

Diamond Care (2000) Limited

New Redvers

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 ●

Summary of findings

Overall summary

This unannounced inspection took place on 1 August 2018. New Redvers is a residential care home for people with a learning disability. At the time of the inspection there were 13 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection in May 2017, we found two breaches of regulation and the home was rated overall as 'Requires Improvement'. Following that inspection, the provider contacted us outlining the steps they would take to meet the relevant legal requirements. At this inspection, we found improvements had been made.

New Redvers had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published; we found it followed some of these values and principles. These values relate to people with learning disabilities being able to live an ordinary life.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

New Redvers is set over two floors. The home was clean, tidy and people's bedrooms were decorated with their own furniture and items of importance. However, some areas of the home needed redecoration. For example, some carpets were worn and stained, paintwork and walls were marked and some radiator covers were damaged. The outside garden area was quite extensive, but poorly equipped with seating etc, which limited the opportunities for people to spend time outside. The registered manager and the provider's representative were aware of our observations about the environment and assured us there was an on-going refurbishment programme in place. We asked the registered manager for a copy of the home's refurbishment plan but this was not provided.

We have made a recommendation in relation to the environment and outside space.

People told us they felt safe and were happy living at the home. One person said; "I like living here, I do feel safe." Another person said, "I feel quite safe here." A relative said, "I do not have any concerns about [person's name] safety."

People receive care and support from sufficient numbers of staff to meet their needs and checks were carried out on staff before they started work to assess their suitability. Staffing levels were organised around each person's specific support needs. For example, where people required 1:1 or 2:1 staff support, this was being provided. At the time of the inspection there were four members of staff on duty in addition to the registered manager. At night people were supported by one waking night staff member and one sleep-in

staff member who could be woken if needed.

People received their medicines when they needed them and in a safe way. People were cared for and supported by staff who knew them well. Staff were kind, caring, treated people with respect and maintained their dignity. The manager and staff understood their roles and responsibilities to keep people safe from harm; protect people from discrimination and ensure people's rights were protected.

People's care records reflected their needs, were regularly reviewed and updated. We looked at the care and support records for four people living at the home. These were developed using a range of formats including symbols, pictures and words. They described what was important to people, what people could do for themselves and how staff should offer support. People told us they were actively involved in developing their care and support. Each person had a copy of their support plan, which some choose to keep in their bedrooms.

People were encouraged to make choices and were involved in the care and support they received. Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) in ensuring people's rights to make choices where they had the capacity to do so were respected.

People were supported to maintain a healthy and balanced diet. We received mixed comments about the meals provided by the home. Some people told they enjoyed the food provided by the home. Comments included, "The food is very good" and "very nice," and "I like the food." However, some people told us there was not enough variety. We discussed what we found with senior staff who told us the meals were planned on a weekly basis by the people living at the home. Staff assured us they would address people concerns at the next meeting and remind people they could choose an alternative if they did not like what had been chosen. People who needed assistance from staff to ensure they ate and drank enough to maintain their health had their food and fluid intake monitored. Where people had specific dietary needs, these were fully understood by staff and catered for.

People, relatives and staff told us they were encouraged to share their views and spoke positively about the leadership of the home and told us the home was well managed. The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.

There were effective quality assurance systems in place and the management team carried out a regular programme of audits to assess the safety and quality of the service and identify issues. These included audits on medicines records, incidents and accidents, care records and environment.

People were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control. Equipment used within the home was regularly serviced to help ensure it remained safe to use.

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 home was safe.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

People were protected by a robust staff recruitment process.

People received their medicines as prescribed.

There were sufficient numbers of suitably qualified staff to meet the needs of people who lived at the home.

The environment was clean and tidy but in need of decoration and some repairs.

Is the service effective?

Good ●

The home was effective.

People's consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 were followed.

People were cared for by skilled and experienced staff who received regular training and supervision.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good ●

The home was caring.

People were positive about the care and support they received and felt staff were kind, caring and treated them with respect.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with family and friends

Is the service responsive?

Good ●

The home was responsive.

People's needs had been identified, were being met and were regularly reviewed.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

People enjoyed a variety of social activities.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Good ●

The home was well led.

The provider had good systems in place for monitoring and reviewing the quality and safety of the care provided.

The registered manager was aware of their responsibilities and had carried out regular quality checks of the home.

The registered manager was well regarded by people, relatives and staff

People's records were well maintained and stored securely.

New Redvers

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This unannounced comprehensive inspection took place on 1st August 2018. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Prior to the inspection, we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

During the inspection we met with all the people living at the home and spoke with nine people individually. We also spoke with five members of staff, the registered manager and the nominated individual. A nominated individual is the provider's representative and responsible for supervising the management of the regulated activity provided. We also reviewed the home's action plan, which was sent to the Commission following the inspection in May 2017. This set out how they would resolve the issues identified at that inspection. We asked the local authority who commissions with the home for their views on the care and support given by the home. Following the inspection, we received feedback from one healthcare professional and one relative.

To help us assess and understand how people's care needs were being met, we reviewed four people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included three staff recruitment files, training records and systems for monitoring the quality of the care provided.

On this occasion, we did not conduct a short observational framework for inspection (SOFI) because people were able to share their experiences with us. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. However, we did use the principles of this framework to undertake a number of observations throughout the inspection.

Is the service safe?

Our findings

New Redvers was previously inspected in May 2017 and we rated this key question as 'Requires Improvement'. Staffing arrangements at night were not sufficient to ensure people's safety. We raised our concerns with the provider who immediately increased the staffing levels at night.

At this inspection we found people receive care and support from sufficient numbers of staff to meet their needs. Staffing levels were organised around each person's specific support needs. For example, where people required 1:1 or 2:1 staff support we saw this was being provided. At the time of the inspection there were four members of staff on duty in addition to the registered manager. At night people were supported by one waking night staff member and one sleep-in staff member who could be woken if needed. We discussed staffing levels with the nominated individual and the registered manager who told us following the previous inspection staffing levels had been reviewed in line with people's needs. The staff rota was closely monitored to ensure that staffing levels did not slip below the levels required to meet people's assessed needs and to keep people safe. During the inspection we saw staff supporting people at their own pace and in a relaxed way, as well as accompanying people out of the home. Staff and relatives told us there were enough staff to meet people's needs safely.

People who lived at New Redvers told us they felt safe and were happy living at the home. One person said, "I like living here – I do feel safe." Another person said, "I feel quite safe here." A relative said, "I do not have any concerns about [person's name] safety." During our inspection we spent time observing people's interactions with staff. We saw people spending time with staff, reaching out to them, smiling, chatting and were comfortable in their presence.

People were protected from the risk of abuse. People told us they could talk with staff or family if they had any concerns or worries. One person said, "I would speak to my sister if I was unhappy." Staff attended safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Safeguarding information and relevant contact numbers were displayed within the home for them to use. Each person living at the home had been provided with a 'Keeping Safe' pack. This pack is designed to provide people with a learning difficulty with information and support to live as independently as possible within their own home.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at three staff files, which showed a full recruitment process had been followed which included obtaining disclosure and barring service (police) checks.

People were protected from the risk of harm. People's care plans contained detailed risk assessments and guidance for staff on how to ensure people's safety was maintained, while encouraging people to be as independent as possible. Assessments included information on circumstances that may cause people to become anxious and advice on how people preferred to be supported if they were feeling upset. Staff knew

how to manage these risks and had been trained to 'de-escalate' situations and help people remain calm. Where risks to people had been identified in relation to specific health conditions such as epilepsy, protocols were in place to guide staff as to the appropriate action to take should the person have a seizure. This helped to ensure that people were being supported safely and consistently.

People received their medicines when they needed them and in a safe way. People's medicines were administered and disposed of appropriately and securely. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Staff told us they had received training in the safe administration of medicines and records confirmed this. We checked the quantities of a sample of medicines against the records and found them to be correct.

People told us they were happy for the home to look after their money and keep it safe for them. One person told us, "The manager keeps my money safe, but I can have it when I want." Not everyone living at the home managed their own finances. Where the home supported people with this and kept money for safekeeping, detailed records were maintained and receipts obtained for all money spent. The registered manager and the provider's representative regularly checked the records. We checked a sample of these records and found them to be correct. The registered manager confirmed either families or the Court of Protection were involved in approving any large expenditure such as holidays as part of a best interest meeting and records confirmed this.

New Redvers is set over two floors. We toured the home with the registered manager and spent time looking at the environment. There were a large dining room and lounge area with easy access to enclosed gardens on the ground floor along with a communal wet room and some people's bedrooms. The staff sleeping in room was found on the first floor along with people's bedrooms and a shared bathroom. The environment was clean and tidy, people's bedrooms were decorated with their own furniture and items of importance and there was pictorial signage on people's doors. However, some areas of the home needed redecoration. For example, some carpets were worn and stained, paintwork and walls were marked and some radiator covers were damaged. The outside garden area was quite extensive, but poorly equipped with seating etc which limited the opportunities for people to spend time outside. We spoke with the registered manager and the nominated individual about what we found. They were aware of our observations and assured us there was an on-going refurbishment programme in place. We asked the registered manager for a copy of the home's refurbishment plan but this was not provided.

We recommend the provider reviews the accommodation with regard to identifying ongoing maintenance and decoration to ensure the environment is well maintained and meets people needs.

Where incidents or accidents had occurred, these were recorded and reviewed by the registered manager. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Equipment owned or used by the home was suitably maintained and systems were in place to ensure equipment was regularly serviced and safety checks had been carried out.

Is the service effective?

Our findings

The home continued to provide effective care and support to people.

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. People had confidence in the staff supporting them and relatives told us people were well cared for. One person said, "All the staff are very good, I've known them a long time." Another person said "I think they care for us well. They [staff] see to it that you can have a visit from the opticians, dentist or the hairdresser."

People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. People's support plans included details of their appointments and staff knew people's needs well. Each person's care plan contained a health action plan that set out how his or her health care needs were to be met and helped to ensure people's wishes and needs were respected in an emergency. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals. People were also offered opportunities to engage with preventative healthcare for example "Well Man" or "Well Woman" clinics at the local GP surgery if they wished. Following the inspection, we received feedback from a healthcare professional who said, "The staff team appear to know the person I am working with well and information I require is provided & any advice given appears to be followed."

New Redvers continued to provide staff with training, support and the opportunity to obtain further qualifications in care to meet people's needs effectively. Records showed new staff undertook an induction programme, which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home.

There was a comprehensive staff training programme in place and staff confirmed they received regular training in a variety of topics. These included first aid, medication, safeguarding, food hygiene and Mental Capacity (MCA). Specialist training included dementia awareness, epilepsy and managing challenging behaviour. There was a system in place to support staff, which included regular one to one supervision and annual appraisals. Supervision gave staff the opportunity to discuss all aspects of their role and professional development. The registered manager assessed staffs' knowledge by observing staff practice and recording what they found. Staff said they felt supported by the home's management team.

All the people living at New Redvers were living with a learning disability, which affected their ability to make some decisions about their care and support. Staff understood the importance of gaining people's consent and showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we saw staff putting their training into practice by offering people choices and respecting their decisions.

The 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. Some people did not have capacity to make complex decisions about their health and welfare or finances. Where this was the case, people's records contained an assessment of their capacity and where decisions had been made in a person's best interests these had been recorded. Records showed decisions were specific, made in consultation with appropriate people such as relatives, and were being reviewed.

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 registered manager was aware of their responsibilities, had liaised with professionals and made appropriate applications for people who needed this level of support to keep them safe.

People were supported to maintain a healthy and balanced diet. We received mixed comments about the meals provided by the home. Some people told they enjoyed the food provided by the home. Comments included; "The food is very good" and "very nice," and "I like the food." However, some people told us there was not enough variety; one person said, "I used to live in another home the food was wonderful, not at all like it is here." Another said, "I don't think the food here is up to much." We discussed what we had been told with staff how told us meals were planned on a weekly basis and people choose what they would like to have. If someone did not like what was being cooked, they could have an alternative. Staff assured us they would address people concerns at the next meeting and remind people they could choose an alternative if they did not like what had been chosen.

People were encouraged to develop their independent living skills and were supported in the planning and preparation of their meals. Support plans contained information about what people could do for themselves, their likes, dislikes as well as any allergies. People were freely able to access the kitchen with staff support and were encouraged and supported by staff to be actively involved with the preparation of their meals. For example, we saw one person help staff to make lunch for everyone.

People who needed assistance from staff to ensure they ate and drank enough to maintain their health had their food and fluid intake monitored. Where people had specific dietary needs, such as a different texture due to swallowing difficulties, these were fully understood by staff and catered for.

Is the service caring?

Our findings

The home continued to provide caring support to people.

People and their relatives were positive about the quality of the care and support people received. People mostly told us they were happy and contented living at New Redvers. One person said, "I'm very happy, I like living here," another said, "The staff are nice to me and friendly and I like them." However, one person told us they were not happy living at the home and wanted to live independently. Staff were aware of this and explained this person was only staying with them on a temporary basis.

Where people did not want to share their experiences with us, we spent time in the communal areas observing the care and support provided. People were relaxed and happy in staffs' presence and we heard friendly conversation and people sharing jokes. Most of the people who lived at New Redvers had lived together for a number of years and had developed strong relationships with each other and the staff who supported them. A relative said, "The staff are all lovely and look after people well."

There was a relaxed and friendly atmosphere within the home. People told us staff treated them with respect, maintained their dignity and respected their need for privacy. One person said, "I have my own room, no-one can come in unless I let them and the staff have to knock." We saw staff knocked and waited for a response before entering people's rooms and doors were closed when people were being supported with their personal care needs. When we asked staff to tell us about the people they had supported, they spoke fondly about people and with kindness. Staff described people's needs and preferences well and told us how much they enjoyed working at the home. Comments included, "I really enjoy working here" and "It's a great place to work." One staff member said, "I care about each and every one of them."

People told us they were involved in planning their care and included in any meetings held about them. Records showed people's views were actively encouraged and recorded. One person said, "I go to all my meetings and tell them how I am and what I've been doing." Each person had a key worker who supported them to develop their everyday living skills as well as new interests. Staff were skilled at delivering care and support, knew people well and were mindful of people's changing moods and responded appropriately. For example, we saw when a person was becoming anxious about their lunch, staff gave reassurance, explained how it long it would be and suggested they could set the table as a way of calming the person and diffusing the situation. People's bedrooms were personalised and furnished with items which were meaningful to them and celebrated their individual interests. For example, one person's room had been decorated to reflect their love and passion for football, while another person's room reflected a nautical theme. People were free to choose how and where they spent their day and could come and go from the home as they pleased. For example, some people chose to stay in their rooms rather than the communal areas and others went into town or to the garden centre. Staff recognised the importance of family and personal relationships and people were supported to maintain relationships which were important to them. One person said, "My family can visit whenever they like." The registered manager kept in regular contact with families according to people's individual wishes and preferences.

Is the service responsive?

Our findings

New Redvers continued to be responsive to people needs.

People's care records reflected their needs, were regularly reviewed and updated. We looked at the care and support records for four people living at the home. These were personalised and gave information about people's likes and dislikes as well as important information about their support needs, past history and relationships. Support plans described what was important to people, what people could do for themselves and how staff should offer support. For example, one person's care plan described how they liked to spend their time going out for a drive, having their hair styled or nails vanished. Another person's described in detail the support staff should offer during personal care as well as what the person could do for themselves.

People told us they were actively involved in developing their care and support plans. Each person had a copy of their support plan, which some choose to keep in their bedrooms. Support plans identified people's communication needs and were developed using a range of formats including symbols, pictures, and words. People told us this helped them to understand what had been written. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were encouraged to make choices in all aspects of their lives. For example, what clothes they wore, how they occupied their time and the relationships they had. Each person had a key worker who supported them to develop their everyday living skills as well as new interests. There were some routines in the home and people were encouraged to partake in household tasks such as cooking, laundry and tidying their rooms. However, people said they could do things at a time they wanted. One person said, "I get up and go to bed when I want." Another person said, "I go out by myself most days, I let staff know where I'm going but I don't have to tell them."

Staff described how they supported people to be as independent as possible and recognised that it was important that people could gain new experiences and take risks. One staff member told us about a person they supported and said, "They have really come a long way, when they first came they did not want to go out, but now they go to the shop on their own and can get on bus and go into town by themselves, it's great."

People were encouraged and supported to lead full and active lifestyles and follow their interests. Throughout the inspection, we saw people coming and going from the home independently and with staff support. Each person's support plan included a list of their known interests and staff supported people daily to take part in things they liked to do. Staff recognised what was important to people and encouraged people to challenge themselves. For example, staff described how they had supported one person to attend their local gym as they were keen to keep fit and exercise. We spoke with this person who told us how much they enjoyed going to the keep fit sessions.

People and relatives, where appropriate, were involved in reviews and could express their views about the care and support they received. People's needs were reviewed on a regular basis with external professionals and any changes in people's needs or support was recorded accordingly. Handover meetings provided staff with clear information and kept staff informed as people's needs changed. Staff wrote daily records detailing the care and support provided and how people had spent their time. Staff felt handovers were informative and they had all the information they needed to provide the right care for people.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. We asked people what they would do if they were unhappy about anything in the home; one person said, "I would speak to my keyworker if I was not happy or tell the manager." The home's complaint procedure informed people how and who they could speak with if they had any concerns and what to do if they were unhappy with the response. An easier to read version of the complaints procedure was accessible to people. This helped ensure people were provided with essential information to promote their rights and choices. We reviewed the home's complaint file and saw that the home had received no formal complaints since the last inspection.

Is the service well-led?

Our findings

At the previous inspection in May 2017, we rated this key question as 'Requires Improvement'. We found the home's quality assurance and governance systems had not been effective. At this inspection, we found action had been taken and improvements had been made.

There were effective quality assurance systems in place. We found people were no longer exposed to the risk of avoidable harm as there were sufficient staff to meet people's assessed needs both during the day and at night. The management team carried out a regular programme of audits to assess the safety and quality of the care provided and identify issues. These included audits on medicines records, incidents and accidents, and care records. The registered manager confirmed that all policies and procedures had been updated and were being regularly reviewed to ensure staff were provided with up to date and accurate information. These audits and checks supported the registered manager in identifying any shortfalls which needed to be addressed. Where shortfalls were found, records showed these were acted upon and action plans were in place.

People, relatives and healthcare professionals described the staff and management of the home as approachable, open and supportive. The culture within the home was caring and focused on ensuring people received person-centred care. The registered manager was visible in the home and they divided their time between the office and working with staff to deliver care. This enabled them to monitor staff practice and address any shortfalls. Staff told us they received regular supervision and any poor practice was picked up and discussed.

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about the day-to-day running of the home. Staff knew who they needed to go to if they required help or support. There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. These meetings helped the sharing of information and gave staff a forum to share ideas and the opportunity to discuss specific issues or raise concerns.

The home continued to work in partnership with GPs, district nurses and speech and language therapists, to ensure 'joined up' care was provided to people. Health professionals told us they had good relationships with the home and were confident staff would contact them if they had any concerns. One health professional said, "The registered manager is always very helpful and ensure things are followed through."

People were involved in decisions about the home. For example, people were actively involved in the recruitment process and were part of the interview panel for new staff. People were encouraged to share their views and told us they could speak to the registered manager, when they needed to. Residents' meetings were organised on a regular basis and a range of topics relating to the running of the home were discussed.

The registered manager was clear about their responsibilities and regulatory requirements. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. The previous report and rating had been displayed within the home.