

Surrey and Borders Partnership NHS Foundation Trust

Redstone House

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

Redstone House provides accommodation, care and support for a maximum of eight adults with learning disabilities. There were seven people living at Redstone House at the time of our inspection.

The inspection took place on 14 November 2016 and was unannounced.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection.

We carried out this fully comprehensive inspection to check that the provider had acted on the concerns we identified at our last inspections in May and September 2015. These were around safe care, nutrition, consent, treating people with dignity and respect, providing person-centred care and quality assurance processes. We found a significant improvement during this inspection.

People were kept safe because staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. Risks to people's safety had been assessed and measures had been put in place to mitigate these risks. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff on duty to keep people safe and meet their needs. The provider's recruitment procedures helped ensure that only suitable staff were employed.

People received their care from staff who knew their needs. Staff were supported through supervision and appraisal. Staff had access to relevant, on-going training and staff said they felt the registered manager had made positive changes to the home.

The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's best interests had been considered when they needed support to make decisions and applications for DoLS authorisations had been submitted where restrictions were imposed to keep people safe.

People's nutritional needs were assessed and any dietary needs were managed effectively. Staff enabled people to make choices about what they ate and supported them to maintain a balanced diet. People were supported to maintain good health and to obtain treatment when they needed it. People's medicines were managed safely.

Staff, on the whole were caring treated people with respect. People had opportunities to take part in social

events and activities both inside and outside of the home as well as maintaining relationships with people close to them. We have made a recommendation that the provider continues to improve to help ensure people receive person-centred individualised care in a way that demonstrates they are central to the service.

The registered manager provided good leadership for the home and led by example in their approach to supporting people. The registered manager encouraged the input of people, their relatives, staff and other stakeholders in developing and improving the service. There were systems in place for quality monitoring, which helped ensure that all areas of the service were working well.

We have made five recommendations to the registered provider to help ensure people receive individualised, person-centred care in a way that demonstrates staff put them at the centre of the service.

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.

Staff were aware of safeguarding procedures and understood their responsibilities if they suspected abuse was taking place.

Staff understood people's needs and how to support them safely. Staff understood the risks people faced and how to manage these.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

There were enough staff deployed to provide people's care and support and there were robust recruitment procedures which helped ensure that only suitable staff worked at the service.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had access to the training and supervision they needed to provide effective care and support.

People's best interests had been considered when they needed support to make decisions. Applications for DoLS authorisations had been made where restrictions were imposed to keep people safe.

People's nutritional needs had been assessed and any dietary needs identified were managed effectively.

People were supported to maintain good health and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was generally caring.

On the whole staff treated people with respect and dignity.

Staff supported people in a way that promoted their independence.

People were enabled to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Support plans were detailed and reflected people's individual needs and preferences.

People were supported to take part in activities of interest to them.

There were appropriate procedures in place for managing complaints.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff were involved in the running of the home and feedback obtained was listened to and acted upon.

There was an effective system of quality checks to ensure that people received safe and appropriate care and support.

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

The inspection took place on 14 November 2016. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager, the provider's service manager, two support staff and two professionals. Most people were not able to tell us directly about the care they received. We observed the care and support they received and the interactions they had with staff.

We looked at the care records of three people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at other records relating to staff support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

We spoke with three relatives after the inspection to hear their views about the care their family member's received.

We last inspected this service on 19 May and 10 September 2015 where we identified six breaches of Regulations.

Is the service safe?

Our findings

Relatives felt their family members were safe living at Redstone House. One relative told us, "There is always somebody around." Another said, "I feel he's safe, because I know how nice staff are." A third told us, "The staff are all honest with me."

At our inspections in May and September 2015 we found that risks to people had not always been assessed which meant people may be at risk of harm. At this inspection we found that the provider had taken action and risk assessments were in place.

People were supported to exercise control over their lives in a safe way. Risk assessments and support plans were in place to keep people safe while supporting their independence and strategies were in place to minimise risks. Risk assessments included a description of the risk, the severity and likelihood of the risk occurring. There was action for the staff to follow to minimise the risks and to prevent harm. One person was at risk of choking and guidance included, 'don't overload spoon and cut food'. This same person was at risk of falling on the stairs and the risk assessment stated, 'staff to supervise him'. We saw staff follow this guidance during the day.

People's medicines were managed in a safe way. Staff responsible for administering medicines had all been trained and competency assessed to do so. Medicines were stored securely and in an organised way. Each person's Medicine Administration Record (MAR) included a photograph of them for identification, known allergies and information relating to their doctor. MARs were completed accurately and up to date. Where people required PRN medicines, protocols were in place which recorded what the PRN was for and information in relation to administration.

Staff had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. Staff were able to tell us about the signs of abuse and how they could report any concerns they had about people's safety. Staff had access to information about safeguarding and details on how they could whistle-blow should they have any general concerns. We noted that incidents relating to abuse had been reported to the correct authorities and the registered manager worked with those authorities to resolve concerns. One staff member said, "I would definitely report it to the manager. There is a number on the wall. If you think something is going on and you don't want to tell her, you must phone safeguarding." Another staff member told us, "If I saw anything I would tell the team leader, it needs to be reported. I would keep going higher if I needed to; we have a number to ring for whistle-blowing." A relative said, "He puts his arms out to staff which shows me he's not frightened of them."

Accidents and incidents were recorded and action taken to help reduce the likelihood of similar incidents occurring again. Staff used an internal system to record any events and the records included information about the incident, the staff response and what happened afterwards. The registered manager monitored accident and incident records and where relevant would discuss these with the service manager and staff team. An incident concerning one person whilst in the car had resulted in an injury to a staff member. This had led to changes regarding where this person sat in the car. We read this was clearly recorded in the

person's support plan.

People's care would continue in the event of an emergency or should the home have to close for a period of time. Each person had information in their support plan about the assistance they would require in the event of a fire. Regular fire checks were carried out and staff had received training, so would know what to do. If the home had to close for a period of time people would be relocated to one of the provider's other homes.

There were enough staff deployed to meet people's needs. Staff were on duty 24-hours a day and had access to on-call management support at all times. The rota was planned to ensure that staff were available to support people to take part in activities. The registered manager told us they were currently using agency staff and on-going recruitment was taking place. However, they said they used the same agency staff to ensure they knew people and people did not get distressed by being cared for by staff who may not know them well. This was confirmed by staff we spoke with on the day. One staff member said, "If we are short we use agency to cover, they're generally regular so they know people as well as we do." Staff told us that there were always enough staff available to ensure that people were supported in line with their care plans. We observed during our inspection that staff were available whenever people needed support.

The provider had robust recruitment procedures which helped ensure that only suitable staff worked at the service. Staff were appointed following submission of an application form and a face-to-face interview. The staff files demonstrated that the provider had obtained references, a full employment history, proof of identity, proof of address and a criminal record check certificate before staff started work.

Is the service effective?

Our findings

At our inspections in May and October 2015 we found that some staff training was out of date and staff did not always receive training relevant for their role. At this inspection we found improvements had been made.

Staff had the skills and knowledge they needed to support people effectively. All staff told us they had an induction when they first worked in the home. This also applied to agency staff. We were told that they were introduced to people, given people's care plans to read and informed about specific information such as how people may react in certain situations. This was followed by a period of shadowing a member of staff who was more familiar with people. One staff member told us, "The induction really helped me." Another member of staff said, "I can't fault it (the induction). They (staff) were all great in guiding, helping and assisting me. I shadowed to learn people's likes and dislikes. It's all been fantastic."

Core training attended by staff included safeguarding, first aid, medicines, infection control and health and safety. The home had systems in place to help ensure that all aspects of refresher training in core areas were up to date. We read where staff were required updating in their training, refresher sessions had been arranged. A staff member told us that in general the training was good and they were up to date on everything.

Staff told us they had access to the support they needed to do their jobs. They said they had a one-to-one supervision with their manager. There was a system of annual appraisal in place which enabled staff to discuss any professional development, training needs or concerns they had. A member of staff told us, "If I need anything, I just ask."

At our inspections in May and October 2015 we found that staff had failed to follow the legal requirements in relation to consent. We found at this inspection that each person had a mental capacity assessment carried out which was decision specific.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS. Staff had attended training in this area and understood how the principles of the legislation applied in their work. There was evidence that people's best interests had been considered when decisions that affected them were made. Where possible, the provider involved people's families to support them in making decisions. DoLS authorisations were in place for people due to restrictions involved in their care, such as being unable

to leave the home independently and constant supervision by staff, which were necessary to keep them safe. However, we did note that one person had a monitor in their room which was used to ensure they were safe at night. This was an audible monitor only, but it was not mentioned in their DoLS application.

We recommend the registered provider ensures that DoLS applications relating to people are completed fully to reflect details of specific restrictions.

At our inspections in May and October 2015 we identified staff were not meeting the nutritional needs for people. This was because suitable foods were not provided for people and information regarding those who had a dietary risk was not available to all staff. At this inspection we found the provider had taken action to address these concerns.

People were supported to have a balanced diet and were involved in choosing their meals. The menu was displayed in a way that people could understand and on the day people were provided with a choice of meal in line with the menu. People were asked if they wanted to go into the kitchen to choose what they wanted for lunch and we saw some people do this.

Staff were aware of people's preferences and support needs when eating. One person required hand over hand support to put food on their spoon which was provided. Other people required plate guards to enable them to eat independently. Risk assessments had been carried out to identify risks to people in eating and drinking and we observed staff following guidelines. One person's support plan stated, 'when I eat toast/sandwiches I should be offered one or two pieces at a time as I have a tendency to eat too many pieces at one time'. We saw staff observe this guidance during lunchtime.

People's nutritional needs had been assessed and information surrounding this was easily accessible to all staff. One person required a high fibre diet and we saw guidance in relation to what they should eat for meals to support this. This same person was at risk of choking and staff had referred them to the Speech and Language Therapy team (SaLT) for an assessment for guidance and this guidance was being followed. We noted people were weighed regularly to ensure they were not at risk of malnutrition.

People were supported to maintain good health and to obtain treatment when they needed it. We read in people's support plans that they had involvement from professionals such as the doctor, dentist and chiropodist. A relative told us, "I get a call from staff every time he needs the dentist or doctor." Another relative said, "They've (staff) started to call me when he has needs input from the doctor or another person." A 'hospital passport' had been developed for each person, which provided important information for healthcare professionals involved in their care who may be unfamiliar with their needs. Health action plans were in place which detailed the support people required to maintain their health.

Is the service caring?

Our findings

Relatives told us they were happy with the care provided by staff. One relative said, "I have no concerns." Another told us, "I have faith in the staff. I'm happy." A third said, "All staff seem very caring." Professionals told us they had noticed a difference in the home. One told us, "It feels more homely."

Despite these comments, one staff member in particular was not as compassionate as we would have expected. We observed one person get upset. Rather than approach this person, staff called across the room, "What's wrong?" and, "What is wrong with you (name)?" After some time another member of staff did go to the person. The staff member touched the person's hands which immediately calmed and comforted them.

Although staff interactions with people were generally polite we found at times there was a lack of warmth shown by staff to people and staff could have promoted further interaction with people. One person indicated several times they would like to go out after they had eaten their lunch and staff responded each time saying, "We're finishing lunch now." There was an increased irritation in the staff member's voice and no suggestion of an alternative activity was offered whilst this person waited for others to finish. During lunch we observed the dining area was very quiet with little interaction with people, this resulted in a lack of atmosphere in the room.

We recommend the registered provider ensures staff behave in a way that demonstrates people are at the centre of the service.

We did observe kind, caring interactions from staff. One person had been out in the car during the morning. When they returned a staff member said, "Did you have a nice ride out?" We saw the person respond with a smile. Later, when the staff member gave this person a cup of tea they said, "There you go my love." A relative told us, "It's very good care. I'm pleased. I can see he's very happy."

People were cared for by staff who had a good knowledge of them. They were able to describe to us people's individual characteristics and routines. One staff member told us that one person had days when they would be quiet and withdrawn, but other days when they would be fine. They said, "He is a watcher in life and this is what he enjoys." We saw this person continually watching everything that was going on around them. A relative told us, "They (staff) know what his needs are." Another relative said, "They (staff) really care and they really know him."

People living at Redstone House had complex communication needs. We observed that staff understood these needs and had the skills to communicate with people effectively. Some staff had completed training in intensive interaction (communication techniques) and we observed them using this at times during the inspection, with positive reactions from people.

People were treated with respect, privacy and dignity. We observed a staff member knocking on the bathroom door and asking if it was okay to go in. A staff member told us, "I would never discuss anyone

outside work or in front of other people. I would give privacy during personal care and make sure people are wearing their dressing gowns when going between the bathroom and their bedroom." We saw staff supported people to go to the bathroom in a discreet manner.

People were supported to make their own choices. Information around how people would make choices was included in their support plan. One person's support plan stated, 'don't say both to (name) as he will choose the last thing listed. Give visual choice options or yes or no choices'. One staff member said, "With some people I would open the wardrobe and ask them what they wanted to wear, but other people might be overwhelmed, so I'd pick out two or three things to show them. We get to know people from watching their reactions to different things and their body language."

People's independence was promoted Staff encouraged people to participate in the routines of the home, such as cleaning their rooms, managing their laundry and helping at mealtimes. We read in people's diary records that they regularly got involved in preparation of meals and we observed during our inspection people being helped by staff to do their laundry and put away their clothes.

Staff recognised the importance of supporting people to develop and maintain relationships with their friends and families. Relatives were able to visit whenever they wished and told us that they were made welcome when they visited. They said they had got to know staff well. Where relatives found it difficult to visit the home, staff supported people to visit their family members. One relative told us, "They bring him down to see me several times. I can see he is very contented and happy when he comes."

At our inspections in May and September 2015, we found that people did not live in an environment that upheld their dignity. The home was unclean in places and was in need of repair. We found at this inspection improvements had been made.

People lived in a safe, well-maintained environment. We found the home had been repainted and the registered manager told us they now employed a domestic to help ensure it was kept clean. Where repairs to the environment had been required these had been completed and following an inspection from the fire service all fire resistant doors would be effective. People's rooms had been redecorated and refurnished and looked much brighter and more appropriate to the ages of people living in the home. Rooms were personalised with people's own belongings and items of interests.

Is the service responsive?

Our findings

People's support plans contained detailed and person-centred information about people such as their preferences, like and dislikes, personal care needs and communication needs. We read guidance for staff on what people's actions or gestures meant and specific information around eating, activities and how people expressed if they were in pain. One person would 'grumble, go to their room or refuse to eat if they were experiencing pain. Another person's support plan stated, 'I like to feel warm, often choosing to sit or stand by a radiator'. We saw this person do this throughout the day. One person received one to one support due to their anxiety and behaviours. There was a good positive behaviour support plan in place which gave staff guidance on warning signs and triggers. It clearly described what to look out for and how to react.

However, some information for staff could have been provided in a more detailed way. One person's health action plan stated they did not like medical appointments and 'careful planning was needed', however there was no further guidance for staff as to what planning or the best approach should be.

We recommend the registered provider makes available guidance for staff in relation to people's individual needs to ensure a person-centred approach.

At our inspections in May and October 2015 we found people were not supported to access individualised, meaningful activities and we observed people wandering around the home or standing in corridors. At this inspection we found activities had improved, however we have made a recommendation to the registered provider to continue working on this.

The registered manager told us an activities coordinator had been recruited, although they were not present during our inspection. They said this had increased the individualised activities. The sensory and activity room which had not previously been used had been cleared out and were used regularly. The service manager told us the plan was to move these rooms to the first floor which had easy access via the lift to enable those who could not use the stairs access.

During the morning we observed a music session taking place in the lounge. Percussion instruments were available for people and music was playing in the background. We observed fluctuating interaction and engagement from people. On occasions staff seemed at a loss as to what to do. One person was sitting doing jigsaws and another person walking around with a ball with which the staff threw to them occasionally.

Other people had been out during the morning, either for a walk or a ride in the car. In the afternoon a couple of people went out to the pub and someone was in the kitchen with staff preparing tea. The registered manager sat with two people having tea and biscuits. The atmosphere in the afternoon was better as people were more engaged in activities or had been supported to access external activities.

People's interest preferences were recorded in their care plans. We read one person supported their local football team and noted from their diary records that they attended matches. Staff involved other

professionals where their input could realise benefits for people's well-being. People had engagement from external professionals qualified in communicating with people with complex needs and we observed one person involved in a session during the day. The person was smiling, responding and reacting in a way that showed they enjoyed the interaction. The atmosphere in the room lifted during this session. The professionals told us, "We have noticed that staff are picking up on some of the things we do."

We recommend the registered provider continues the work in relation to activities to ensure people's individual preferences are met.

The provider had a written complaints procedure, which detailed how complaints would be managed. Complaints information was available in an easy-read/pictorial format and available to people in their rooms. A relative told us, "I would definitely speak to staff (if I had a complaint)." We saw one complaint had been received and although the service manager and registered manager were able to explain the outcome of the complaint and that it had been resolved, this was not clear from the records.

We recommend the registered provider ensures that clear records are kept in relation to complaints to demonstrate they have been responded to and resolved.

Is the service well-led?

Our findings

Staff were clear on the visions and values of the home. One staff member said the manager was very clear about these. They told us, "It's about giving people the most out of life, enjoying each day and having choices. The manager is very hands on, she leads by example."

Relatives and other stakeholders were encouraged to give their feedback on the care that was provided at Redstone House. We read the results of the May 2016 survey, of which six responses were received. We saw that some relatives had made comments in their responses and the registered manager was able to demonstrate to us that these had been actioned. For example, a relative had queried their family member's finances and the registered manager had met with the relative to discuss this. From the survey responses we read that people were 'very satisfied' with the service provided at Redstone House.

Staff were involved in the running of the home and felt supported by the registered manager. We read from staff meeting minutes that discussion included recruitment, active support for people and reminders around whistle-blowing procedures. One (agency) staff member told us, "It's because of her I keep coming here. It feels like home." Another said, "There's good leadership and good staff across the board. The manager is very approachable and fair."

People were encouraged and supported to be involved in the running of the home. Monthly meetings were held. People were provided with refreshments at the start of the meeting to help them feel relaxed and engaged. Topics covered included activities and food and we read from the last meeting notes that a Christmas party was to be organised as well as a trip to a pantomime. The registered manager told us there were plans to ensure that meeting notes were provided in an easy-read/pictorial format. There was a 'you said/we did' board which the registered manager used to track people's comments. One comment was around staff recruitment which was underway.

The provider had an effective quality assurance system which ensured that all aspects of the service were monitored regularly. Regular checks were carried out around the home and in relation to equipment. We read that water testing had been done together with gas and electric checks. Risks assessments were in place for lone working, infection control, accidents and first aid. Quarterly health and safety checks were completed by the registered manager which covered equipment checks, storage, waste disposal, security of the building and staff training. Daily checklists were in place for shift leaders which included finance handover and records of activities people had taken part in. There was evidence from these that people were much more involved in household tasks and were getting out regularly.

Managers from other services carried out peer review audits. We read from the last one that actions had been identified and completed. For example, a broken toilet seat had been repaired and the garden tidied.

Other audits included an annual audit by the provider's quality assurance team. This was a thorough document covering all aspects of care. The overall score for the home in May 2016 was 71%. An internal action plan brought together all outstanding actions and how regularly they should be monitored. The

registered manager was continually updating this with progress or outstanding actions. We were told by the provider that the internal action plan was 95% complete in August 2016 and the home had devised a 'One Team One Plan' to support quality assurance and oversight.