needs and abilities.

People were supported to eat well in accordance with their needs and preferences. In each of the houses we visited people required staff support to plan and prepare their meals. Staff told us meal choices were based on people's preferences and they told us how they supported people to be as independent as possible. In one of the houses we visited one person gestured to a member of staff that they wanted a drink. We observed the staff member offering the person a choice of drink and supporting the person to make their drink independently. We also observed staff support another person to choose and prepare their lunch. Again the person was encouraged to do as much for themselves as possible. The staff member offered praise and support throughout.

Before people moved to the home the registered manager visited them to carry out an assessment of their needs. This helped to ensure the service could effectively meet the person's needs and aspirations. A relative told us, "There was a very thorough assessment before [name of person] moved in."

The care plans we read contained pre-admission assessments and, where appropriate, assessments from other professionals and school placements. There were systems in place which helped to ensure people experienced a smooth transition into the service. Following an initial assessment people were able to spend time, including overnight stays at the home before moving there on a permanent basis. This enabled the

person to get to know their peers and the staff team. Transitions were supported with relevant communication tools such as social stories and were carefully, individually and flexibly planned. Within the service people attended the provider's learning centre to continue developing their skills as well as having opportunities for social and emotional development both on and off-site.

Some elements of people's care plans had been written in partnership with other professionals, such as occupational therapists and speech and language therapists. Staff spoken with had a good knowledge of recommendations that had been made by other professionals and worked in accordance with advice given. This helped to make sure people received their care and support in line with professional guidance.

People were supported to maintain good health and wellbeing. Each person had a health action plan which contained important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including dentists. People also saw professionals to meet their specific health needs such as epilepsy and other complex health needs. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

The home consisted of three properties in a quiet residential area. Two of the houses were linked together and each house provided a comfortable and domestic-style environment for people along with pleasant garden areas. The registered manager told us that people chose the colour schemes for their bedrooms when they moved to the home.

People's legal rights were protected because staff worked in accordance with The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make a decision for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interest decisions had been made.

Throughout our visit we observed staff sought people's consent before they assisted them and they respected their wishes. We heard staff asking people what they wanted to do and they responded quickly to any requests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority.



## Is the service caring?

### Our findings

There was a relaxed and inclusive atmosphere in each of the houses we visited. There was laughter and friendly banter which people responded positively to. One person gave us the thumbs up sign when we asked them if they liked living at the home and the staff who supported them. A relative said, "The most important thing for me is that [name of person] is happy. They love living at Harley Road and I know they adore the staff." They also told us, "I expected staff to do their job but I didn't expect them to love [name of person]. But they really do. They couldn't be more caring."

Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished.

Staff talked positively about the people they supported and described how they had built trusting relationships with them. Staff recognised the importance of getting to know people well. Staff knew about people's likes and dislikes and were able to explain what was important to them such as having time to process information, having a laugh with the staff, discussing certain topics, going out, activities, family members and specific TV programmes.

Staff took time to get to know people and they recognised when a person was unhappy or distressed even where they were unable to express themselves. For example staff recognised when one person was becoming anxious by our presence and politely asked us if we would leave the room. Staff told us later that the person had become calm and had been out with staff to buy their magazines. We observed the person looked relaxed and content when they returned to the home.

Staff planned people's days with them which ensured routines met people's needs and preferences. People were treated as individuals and with patience and kindness. Staff acted and spoke with calmness in a positive way. Staff took time to communicate with people using their individual chosen methods and ensured they understood as much as they could which enabled them to make decisions and choices. For example using objects of reference or signs to help people make a choice about what they wanted for lunch, snacks and drinks.

People were supported to develop and maintain a level of independence. Staff described how they assisted people to maintain their independence and they were aware of the importance of this. They described how they encouraged people to do what they could for themselves whilst they provided person care and only offered the assistance needed.

People were actively involved in making decisions and expressing their views about their care and support. For example, people made choices throughout the day about where they wanted to go, who supported them, when they got up and went to bed. Each person was allocated a key worker. A key worker is a staff member who is assigned to oversee specific aspects of a person's support. Key workers supported people to

plan their goals and to look at what was working well and what was not going so well. A relative told us, "The keyworkers have always given [name of person] different things to do and introduced new experiences to his life. I am grateful for what each of them [staff] have brought to them."

Staff respected people's right to privacy. People had their own bedrooms which they could personalise in accordance with their tastes and preferences. We observed that people could access their bedrooms whenever they wanted.

The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others.

## Is the service responsive?

### Our findings

Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and the support they needed, focusing on what was important to the person. Staff had helped people create a dreams and aspirations folder. The folders contained information and photographs of people's achievements. For example one person had wanted to try cycling and they now did this on a regular basis. They had also wanted to visit a theme park and we saw photographs of the person smiling and enjoying the rides. We were informed that this was now a regular activity. Another person had always wanted to go flying and staff had helped the person to achieve their dream. They now went flying in a light aircraft at an air station in Staffordshire on a regular basis. One person told us how much they enjoyed doing the recycling. They showed us photographs, smiled and gave us the thumbs up sign.

People were supported to continue with their education at the provider's college and to have opportunities to develop new skills through meaningful work experience. We met with the provider's job coach who explained their role was to source suitable work experiences for people who had finished their education. They told us people were asked about what their interests were and what they would like to do before matching them with a suitable placement. We heard how people had flourished, gained confidence and had developed new skills. Work experiences included potting Christmas trees at a woodland estate, charity shop work, animal care, helping at a local food bank and checking in books at the local library. We heard about one person whose confidence had grown so much they now offered a befriending service at a local nursing home.

Information was provided in an accessible format for the people who lived at the home. Examples included photographs, symbols and easy to read care plans. Shopping lists had been produced using photographs and symbols which meant people were able to choose what they wanted. There was a strong focus on supporting people to develop their communication skills. Throughout our visit we observed staff using signs, symbols and objects of reference when communicating with people. A relative we spoke with said, "[Name of person's] communication has really improved. So much so they telephone me every week now." Another relative told us since moving to the home their [relative] had increased their independent living skills especially in terms of communication. They said, "[Name of person] is more assertive in object referencing and indicating what they want. [Name of person] will stand by or lead people to what they wants and now does this when they come home which shows the progress made. They also say 'no' more which is a positive as they are expressing an opinion."

The provider's speech and language team worked closely with people to ensure they had a bespoke communication plan which met their needs. The provider's head of care told us, "Communication is the heart of everything. If we can't communicate with people that's our problem not theirs. We are all committed to enhancing their potential through communication."

People were supported to be involved in planning and reviewing the care they received. On the day we visited two people attended their review with their relatives, the registered manager and commissioners. A relative told us, "I am always invited to [name of person's] reviews and staff listen to what I have to say. I am

fully involved and informed and always know what [name of person] has been up to." Another relative said, "They [staff] do the best by my [relative]. As a family we are very happy and know [name of person] is well supported."

People were able to form friendships and maintain contact with the people who were important to them. A relative told us, "[Name of person] is so happy. They have a best friend; something I never thought possible. They spend time with each other and listen to music which is wonderful." Another relative said, "My [relative] lives as part of a community. They live with four other people and has made genuine friendships." We observed the person had a genuine connection with the person they sat next to." Another relative told us, "We are reassured that we can drop in any time unannounced and are always welcomed." The majority of the people who lived at the home enjoyed regular visits to their family home.

The provider had procedures in place to respond to any complaints or concerns. There had been no complaints in the last 12 months. People's relatives told us they felt confident that any concerns would be fully investigated. A relative told us they felt the service was "open to challenge and question." They also told us they knew how to raise concerns if needed.

There was a poster displayed in the home which had a worried/angry face and a removable sign which said 'help' which the person could take to a member of staff if they felt worried about anything.

The registered manager told us there was nobody receiving end of life care. However, they told us people would be supported in accordance with their needs and preferences.

Care plans contained information about people's cultural, religious and spiritual needs and preferences. One of the care plans we read showed that the person was supported to attend a local Church to celebrate special occasions such as Christmas and Easter.

## Is the service well-led?

### Our findings

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

The registered manager was visible in the home and it was evident that the people who lived there knew them well. People responded positively when they saw the registered manager and enjoyed friendly banter and laughter. One person approached the registered manager and held her hands whilst smiling.

The registered manager told us about their commitment to the people who lived at the home and the quality of the service they received. They said, "I am caring and passionate about the residents I support and I am a flexible hands on manager who also undertakes on call duties for the provider. I enjoy seeing residents I support develop within their own care plan and development and enjoying seeing their confidence and friendship groups grow. I enjoy seeing my residents fulfil their dreams and ambitions. These have included going on a plane, visiting Alton Towers, attending a theatre and going on a train."

People's views were encouraged and respected. People were involved in the interviews of potential staff. On the day we visited two people went to the provider's head office to help with the interviews. One person gave a thumbs up sign when a staff member asked what they did if they thought an applicant was good and the thumbs down sign when asked if they didn't think an applicant was good. The registered manager told us that additional interviews had taken place, which had sometimes led to an applicant not being successful, based on the views of the people who were using the service. People were supported to be part of an initiative to share their ideas for improvements at the provider's college. Learner voice representatives met regularly and, with the support of staff, produced an easy read newsletter which was available to the people who used the provider's services.

People benefitted from strong links with the local community. Examples included people on work placements and using the local leisure facilities, local shops, cafes and pubs.

The registered manager provided clear leadership to other members of staff. They led by example and were well respected by staff and the parents of the people who lived at the home. A relative told us, "[Name of registered manager] is very good. We have an open and honest relationship which I really appreciate. She makes sure I have good contact with [name of person] which means a lot to me." A member of staff told us the registered manager was, "really great and very supportive."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities of their role. The registered manager was supported by two deputy managers, senior care staff and care staff. The registered manager told us they received "excellent support" from the provider's senior management team.

The service provided a clear training and development pathway and all staff were supported to maximise their potential. The staff team met regularly to discuss aspects of their work and people's needs. Staff felt well supported and praised the team spirit and positive, supportive working environment. One member of staff said, "I just love working here. We have a very happy staff team and all work well together. The training is amazing and the support is really good. I get regular supervisions with [name of registered manager] which are really useful. We also have regular staff meetings."

People benefitted from a service which had effective quality monitoring systems which helped to make sure high standards were maintained and improvements made where appropriate. Regular audits were carried out by the provider and the management at the location. Audits carried out by the provider were randomised and all audits we saw showed the service was consistently meeting standards set by the provider. The registered manager was pro-active in their approach and therefore audits were used to identify issues before they became concerns.

The provider promoted an ethos of continuously learning, improving and ensuring sustainability. All staff were provided with opportunities to develop their skills and knowledge through training, attending conferences and taking on lead roles for example, communication. Communication champions regularly met with the speech and language therapists to discuss people's needs and to ensure staff had the skills and knowledge to help people reach their full potential. There was a safeguarding working group which met regularly with Shropshire Partners in Care (SPIC) and any learning was shared with the staff team. There were regular meetings for the management team which provided opportunities to share good practice with other registered managers. External speakers provided additional learning. These included another care provider who shared lessons learnt following an incident in their service and a solicitor who provided training about The General Data Protection Regulation (GDPR) which came into force in May 2018. The provider had achieved a gold standard Investors In People accreditation. Accreditation is awarded to organisations who demonstrate a commitment to the management and training of their staff.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Care staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements.

The provider and registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included speech and language therapists, GP's, commissioners and the local authority safeguarding team. The professionals we contacted did not express any concerns at the time of our inspection.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating in the home and on their website. The provider had informed us of significant events which had occurred in the home.