

Oakview Estates Limited

Redlands Residential Care Home

Inspection report

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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 

Overall summary

The inspection visit took place on the 8th January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on 17th December 2013 and found the service was not in breach of any regulations at that time.

Redlands provides care and support for up to five people who have a learning disability. The home does not provide nursing care. The detached house is situated in Darlington, close to all amenities and transport links.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as epilepsy and Makaton (the use of signs to help people communicate). There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the manager and of each other. Medicines were also stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development.

We saw people's care plans were person centred and had been well assessed. The home had developed easy read care plans to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from going to work placements to helping to make the evening meal. One person had very recently transitioned into the home and we saw this had been planned and assessed so it was as smooth as possible.

The service encouraged people to maintain their independence. People were supported to be involved in the local community as much as possible and were supported to independently use public transport and accessing regular facilities such as the local G.P, shops and leisure facilities.

We also saw a regular programme of staff meetings where issues were shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. This showed the service listened to the views of people.

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?

This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations.

Good



Is the service effective?

This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported. People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities

Good



Is the service caring?

This service was caring.

The home demonstrated support and care in a range of challenging situations.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported. The plans used easy read language and photographs that were individualised to each person.

The service provided a choice of activities based on individual need and people had 1:1 time with staff to access community activities of their choice

There was a clear complaints procedure in easy read format. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Transitions into the service had taken place in a planned way.

Good



Summary of findings

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Policies had been revised and were shared with the staff team.

Good



Redlands Residential Care Home

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.

The inspection visit took place on 8th January 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager provided this to CQC and it was used to help plan this inspection.

We also reviewed all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

At our visit to the service we focussed spending time with people who lived at the service, speaking with staff, and observing how people were cared for. We also undertook pathway tracking for two people to check their care records matched with what staff told us about their care needs.

During our inspection we spent time with three people who lived at the service, three care staff, a domestic staff member and the registered manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission.

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; “I would report to the manager straight away and if they weren’t here to the operations director.” We saw that information was available for people using the service in easy read format to encourage people to speak up. One person told us; “I’d tell the staff if I was worried about anything.”

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This file was in a “quick grab” format and ensured that staff had easily to hand the contact details and information they would require to raise an alert. The staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and one person explained they were the trained fire marshal for the service.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with a domestic staff member who told us; “I get plenty of equipment and am allowed to order what I need. I have completed all my training for infection control as well as other e-learning.” We asked this person if they felt safe at the service, they told us; “If anyone is becoming stressed I take a step back and get out of the way, I feel supported by all the other staff.”

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines

were stored in a locked facility. One staff member told us they were responsible for ordering medicines, they said; “It’s about checking and re-checking to ensure it’s all done correctly.” We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Policies were in place for medicines and these were very specific including a protocol for each person who used the service around how they needed support for medicines and an accompanying risk assessment was in place.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. One person told us “Yes there are enough staff here.”

The registered manager explained they had undertaken a disciplinary process within the last year and they had been very well supported by the organisation’s human resources department. They said; “I was nervous about it but I got lots of support including from another manager and that really helped.”

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on a three yearly basis for established staff members. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service. As well as scenario based questions at interview which showed that potential applicants understood the nature of the service and type of support to be given, potential staff members were also required to complete a written assessment and there were comprehensive records of the interview process in place.

The home had an induction checklist in place which included an induction to the home and the Skills for Care

Is the service safe?

formal induction programme. We saw that in the first week of induction, staff completed the following training modules; moving and handling, first aid, managing violence and aggression and supporting people with a learning disability. Other units included safeguarding and positive behaviour support.

The premises had recently been redecorated and furniture replaced in the communal lounge which had been done in conjunction with the wishes of people who lived at the service. We also saw that a downstairs bedroom and wet-room had been created which would benefit someone of limited physical mobility.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

Is the service effective?

Our findings

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there were two people using the service who needed an authorisation in place. We saw an assessment tool was in place to make individual judgements that were based on best interests' decisions. We saw evidence of authorisations and review date had been agreed. Staff were able to explain the DoLS process to us and said they had received training to ensure they understood the implications for people, one staff told us; "Yes, I understand the basics around the process and know for one person here it's been completed for their own safety." We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Everyone had an up to date assessment of capacity for being able to manage their finances and for medication carried out by a psychiatrist and this was discussed with people and their family at their three monthly review meetings.

All staff had an annual appraisal in place. Staff told us they received supervision on a regular basis and records we viewed confirmed this had occurred. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place.

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of two staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, personality disorder, care planning, health and safety, oral health, epilepsy, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us; "I've just completed training in positive behaviour support – it made loads of sense." We also saw that staff had been trained in Makaton (a type of sign language for people with communication difficulties). Staff told us; "I've enjoyed the

Makaton training, it was great fun and both people who lived here also joined in." This showed that staff received training to ensure they could meet the needs of people who used the service.

Staff told us they met together on a regular basis. We saw minutes from monthly staff meetings, which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. Staff told us; "We meet every month and it's always on the rota. We can talk about any concerns, anything you need to share and we talk through what's going on with each person who lives here."

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed using photographs and symbols to help people recognise the choices they could make. One person told us; "The food is good here."

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. Staff also told us about people's likes and dislikes. One staff told us; "X has dysphagia (swallowing difficulties) so we ensure their food is cut up and mashed to make sure it is as safe as possible for them." We saw one person made everyone at the service a hot drink, on their return to the home after their work placement, and clearly enjoyed doing tasks around the home.

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that district nurses, dieticians and speech and language therapists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case. The

Is the service effective?

manager told us that all people who used the service were registered with the same doctor. We were told that the GP practice was very supportive. Staff completed a health equality framework document with each person to ensure people had the right and quick access to health intervention.

People were supported to have annual health checks
Health Action Plans in place and were accompanied by

staff to hospital appointments. One person had mobility issues which we saw at our last visit to the service that the environment had been adapted to help them and further specialist healthcare advice had been sought. People had also been supported to receive seasonal flu vaccinations. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

People who used the service had complex needs and some had difficulty with communication. Staff told us; “You have to have good listening skills and try to understand people. You must never promise anything you can’t give.” Another person said; “You must use your communication skills to get things out of people. You need to cajole people sometimes and doing that is much better than having an incident happen.”

We asked staff how they would support someone’s privacy and dignity. They told us about knocking on people’s door before entering rooms and always asking before you helped somebody with a task.

We looked at two care plans for people who lived at Redlands. They had been changed into a new format provided by the organisation which was focussing on a “Personal Paths” approach to support people with complex needs in a way that reflected; “What people tell us is important to them.” They were all set out in a similar way and contained information under different headings such as a one page profile (a summary of how best to support someone), a key information sheet, a community passport, personal planning book, personal safety support plan and a person centred statement. We saw information included a pictorial life story and the support plan was written with the person. This showed that people received care and

support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious as well as detailed physical intervention protocols for people where this may be necessary. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us that keyworkers reviewed care plans on a monthly basis with the person and every three months there was a multi-disciplinary review involving everyone involved in the person’s care. People also had an annual review where advocates and families were invited.

We saw a daily record was kept of each person’s care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist.

One staff member told us; “It’s like a home from home, everything we buy the lads have input into and it’s the atmosphere you would have at home.”

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. We saw that advocates were invited to meetings at the home and to people’s reviews.

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. We saw via the service's quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Redlands as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. This information was also supplied to people who used the service using symbols and an easy read format. Staff told us; "We have meetings and people can approach us at any time, we can have a private chat if there is anything worrying anyone."

Staff demonstrated they knew people well. Talking to staff, they told us about the two people currently living at the service and the one new person who had just moved in that week. They told us; "The care plans are really helpful but you should always ask people about things and not just assume you know what they want or how they might need help." We asked staff about promoting people's independence and they explained you sometimes have to discretely offer help so that people don't fail with a task but it's about "balance and not just taking over from someone."

On the day of our inspection, one person was out on their work placement in York. On their return they told us about helping with the post and making drinks for people, they said they enjoyed going to work very much. Staff told us they supported this person to go on the train and whilst they were at work. Another person was out with staff shopping and they were able to ask staff for their own money that they were encouraged to keep with them safely. Later that day people were going to access a hydrotherapy session at a local swimming pool and then later in the evening go to the Gateway club, a community club for people with learning disabilities run by Mencap. Staff told us they worked flexible shifts to ensure people got to activities.

We witnessed staff responding calmly when one person became anxious and displayed behaviour that challenged the service. Staff discretely supported another person to a quieter area so they did not witness the incident. Staff used calm language and Makaton sign language to distract the person and used techniques described in the person's positive behaviour support plan to try to decrease their anxieties. The manager was on hand to support the person and staff.

Staff told us that activities were based around people's needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well. People were supported to spend time with their family and friends and one person was supported by staff to visit their family regularly. Staff told us that people had recently visited Bowes Museum and people had also been supported to go on holiday. One person was supported by staff to attend a work placement and another person was being supported to access a work scheme programme.

The registered manager told us that a new person had just come to live at Redlands a few days before our inspection visit. The manager told us they met with the person's previous placement to learn more about them and to help decide if Redlands would be the right place for this individual to live. Staff told us the person visited for tea and an overnight stay. That staff kept in touch with their family to let them know about the transition process and how it was going. The home had developed a transition plan which the keyworker told us included talking to staff at the person's previous placement; "to find out as much as we could about X." This showed the service worked with families and other professionals to ensure a smooth and successful transition into the service.

The organisation had developed a family forum newsletter which was sent to relatives and which contained updates and information in an easy to understand format about issues such as mental capacity and advocacy.

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been in post for two years and shared their time with another residential service located in Darlington but was at the home several times a week. The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “You can raise any concern at any time or in your supervision.” Staff and people using the service spoke highly of the manager; “She is a good listener.”

One staff member told us; “The morale here was really low when the previous organisation was in administration but now it’s back up.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the registered manager led by example and witnessed them dealing a person who became anxious in a calm, professional manner.

The home had recently been awarded a Trailblazer award by the organisation for supporting one individual into a successful work placement. One staff member said; “We are good at rehabilitating people and caring for them.”

Staff told us that morale and the atmosphere in the home was good and that they were kept informed about matters that affected the service. Staff told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make.

The home carried out a wide range of audits as part of its quality programme. The manager explained how they routinely carried out audits that covered the environment, health and safety, care plans, accident and incident reporting as well as how the home was managed. We saw a recent audit carried out by a member of the organisation’s quality team. This was based on the Care Quality Commission essential standards and this had identified areas for improvement. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place.

Additional checks also took place on medicines by staff with any actions clearly identified and dated so they could be addressed.

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the home was run in their best interests. The surveys used were in an easy read format and talked about whether the service was person centred, as well as questions about the friendliness and professionalism of the staff as well as the cleanliness and presentation of the home.

During 2014, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.

The home had a service development plan which we saw covered not only environmental changes such as replacing carpets and décor but also plans to improve person centred work the home had already undertaken. This showed the home continued to review how it provided its service and to improve it for people and for its employees.