

LDC Care Company Ltd

Reddington House

Inspection report

2 Park Avenue
Dover
Kent
CT16 1ER

Tel: 01303276000
Website: www.ldcdover.co.uk

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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

Reddington House is a five bedded residential home for people with learning disabilities. There is a small garden at the side and back of the property and limited parking on the drive. Accommodation is situated over three floors. At the time of the inspection four people were living at Reddington House.

At the last inspection in October 2015, the service was rated Good. At this inspection we found the service remained Good.

People felt safe living at the service. Staff had a good understanding of their role in keeping people safe and who to report to if they had any concerns. People were encouraged and supported to take risks in line with their choices and lifestyle. Checks were made on the premises to ensure it was safe and that equipment was in good working order. Accidents and incidents were recorded and action taken to reduce the risks of them happening again.

There was sufficient staff on duty at all times to ensure that people received the care they needed. Staff talked about the level of training they had completed and how they were supported by the management team to learn new skills and improve their practice. Staff were recruited safely and new staff completed induction training in line with current guidance. This included shadowing established staff.

Staff knew the importance of supporting people in line with their individual choices and preferences. They were passionate and committed in promoting people's rights and being treated with equality to experience life to their full potential.

Staff were respectful and kind to people and each other. It was an inclusive and open service where everyone was encouraged and supported to be themselves with much emphasis on a family atmosphere. Staff ensured that people's privacy and dignity was maintained.

People's health care needs were monitored and met, with support from health care professionals when needed. People received their medicines safely.

People were involved in preparing, choosing and cooking meals. They were supported to shop for meals of their choice and staff supported them to make the meals they wanted. Lunch was relaxed with lots of chat and jovial banter. Staff supported people to eat a healthy and nutritious diet.

Before people decided to move into the service they visited the service and met the staff and people who lived there. Their needs were assessed to make sure their care needs would be met. People and their relatives were involved in planning their care. The care plans were personalised with good detailed information giving staff the guidance to get to know and understand how people wanted their care to be provided.

People were involved in choosing their activities and trying out new ideas. Staff worked hard to ensure that people were enjoying their activities and to develop people's independence and confidence. Staff had started social club to support people to meet their friends and maintain relationships.

The complaints procedure was in a picture format so that people were able to understand the process. People told us they would speak with staff if they were unhappy. Staff were confident that if they raised any concerns these would be dealt with by the manager promptly and action taken to resolve the issues.

The registered manager had oversight and scrutiny of the service. They knew people well and had a good understanding of their needs. Communication with people, staff and managers was very good. Staff told us that they were fully supported by the manager and the company who always put people first.

The manager had sought feedback from people, relatives and other people involved in the service through meetings and surveys. This information was used to continually improve the service.

Checks and audits of the service had been carried out to ensure the quality of the care being provided was of a good standard. If any shortfall was identified action was taken promptly to address the issues. Staff said they were listened to and their feedback was acted upon by the management team.

The registered manager and staff had been recognised by caring organisations and had won awards for the quality of care they provided.

The Care Quality Commission had been notified of important events within the service, as required by law.

The rating from the previous inspection was on display at the service and the provider's website.

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.

Staff supported people to take risks in their daily lives with detailed guidelines in place to ensure they remained as safe as possible.

Staff had received training in how to keep people safe and understood safeguarding protocols.

Staffing levels ensured that people received the care and support they needed and staff were recruited safely.

People received their medicines safely.

Is the service effective?

Good ●

The service remains Good.

People received care from trained staff who had the skills and competences to ensure they received the care they needed.

Staff supported people to make decisions and had a good knowledge of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People received a healthy diet of their choice.

People's health care needs were met with ongoing support from health care professionals.

Is the service caring?

Good ●

The service remained good.

People told us the staff were kind and caring. People were treated with mutual respect and there was a family atmosphere in the service.

Staff supported people to remain as independent as they could and respected their privacy and dignity.

People's records were stored securely.

Is the service responsive?

Good ●

The service remains Good.

People were involved in their care plans and their plans were person centred to suit their needs.

People were encouraged to participate in activities of their choice.

People were encouraged to voice their opinions and to access pictorial information to raise any concerns if they wished to complain.

Is the service well-led?

Good ●

The service remains Good.

The registered manager led by example and ensured that equality and mutual respect was maintained throughout the service.

Without exception staff felt supported and valued. Staff and health care professionals said they would recommend the service to their family.

Everyone in the service was involved in developing the service and feedback was very positive about the quality of care being provided.

The registered manager ensured that there was a programme of continuous improvement by forging links with organisations to keep up to date with current practice.

Robust and effective audits were completed and action was taken when shortfalls were identified.

Reddington House

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 5 and 11 October 2017 and was unannounced. It was carried out by one inspector.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with three people. We spoke with the registered manager, the operations manager, shift leader, and four care staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

We also contacted three health care professionals and their feedback has been included in his report.

We last inspected the service in 19 and 20 October 2015. At this time the service was meeting the requirements of the regulations and was rated 'Good' overall.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Yes I feel safe here, I like the staff". When one person became a little distressed as the fire alarm was sounding, staff moved to their side straight away holding the person's hand until they felt safe and calm.

Staff had a clear understanding of safeguarding and whistle blowing. They were able to discuss their role if they suspected any abuse and who they would report to, both inside and outside of the service. The local safeguarding contact numbers were available and all staff had received training in how to keep people safe.

Robust financial procedures were in place and people could access their money at any time. One person said, "I can get my money whenever I want". Each transaction was recorded with appropriate receipts to confirm how much money had been spent. The records were audited to ensure they were accurate at all times.

People were relaxed and comfortable with staff. They indicated they felt safe and were smiling and communicating with staff and each other. Staff knew people well and each person had clear details in their care plans how they communicated, such as what behaviour they would present if they were happy, sad or in pain. Staff responded promptly when people indicated they needed help. When people became anxious or needed reassurance staff spent time talking and helping them to reduce their anxiety.

People were encouraged and supported to take risks in line with their choices and lifestyle. Each person had clear step by step guidelines of how staff should support them to take risks in line with their daily life routines and social activities. This included supporting people with their behaviour that may challenge and their mobility. People that were able were involved in their risk assessments and agreed with the safety measures to be taken to reduce the risks, such as discussing what caused them to be anxious, such as staff using certain phrases or loud noises, and how staff should support them at this time. The risk assessments guidelines ensured that people were supported with their risks without being restricted.

Checks were made on the premises to ensure it was safe and environmental risk assessments were in place. These checks included fire safety checks, first aid kits, and emergency plans. During the inspection there were issues with the fire system. The operations manager took immediate action and put risk assessments in place to check the premises and called the contractor out to look at the fire system. An additional member of staff was also brought on duty to continually check the premises to ensure that people were safe. Accidents and incidents were recorded reviewed by head office to look for patterns and trends to reduce the risk of further events.

Staff told us how they had been recruited safely with face to face interviews and interaction with people who lived at the service. Full recruitment documentation was on file including written satisfactory references, proof of identity and criminal record checks. The manager told us that on occasions people were part of the interview process and gave their opinion on the potential employees.

People and staff told us that there was always enough staff on duty. One person said, "The staff are always around when I need them". Staff told us that they were always replaced when staff were absent or on annual leave. Staff supported people to go out to their chosen activities, or for a walk in the local town. Throughout the inspection staff were attentive and responded promptly to people when they needed help. The staff rota showed that staffing levels were consistent to ensure people's needs were fully met.

Some people were able to understand what they needed their medicines for. In general discussion one person mentioned when they needed their medicine and staff made sure it was always available. There were robust systems in place to ensure people received their medicines safely. Records were checked daily and were completed accurately. Medicines were stored safely and securely and people were able to choose where they took their medicines.

Staff explained to people what their medicines were for and people responded positively and took their medicines safely. Clear guidelines for staff were in place when people may need their 'as and when' required medicines such as people's individual signs of anxiety or needing pain relief. People's medicines were regularly reviewed and any changes made were clearly recorded and staff were updated at the beginning of each shift. All staff had received medicine training and their skills were observed to ensure they had the competencies to give people their medicines safely.

Is the service effective?

Our findings

People told us they received the care they needed. They said they liked the food and there was always choice.

Staff talked about the amount of training they received and told us their training was up to date and they had the opportunity to complete work based qualifications in care and support. Staff received regular supervision and had a yearly appraisal to discuss their training and development. Staff told us that the training and development programme was very good. Staff said, "The training is 'spot on' and we always get support from the managers". "I am very happy with the training, it is constant". "The staff support structure of the service is very good".

People received care from staff who had the skills and knowledge to support people with their specialist needs. Staff knew people well and were able to explain how they supported them with their behaviour or personal care.

Staff had received specialist training such as training to support people's individual behaviour linked with autism and other conditions such as diabetes and dementia. Training was monitored to ensure that all staff received the training they needed which was regularly updated in line with current practice. This included safeguarding, mental capacity and DoLS together with medicines. Staff were observed by the registered manager to ensure they had the competencies and skills to meet people's needs.

New staff spoke enthusiastically about the induction training which they had found to be detailed and thorough. They said that the established staff had welcomed them into the service and they were supported well by their colleagues and management staff. The induction was in line with the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. The induction also included shadowing experienced staff to get to know people's personal routines.

The service had recognised that some people were developing early stages of dementia and had attended the virtual dementia training. Staff told us how this training made them more aware of people's vulnerability and they experienced how scary it was living with this condition. Staff were also being booked to complete virtual autism training session.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager has applied to the local authority for DoLS authorisations for some people but the outcomes

of these applications had not been received at the time of the inspection. Staff were aware that when people lacked capacity best interests meetings would be held to ensure that people were supported to make decisions about their care. They were passionate about individual's rights to choose and have the best life they can achieve with the right support. Staff told us that they asked family and people who had been involved in their care so that appropriate decisions could be made in line with people's preferences and choices, such as what food or activities their relatives preferred.

Health care professionals told us that the management team had a good knowledge of the Mental Capacity Act and people's rights and made sure these were upheld.

People were encouraged to help with the meals of their choice. There was pictorial guidance for people to use when choosing their meals. People's nutritional needs were monitored and their individual likes and dislikes were recorded. Staff supported people to eat a healthy diet and encouraged them to understand how to positively reduce their weight. People told us they liked the food and there was always choice.

Health care professionals told us that the service worked exceptionally well with people with dual diagnoses who are living with a learning disability and mental health issues. They said that the staff were eager to work with health care professionals like psychiatrists and psychologists. Staff always ensured that people went to their appointments with appropriate support and they follow the advice given from health care professionals.

Relatives had commented in a recent survey that staff always let them know if their relatives were unwell and the progress they were making. One relative commented "My relative's care is excellent; their medical problems are dealt with immediately".

Some people had behaviour which challenged. There were clear guidelines and details of what triggered such events and how staff were to support people when this occurred. One health care professional commented that the staff worked well with people to minimise their anxieties.

Some people were at risk of choking and had been assessed by speech and language therapists to ensure they received the food of the right consistency to reduce the risk of choking. Staff sat with people and ensured they had drinks and encouraged them to take smaller bites of their meal so they ate safely.

The food served at lunch time was appetising and people ate at their own pace, whilst chatting to staff and each other. The atmosphere was family oriented with staff and people were relaxed and enjoying their meal. Staff talked about how they knew people and their preferences, what they liked and disliked. Those who were unable to say were supported to have their preferences as staff noted what they had enjoyed at previous meals and had also gathered information from relatives.

People living with diabetes had good detail in their care plans and so the signs and symptoms to look for if they became unwell including mood changes and what may trigger any unusual behaviour. There were also special emergency boxes for people living with diabetes containing their individual guidelines of what to do if their blood sugar levels were unstable such as preferred foods/sweets and to drink water if needed.

People's health care was closely monitored and they had regular reviews about their medical needs. There was clear guidance and outcomes in the care plans when people went to the doctors or hospital appointments. Everyone was able to visit the surgery with the help of staff. Health care professionals such as psychiatrist, psychologist and community nurses were involved in people's care. Staff talked about the signs to look for with each person that they maybe unwell, such as their behaviour or how they exhibited

pain. These details were recorded in people's care and support plans so that all staff had guidance of when people may need medical attention.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "I like the staff they treat me well, they help me to go out. "The staff do everything for me". "It's nice here".

One relative had commented at a recently quality assurance survey "My relative is very happy living at Reddington House, the staff treat them with great kindness".

Staff told us people were treated as they would like to be treated themselves, 'like family'. Newly recruited staff told us that this was definitely the case and this was embedded in the culture of the service. They said the staffed cared for people with kindness and respect and it was a very good place to work. Staff said, "We aim to put a smile on people's faces each and every day". "We make sure they get everything they need or want to do". "I love working here we get on so well as a team".

Staff talked about people in a caring manner and with empathy. They said they enjoyed supporting people with their individual choices and preferences such as spending time with them, going out to the town/seafront or supporting them in sensory sessions. A health care professional commented that people were treated well and staff offered them choices about their daily living.

People were treated with dignity and respect. People and staff chatted with us throughout lunch and everyone was included in the conversation. They talked openly about the service and support from the company as well as asking people their views about the service. During our discussions, staff treated people with mutual respect and encouraged them to join in the conversation whilst still being attentive to their needs. One person asked if they could go out and staff asked them where they would like to do and they choose to go for a walk later.

People said their dignity was always respected, they said staff helped them with their personal care discreetly and in private. Staff supported people discreetly to go to the bathroom when they needed to and were observant if people were becoming uncomfortable. They held people's hands and spoke with them quietly when they became distressed until they calmed and left them smiling.

Staff encouraged people to remain as independent as possible. Staff were observed supporting one person with their exercises to encourage them to maintain their mobility. The person was responding well and with help, jovial sensitive banter and encouragement from staff they were able to complete their exercises.

People were at the centre of the service and staff were working hard to ensure they were given the opportunity to enjoy living in a homely environment. Staff ensured they were offered choices and supported them to make decisions about what they wanted to do or where they wanted to go. Staff were very patient and supported people in a way they could understand, ensuring they were able to take their time to make decisions.

Staff spoke with people about their interests, such as going out to the shops, getting their hair cut and what they would like to buy. People responded well and talked about their holiday next week and that they were

going into town to buy new clothes. People had been involved in planning their holiday and were looking forward to going on holiday especially going swimming.

People were supported to maintain and develop friendships. Some people who had lived at the service for many years had recently moved out into their own home and were receiving supported living services. People were sad and missed their friends who they had lived with for so long. Staff spoke with everyone and people agreed to meet up and visits were arranged. People were supported to visit their friends in their new home and to keep in touch on a regular basis.

A member of staff had an idea to help people socialise and to keep their friendships going. They presented an idea to the management team about forming a social club for everyone who was supported by the LDC staff. This was approved and a new social club was formed with an opportunity of friends meeting up every two weeks. The club was held at a local venue where music, sport activities together with tea and coffee were available. Everyone was welcome to the social club and were being asked about their ideas to have fun and make suggestions for other activities. People talked about the forthcoming Halloween party and told us how they enjoyed the going to the social club were looking forward to going again. Staff told us that this helped to develop people's confidence and social skills.

People and staff talked about a member of staff who went the extra mile and 'coloured their hair' as one person could not decide what colour they wanted their hair to be and were concerned they would not like it once it was applied. Staff had a 'can do' attitude for people to take risks and try new things and this resulted in a member of staff colouring their hair in the chosen colour. The person told us that once they saw the colour they arranged to have their hair done and were very happy with the result.

Staff knew people well and their family and friends. They were supported to visit their family and visitors were welcome in the service. One person told us how a member of staff supported them to meet their relative and have coffee.

People's confidentiality was maintained and records were stored securely.

Is the service responsive?

Our findings

People told us staff were there when they needed them. Staff responded to people promptly, they ensured people had the opportunity to do what they wanted to achieve. They encouraged people to try new activities and supported them to lead more independent lives. Some people were being supported to decide if they wanted to move on from residential care and into supported living. With the help of health care professionals, plans were in place to enable people to make decisions in their best interests.

Staff responded to people when they required support. When people were a little distressed, all of the staff became aware and gave them consistent constant reassurance, gently replying to their questions each time they asked. People responded in a positive way and smiled at staff.

One person told us how the staff supported them to move come to live at Reddington House. They told us there had been lots of questions about their care. Senior staff carried out the care needs assessment which supporting each person to be involved in their care and consulted with relatives and health care professionals. This information was then developed into a detailed care plan.

The staff were in the process of implementing a new format of care plan. Staff talked about the improvements such as the one page profiles for quick reference and grab sheets if people needed to go to hospital.

The care and support plans were personalised with people's preferences and choices and pictorial guidance was used to help people understand their plans. There were details of how each individual was able to communicate and non-verbal signs of how they were able to express their needs. These included facial expressions and behaviour. People's daily/night time routines, including their personal care needs and what they could do for themselves were clearly recorded. In addition there was guidance to positively support people with their behaviour, mobility, eating and drinking.

Regular reviews were held with the people, their relatives and health care professionals to assess if their current needs had changed or needed updating. People sat with the inspector and looked through their care plan which reflected the support being provided.

Staff told us that they kept up with people's current needs as communication was good; they had handovers at the end of each shift and knew what was going on in the service. Staff said how the care plans were updated if people had been reassessed or had received medical treatment.

People were encouraged and supported with the activities of their choice. The staff were always looking at ways to ensure people had the opportunity to try out new things. Every activity was considered and risk assessed to ensure people were able live their lives to their full potential.

Activities were discussed at the resident meetings and when one person asked if they could go to the cinema and swimming this was arranged for the following week. A beach party had taken place when

people enjoyed breaking coconuts. One person said how much they enjoyed doing this and then could eat it as a healthy snack.

People enjoyed holidays of their choice, theatre trips, travelling to other towns shopping, going to the local cafes and for walks. Staff were flexible in their approach with people's activities and supported them when they changed their minds or did not feel like participating. They respected people's decisions and changed the activities to suit their individual choices.

People were part of the running of the service and staff knew them well. They encouraged feedback from people to assess if they had any concerns or worries. People's care plan indicated what signs to look for when people's mood was low or they needed further reassures if they were not happy. There was a picture complaint format for people to be supported to show they were happy or sad.

One person said it was lovely living at the service and they had no complaints. They said they would speak with staff if they were unhappy.

Systems were in place should people wish to raise complaints or issues; however there had been no complaints since the previous inspection. A health care professional commented that when relatives had raised concerns with the managers these were acted upon and resolved promptly.

Is the service well-led?

Our findings

People knew the registered manager and the management team well as they visited the service regularly.

New staff told us how they were welcomed into the service. They said, "I am not frightened to ask any member of staff about anything. They always make sure I have understood the response. I feel I have always worked here". "The management team ensure that everyone is treated like family. We are treated all the same, with equality and respect".

Health care professionals and staff told us they would recommend to members of their family and friends.

The service had 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 ensured there was an inclusive, transparent culture within the service. People, relatives, staff and health care professionals were encouraged to voice their opinions and suggestions about the service. There was an ethos of continuous improvement, putting people at the heart of the service, such as asking for their ideas and suggestions about the service. This had been achieved when a member of staff formed the social club for people to enjoy.

Everyone was involved in developing the service and feedback was very positive about the quality of care being provided. The last survey completed by people and relatives indicated that people had rated the service as good and excellent. Staff views were also taken into account and everyone involved in the service was given time to suggest ideas, such as organising a new social club or researching new activities for people to take part in.

The registered manager and management team lead by example and had oversight and scrutiny of the service. There were clear visions and values of the service, such as running the service that they would be happy to live in themselves. Their philosophy was to encourage people to progress in their abilities and to lead more independent lives should they so wish to do so. The registered manager led by example and ensured that equality and mutual respect was maintained throughout the service.

The registered manager had been awarded the 'Registered Manager of the Year Award 2017 by the KICA (Kent Integrated Care Alliance - whose aim is to help shape the future of homecare in Kent.) The registered manager was also the Chair of the East Kent (Dover) Registered Manager's Network. The network is about providing information, increasing confidence, sharing skills and accessing peer support for managers and staff. Another member of the administration staff had also won the Kent Ancillary Award for their contribution to the service.

The registered manager spoke passionately about the continuous improvement of the service, by

introducing new technology to support people to reach their full potential and supporting staff with the skills and competency they need to provide good quality care. This included people and staff using electronic tablets for care planning.

Good partnership working was in place. Health care professionals told us how the staff worked with people to help them move on and have more independence in their lives. Two people had recently moved to supporting living and the service had put detailed plans in place for this to happen. The management team worked closely with the people, health care professionals and relatives to ensure these placements would be successful. People visited potential properties, they had scrap books of how they were managing the move, which including choosing the paint, furniture and the decorating. The staff had learnt from this experience and talked about the impact that people leaving had on the people who had remained in the service. They had arranged for visits for people so that their friendships could be continued which helped people get use to the new living arrangements.

Another person was also in the process of moving and there was close collaboration with the person, relatives and health care professionals to ensure that the transition was successful. The person was excited about the move and had a good understanding with the support of staff of how it was going to work.

The registered manager and management team were always available for help and guidance if people or staff needed them. Without exception staff told us that they felt valued and supported including new staff who had been in post for a very short time. They told us they were impressed about the knowledge the manager's had about the people living at the service. They said they were confident to approach the managers if they needed additional information or guidance. One new member of staff had emailed the management team after a month of working as follows: "Thank you so much to all of you for making me feel so welcomed and part of this amazing team. It's been the best first month I ever had in my whole working career".

Robust auditing procedures were in place to assess the quality of care being provided. Checks were made on all aspects of the service including medicines, finances, care plans, the premises such as fire, health and safety, water and infection control. Any issues raised were actioned and plans put in place to ensure that the required actions had been completed.

The registered manager ensured that there was a programme of continuous improvement by forging links with organisations to keep up to date with current practice. They had active roles in the Challenging Behaviour Network and the Safeguarding Networks. They were also members of the Social Care Commitment. This is a Department of Health initiative made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care to raise workforce quality in adult social care.

Links with the community were encouraged and people were involved in raising funds for charity such as holding coffee mornings.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the hallway of the service

and on their website.