National Schizophrenia Fellowship

Redwoods

Inspection report

26 Chapelfields Road
Rednal
Birmingham
West Midlands
B45 9NU

Tel: 01214531848
Website: www.rethink.org

Date of inspection visit:
25 March 2019

Date of publication:
09 May 2019

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?	Requires Improvement

Summary of findings

Overall summary

The 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 checked 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.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Redwoods is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service us run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we met all six-people living there and spoke with three people to ask about their experience of the care provided. We also spoke with two relatives, two members of care staff, and the registered manager.

We reviewed a range of records. This included three people's care records and medicine records. We also looked at one staff file around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

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 safe.
Details are in our Safe findings below.

Is the service effective?

Good

The service remains effective.
Details are in our Effective findings below.

Is the service caring?

Good

The service remains caring.
Details are in our Caring findings below.

Is the service responsive?

Good

The service was very responsive.
Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.
Details are in our Well-Led findings below.

Redwoods

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
The inspection team consisted of one inspector.

Service and service type:
Redwoods is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service us run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) had submitted. Providers are required to send us a PIR at least once annually to give some key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection we met all six-people living there and spoke with three people to ask about their experience of the care provided. We also spoke with two relatives, two members of care staff, and the registered manager.
We reviewed a range of records. This included three people's care records and medicine records. We also looked at one staff file around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

Good

Our findings

At the last inspection this key question was rated good. We have inspected this key question.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People's outcomes were consistently good, and people's feedback confirmed this.

Using medicines safely
● People told us they received their medicines as prescribed. We spoke to the registered manager about a medication error and they could demonstrate the improvements that had been made to practice reducing the risk of the error occurring again.
● Some people required medication 'as and when' required, people were able to tell us staff gave them their medication when needed. There were protocols in place for staff to use when deciding if medicines should be given.
● Medicines were stored and disposed of correctly and staff received training in how to give medicines safely.

Staffing and recruitment
● Staff had been recruited safely to ensure they were suitable to work with people.
● People and staff told us they thought there were usually enough staff on duty to meet people's needs and keep people safe. During our visit to the home we saw that although staff were very busy they did meet people's requests for support and we did not see people not having their support needs met. The service had its own bank staff to cover short term absences so that people received care from people who knew them well. A relative told us, "Staff are hardworking and dedicated but if more staff were available they could do more activities."

Systems and processes to safeguard people from risk of abuse
● People told us that they felt safe and staff knew the things that upset them so they could keep people safe in the home. Relatives spoken with told us that they were confident that their loved one was safe at the home.
● The provider had safeguarding systems in place. Staff knew how to recognise abuse to protect people from harm and could tell us who they would report concerns to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Records showed and staff told us that checks were carried out to ensure people were kept safe. These included checks on fire safety. We saw the environment was free from clutter to reduce the risk of trips and falls.

● Risk assessments were in place to reduce the risks to people, some of these lacked details but staff had worked at the service for a long time and knew how to reduce these risks for people. For example, staff understood the things that upset people and what they should do to reduce people's anxieties.

● Accidents and incidents were investigated and actions were taken to reduce the risk of re-occurrence. For example, a referral had been made to the local Crisis support team for support for one person to manage their anxiety. A relative told us that when their loved one's mental health had declined, staff recognised it and responded well.

Preventing and controlling infection

● Staff used personal protective equipment like gloves and aprons available when supporting people to reduce the risk of infection. Staff were involved in keeping the home clean as well as providing personal support. Some people told us that they helped keep their rooms clean and they liked to participate in domestic activities. At the time of inspection, the home was

Good

Our findings

Effective – this means we looked for evidence that that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to admission so that they could be assured their needs would be met. Peoples needs were reviewed regularly so that changes to the care could be made when required.
Staff support; induction skills, knowledge and experience
● People were supported by staff who had received appropriate training to enable them to deliver effective care. The registered manager had a system in place to monitor the training delivered, however this needed to be expanded to show when refresher training was due and scheduled to ensure staff received update training in a timely way.
● New staff completed an induction that was in line with the Care Certificate when they first started work in the home. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
● The staff told us they felt well supported and there were processes in place to seek additional support if they required it. However, the frequency of formal supervision with the registered manager could be more frequent and extended to all staff, to include bank staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food and that they were given a choice at meal times, some people told us that they enjoyed participating in making themselves a meal, and baking. One person told us, "I really like the food here." We saw that people who could make themselves drinks and snacks throughout the day, where people required more support we saw that drinks were provided to them regularly.
● Staff were aware of people's dietary requirements, preferences and the support they required.
Adapting service, design, decoration to meet people's needs
● Communal areas were well laid out and provided people of a choice of where to spend their day.
● People could choose to spend time in their rooms or in communal rooms. This enabled people to have some privacy when family and friends visited. Bedrooms were well personalised and reflected people's taste and interest.
● There was a private accessible garden for people to enjoy in warmer weather.
Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

● People had access to external healthcare professionals such as, psychiatric services, GPs and community nurses. People told us they were supported to attend health appointments and the doctor was called if they were unwell. Where people's mental health was detreating staff could access support from community mental health teams. A relative told us that staff had recognised when their relative's mental health was declining and had responded appropriately to ensure that they were supported. They went on to say, "[Relative] is really settled and well today."

● Staff monitored people's health closely, including checking people's weight and known health care conditions when required.

● There were effective systems in place to ensure staff knew about changes to people's care and support. These included handover meetings and communication books.

Ensuring consent to care and treatment in line with law and guidance

● The Mental Capacity Act 2005 (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 they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, and saw that whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People living at Redwoods had the mental capacity to consent to their care and treatment and most could access the community independently.

Good

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the staff's caring attitude. One person said, "I think the staff like working here with us." Another person told us, "Staff are kind and marvellous. They don't get angry and work to make you happy."
- Staff told enjoyed working in the home and most of the staff team had worked at the home for many years and forged friendships with the people using the service.
- Staff had a good knowledge of the individual wishes of people living at the home that related to their interests, friendships, culture and faith. For example, staff knew how important one person's religious effigies were to them and decided for these to be displayed in their room.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about everyday activities in the home such as what they wanted to go, what they wanted to eat.
- People told us there were no rules and restrictions other than not smoking inside the house, a smoking area was available on the patio. People told us they choose when to get up, go to bed and when they wanted to go out.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. Staff supported to people to do things for themselves where possible. For example, people were encouraged to do some house work, and to out to use local community facilities independently.
- People's dignity and privacy was respected. For example, people told us that staff always knocked on their bedroom doors before entering. A relative told us that, "[name of service user] always wanted to life in an ordinary (domestic style) house in the community and that Redwoods provided this", which promoted their dignity and self-esteem.
- People were supported to maintain and develop relationships with people. For example, one person regularly stayed overnight with their friend so that they could maintain the relationships that were important to them.

Good

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them control
● Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. Staff had good knowledge about how people wanted to be supported.
● Care plans were reviewed and amended when peoples' needs changed. For example, we saw one care plan had been amended recently after a referral to health care professionals because the person needs in relation to eating had changed.
● Staff were knowledgeable about people and their needs and how individual's behaviour meant they may be feeling. We also saw that most information was in accessible formats to help people know what was happening.
● Some games and craft materials were available in the home for people to enjoy. People told us they could decide what they wanted to do daily and went out when they wanted to place of interest to them.
Improving care quality in response to complaints or concerns
● The registered provider had a complaints procedure. People we spoke with knew how to complain but told us they had nothing to complain about.
● We saw that there had been no complaints but we saw compliments from people's relatives.

End of life care and support
● No-one in the home was currently receiving end of life care, but were not currently asked about their wishes in relation to death and dying.

Requires Improvement

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had notified us of various incidents and events as they are required to do.
- A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on medication, health and safety and daily records. While audits were in place the system could be extended to ensure that all staff received regular supervision and that training updates were provided in a timely way.
- We saw that a recent health and safety audit the service had scored 94% compliance and an action plan action was in the process of been devolved to address issues. For example, levelling the access to the home which was uneven and presented a trip hazard to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The registered manager and service manager led by example. There was a focus on people's needs and a commitment to provide personalised care. People spoke positively about the registered manager and service manager. One person said," I like [name of registered manager]"
- Where there had been accidents of incidents records showed that an investigation had been undertaken to see what could aspects of care could be improved.

Continuous learning and improving care

- There were systems in place to communicate with staff so that they were aware of the quality of care and to identify areas for improvement.
- The registered manager told us that the registered provider had recently reintroduced this system had previously been in place but stopped to provide support practice group to develop peer support, good working partnerships and to ensure they kept up to date with best practice which they say as a good initiative to keep them updated.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

● The registered manager and the staff were visible throughout the day and took time to engage with people and provide support and encouragement.

● People told us that staff listened to them and were approachable.

● People were regularly surveyed to see what improvements they wanted to see in the home. We saw that responses to these surveys were positive and that people were happy with the care they received.

Working in partnership with others

● There were good links with the local community and the people using the service accessed local community facilities. The registered manager told us that they had good relationships were good with other partners such as the mental health team and GP.