

Oregon Care Limited

Redstone House

Inspection report

43 Redstone Hill
Redhill
Surrey
RH1 4BG

Tel: 01737762196

Date of inspection visit:
16 March 2022
23 March 2022

Date of publication:
17 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Redstone House is a care home providing accommodation and personal care to up to four adults. At the time of inspection there were three people living at the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People were encouraged to have control in their daily lives and staff ensured people were able to live as independently as possible. For example, people had been supported to learn new skills such as preparing meals and making their own hot drinks. Risks were managed well to keep people safe while promoting their independence and staff supported people to access healthcare services when they needed them.

Right Care

Staff knew people well and ensured that people received the support they needed to keep them safe and to meet their individual care needs. People's rights were promoted, and they were protected from discrimination. People were treated with dignity and their privacy was respected. Staff were kind and caring. They treated people with respect and encouraged them to make decisions about their care and support. The support staff provided was flexible to take into account people's needs and preferences.

Right Culture

There was a positive ethos at the service and a culture of empowering people to live the lives they wanted to. People were involved in planning their own care and were encouraged to give their views about the support they received. One social care professional told us, "The manager and staff make sure that [person] is heard." People's families were also able to give their feedback about the support their family members received and their views were listened to.

We found that people's care plans and risk assessments did not always include enough detail, the registered manager told us they were aware of this and planned to review these. The registered manager was approachable and supportive, staff enjoyed working at the service and were listened to. The registered manager and staff maintained effective working relationships with other professionals to ensure people

received the care they needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this inspection to assess whether the service had made improvements following the previous inspection. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Redstone House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Redstone House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redstone House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with three people who used the service and three relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including using Makaton, and their body language. Makaton uses symbols, signs and speech to enable people to communicate.

We spoke with four members of staff including the registered manager, their supporting manager and two support workers.

We reviewed a range of records. This included two people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at Redstone House. When asked whether they felt safe one person told us "Yes, I'm alright." Relatives told us people were kept safe and protected from harm. A relative told us, "We do believe [person] is safe."
- People were supported to raise any concerns they had about their safety. Information was available in accessible formats to support people to do this.
- Staff had received safeguarding training. Staff demonstrated an understanding of how to keep people safe and their knowledge of the different types of abuse. Staff knew how to report any concerns they may have and felt confident they would be listened to.
- Staff were aware of who to contact outside the service should they need to whistleblow if they felt the provider was not responding to safeguarding concerns. One staff member told us, "If [registered manager] didn't respond to my concerns I would speak to another manager or contact CQC." Another member of staff said, "If I needed to, I would go above my manager [with concerns]."

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

- Risks to people were regularly assessed and monitored. Risk assessments and care plans were in place, so staff knew how to support people. One person had risks associated with their epilepsy, there was clear information in place to guide staff of action to take to reduce the risks caused by seizures.
- We observed that staff knew people well and were aware of the risks associated with their care. One member of staff described to us changes made to somebody's support with food due to them being at risk of choking. They told us, "We have to be there when [person] is eating, we remind them to slow down."
- The registered manager described how they and their team learned from incidents which had taken place in order to improve people's care. For instance, changes in one person's behaviour had led to a number of incidents. A referral was made to relevant health professionals and the person's support plan was reviewed. The registered manager told us that the changes they had made to the person's support were helping and the number of incidents had reduced.
- People had detailed individual personal emergency evacuation plans (PEEP) in place explaining to staff the support they would need to evacuate the building in an emergency situation. Regular safety checks of equipment and the environment were taking place.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient numbers of staff deployed to keep people safe. Processes were in place to ensure staffing remained safe during the COVID-19 pandemic and if staffing numbers were low due to staff being absent, then agency staff would be used, or the registered manager would step in to support people.
- There was a well-established staff team at the service which helped provide good continuity of care to people. Where there were shifts that the regular staff team were unable to cover an agency worker familiar to the service would be used. One person told us staff did a "good job" supporting them.
- Interactions between newly recruited staff and people were monitored closely by the registered manager who also sought feedback from people to ensure they were happy being supported by new staff. This was an important element of staff being able to pass their six-month probation period.
- Staff were recruited safely. Checks included verification of identity, references from previous employers and the Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were administered their medication safely. Staff received relevant training before they were able to give people medicines and the registered manager checked their competency regularly in relation to the administration of people's medicines.
- Systems and processes for the management of people's medicines were robust. Staff had liaised with health professionals to review prescriptions to ensure people were taking the right medicines at the right time and medicines were stored at the service securely.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were somewhat assured that the provider was using PPE effectively and safely. On our first visit we saw that staff were not always using PPE in line with current guidance. We discussed this with the registered manager who addressed this immediately and communicated to the staff the changes they needed to make to their practice. On our second visit staff were wearing PPE correctly.
- Visits for people living at the home were facilitated in line with the current guidance with any changes communicated promptly to people and their families.

Is the service well-led?

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating has changed to Good. This meant 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred care from a staff team who knew them and their support needs well. For instance, staff were able to tell us about people's favourite activities and how they were supporting them to engage in these.
- People's care plans needed updating to ensure they were person centred and reflected all of their needs and preferences. The manager told us they were planning to review these following the inspection in order to ensure they were more accessible to people and person centred.
- There was a positive culture within the staff team, and it was clear that staff wanted to do their best for people. One member of staff told us, "No two days are the same. I do like working here." Another member of staff said, "They are lovely people [living at Redstone House] and the people I work with are very good."
- People, relatives and staff spoke positively about the registered manager. One relative said, "I do think it's a well run place." A member of staff told us, "You can talk to [registered manager] if you need anything, she is there for you. She does try to look after her staff."
- Legal responsibilities were being met and notifications to relevant agencies were submitted in a timely way to ensure effective external oversight and monitoring of the service.

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

- We observed there was a lot of positive engagement between people and staff with staff giving people options for what they wanted to do and what meals they would like to eat. People had communication aids available to help with this including picture boards which they were able to use to point to what they would like to eat and drink.
- There was good communication with people's family members. One relative told us, "I know all staff by name and I regularly speak with two of them." Another relative said, "They do communicate well with us and send us newsletters. We get on with staff well and [person] has a very good rapport with staff."
- There were regular residents' meetings at the service and people were encouraged to give feedback about their care. Support was available for people to make a complaint should they wish to do so and there was information available in an accessible pictorial format to help them to understand the process.
- Staff told us they felt listened to and were able to contribute their ideas. There were regular team meetings and the registered manager was readily available for staff to speak to. One member of staff told us, "I contribute a lot of ideas in staff meetings."

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The service worked well with other professionals. One person had a health condition which the staff team were supporting them to manage alongside health and social care professionals.
- There was a culture of trying to improve people's care. When something went wrong or a new approach was needed to support someone staff adapted to this quickly. One social care professional told us, "Staff and [registered manager] have found a good way to communicate with [person]. They are very considerate."
- There were regular opportunities for staff to reflect on learning in order to improve people's care. Any incidents or accidents were reviewed, and learning outcomes shared with the team.
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.