National Schizophrenia Fellowship

Redwoods

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

We inspected this home on 12 April 2016 and returned on 21 April to meet with the registered manager and talk to additional care staff. This was an unannounced Inspection. The home was registered to provide residential care and accommodation for up to seven people who have mental health needs. At the time of our inspection five people were living at the home. People had all lived there for many years.

A registered manager was 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.

People using this service told us they felt safe and staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns. Recruitment checks were in place to ensure staff who were employed were safe to work in adult social care.

Difficulties in recruiting to a vacant post had resulted in some instances of agency staff working on their own at night time. The provider had ensured that robust induction arrangements were in place for agency staff. Action was being taken to address the recruitment issue by the registered provider.

We found that staff were trained to support people effectively and received opportunities to further develop their skills. Staff told us that they received regular supervision and that senior staff were always available for them to seek advice and guidance.

People had access to a variety of food and drink which they enjoyed. People were supported when necessary to access a range of health care professionals.

We observed staff seeking people's consent before providing any care and support. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions.

People spoke to us about how genuinely caring and kind staff were towards them. We saw and people told us they felt involved in decisions about how they were communicated with and cared for. People told us they were encouraged to remain as independent as possible by staff. We observed staff ensuring people's privacy and dignity was maintained.

We found some parts of the home were in need of general refurbishment. This was being addressed by the registered provider and a full refurbishment of the home was planned

Processes were in place which supported people to express their opinions in developing their care plans.

People knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action.

Staff working in this home understood the needs of the people who lived there. We saw that staff communicated well with each other and spoke highly of the management and leadership they received. There were systems in place to monitor the quality and safety of the home and improvements had been identified to increase the quality of life for people at the home.

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.

People told us that they felt safe living at the home. Staff in the home knew how to recognise and report potential risks of abuse.

Staff were being recruited to reduce the reliance of the home on agency staff.

People usually received their medication safely.

Is the service effective?

Good

The service was effective.

Staff had received training relevant to the care needs of people in the service.

The staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were involved in decisions about what they wanted to eat and drink.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good

The service was responsive.

People had been involved in the planning of their care.

Procedures were in place for people and their relatives to make complaints and raise concerns.

Is the service well-led?

Good

The service was well-led.

Views and opinions of people who used the service and staff had been captured to help inform developments and improvements in the home.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Redwoods

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 12 April 2016 and was unannounced. The inspection team comprised of one inspector.

As part of the inspection we looked at the information we had about this provider. We also contacted service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with four people who were receiving care at Redwoods. We observed how staff supported people throughout the day. We spoke with the registered manager, service manager, four care staff and an agency staff. We looked at the care records of two people, the medicine management processes and records maintained by the home about staffing, staff training and the quality of the service.

Following our visit we spoke with the relative of a person who used the service and a social care professional. The registered manager sent us further information which was used to support our judgment.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at the home. People told us confidently that if they had any concerns or did not feel safe they would inform a member of staff. A person living at the home told us, "This is a safe place to live."

There were clear procedures in place to help staff to keep people safe from abuse and harm. We spoke with staff about the home's procedures for protecting people from potential harm. Staff we spoke with confirmed that they had received training and were able to describe different signs of abuse and their responsibilities and roles in how to protect people from abuse. Staff understood how to report concerns and told us they were confident these were acted upon.

The service manager told us that the registered provider had developed a safeguarding workbook for staff. As part of a pilot project the staff at Redwoods had been one of the first staff groups to complete this. We were told that the staff had completed the workbook as a team so helping generate some valuable discussions.

Prior to our visit to the home there had been an incident of an agency staff not administering medication to people. Whilst the registered manager had ensured appropriate action had been taken to protect people they had not sought advice from the local authority to check if a safeguarding alert was needed. The registered manager made sure this was done after our visit and informed us that the local authority were satisfied with the actions taken.

People were encouraged to have as full a life as possible, while remaining safe. Risk assessments identified individual risks specific to people using the service and the staff who supported them. These included the risks associated with people's physical and mental health conditions and activities that they undertook. One person was at risk of choking. Staff clearly knew and understood the risks and the actions they needed to take to keep the person safe. We were informed that one person sometimes left the home without informing staff. Their written risk assessment lacked written guidance about when staff should become concerned and what they needed to do to ensure the person was safe. We spoke with staff who all gave us consistent information about what actions should be taken. The service manager told us they would ensure the risk assessment was updated.

People benefitted from a staff team that understood what actions to take in the event of an emergency. We saw emergency plans in place for people. For example, if there was a fire there was a clear procedure in place for each person. Staff spoken with confirmed they had received fire training and were able to tell us about the evacuation procedure.

The service used an online system of recording accidents and incidents. These were then assessed to identify patterns and trends. The nature of the incident, the dates and the people involved were included on the online report. Staff said the incident reports were checked by the service manager and registered manager.

We were told that there was a minimum of two care staff on duty during the daytime but that staffing levels would be increased if there were appointments scheduled where people needed staff support to attend. Staff told us that current staffing levels were safe. One care staff told us, "It feels safe and there are enough staff to take people out if they want to go."

Staffing levels were not at full capacity and agency staff were being used to cover a staff vacancy. This had been on-going for many months as the registered provider has been unsuccessful in recruiting new staff. Staff told us and records showed that sometimes agency worked on their own during the night. People in the home told us they did not have any concerns about the agency staff. One person told us, "They are just as good as the other staff, they look after me as exactly as the other staff do. I've no problems with any of them." Another person told us, "I prefer the permanent staff but the agency ones are okay."

There was no written risk assessment regarding agency staff working on their own at night time. The registered manager and the service manager told us that to help make sure the agency staff they used had the right skills and competencies they sought a profile from the agency to make sure they had the right experience and training. They also obtained a copy of certificates to evidence medication training had been completed as agency staff who worked at night were required to administer medication. We were told that agency staff undertook shadow shifts with permanent staff and completed an induction checklist before working alone. This was confirmed by the care staff and agency staff member we spoke with. The registered manager acknowledged this situation was not ideal and told us that a bank member of staff had recently been recruited and was undergoing the necessary recruitment checks. It was anticipated that when they commenced their employment this would reduce some of the reliance on agency staff.

We were informed that there had been no new staff had started working in the home since our last inspection. We asked the service manager about the recruitment process that would be followed for potential new staff and they described a safe process that included seeking references and a Disclosure and Barring Service (DBS) check before the staff started working with people. We sampled the recruitment files of existing staff and these confirmed that DBS checks were in place.

We looked at the systems in place to enable people to receive their prescribed medicines safely. People told us that staff supported them so that they received their medicines as prescribed. One person told us, "I get my medication at the right time." Another person told us that they used to administer their own medication but that they had made errors and so staff now did this for them as it was safer.

Staff told us that they had received training to administer medication and had been observed to ensure they were able to administer medicines safely. The registered manager told us that formal observations were last undertaken in 2014 and more recent observations had been more 'ad-hoc' and had not been recorded. They told us that improvements were planned and it was intended to capture this using a medication competency checklist form. A weekly medication audit was completed by the service manager. We saw this focused on checking that the medication charts had been signed and did not show that a wider ranging audit was being completed. When we returned for our second visit of the inspection the service manager told us they had commenced working on a more detailed audit.

Good

Is the service effective?

Our findings

The people and relative who we spoke with told us that the staff were good at meeting their needs. A person we spoke with told us, "The staff look after me here." We saw results from a satisfaction survey completed in 2015 which confirmed that all people living at the home felt they received the right support from staff.

We did not look at the induction completed by the current staff as there had been no new staff employed by the provider. The service manager told us that any new staff recruited would undertake the Care Certificate if required. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills they need to provide safe and compassionate care.

All the staff we spoke with told us they received opportunities to undertake training to enable them to provide effective care and support. This included basic mental health awareness, conflict management and managing medicines, fire safety and safeguarding vulnerable adults. One member of staff who confirmed they received refresher training told us, "It is all enjoyable because things change and we need to be aware. I can ask for anything that is needed"

Staff confirmed that they received informal and formal supervision on a regular basis. Staff usually received supervision in groups rather than individually. The service manager told us that individual supervisions would be conducted if a particular need for this had been identified. One care staff told us, "I like having the group supervisions as we get to discuss things as a team. If I needed a one to one discussion I can always approach the manager." Staff told us they felt well supported by the registered manager, service manager and other team members. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and service manager both told us that they had not applied for a DoLS for anyone in the home as people currently had capacity to make their own decisions. All of the staff we spoke with confirmed this was the case.

We observed staff seeking people's consent before providing any care and support. People were free to come and go from the home. One member of staff told us that while people currently had capacity to make decisions for themselves they recognised this could change if a person was unwell.

People were able to enjoy a balanced and healthy diet if they chose to. We observed a variety of meals being provided to people. People told us they enjoyed the food. A person we spoke with told us, "The staff are all good cooks." Another person told us, "If you don't like something you can have something else." We spent time with people as they had their lunch. People seemed to enjoy their meals and had enough time to eat at their own pace. We observed one person choosing to eat their meal at a different time and this was respected.

People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners and district nurses. Records were kept of appointments or contact with health and social care professionals. People were encouraged to attend health appointments outside of the home and staff were available to accompany people if needed. Written records of the outcomes of these had been kept to enable staff to keep track of people's health needs.

Staff had a good understanding of the mental health needs of the people using the service. They were able to tell us what may trigger a person's mental health to deteriorate and the warning signs of this. One person had experienced some recent changes in relation to their mental health. This had been responded to by staff and the appropriate referrals sought to make sure the person's mental health needs were kept under review, and that they were supported appropriately.

Good

Is the service caring?

Our findings

All of the people and a relative we spoke with confirmed that staff were kind and caring in their approach to people. A person at the home told us, "The staff are all lovely." A social care professional told us, "All of the staff seem kind and caring."

During our visit we saw that staff supported people in a caring and sensitive manner and in a way that encouraged them to be as independent as possible. A relative told us, "Staff help [Person's name] maintain a quality of life living in the community." Most staff had worked at the home for a number of years and it was evident that a good rapport had built up between themselves and the people that used the service. Staff could consistently describe people's preferences and personal histories. Staff knew what people liked to do and were keen to support people in keeping in touch with their families. A relative of a person at the home confirmed they were always made welcome when they visited.

We observed staff were kind and patient with people and offered reassurance when necessary. One person had complained of being in pain during our visit. Staff took the time to speak with the person and checked with them the type and level of pain they were in and offered pain killers. This showed that staff cared about the person's wellbeing.

One person had recently been diagnosed with a serious health condition and had attended several health appointments in relation to this. A member of staff told us that the person had asked them if they would attend the next appointment with them as they preferred this member of staff to go with them. The member of staff told us they were determined to meet this person's request even if it meant attending the appointment on their day off as they knew it meant so much to the person. This showed that staff genuinely cared about the people they supported.

People's privacy, dignity and personal beliefs was respected. We observed all staff knocking before entering people's rooms and they waited for permission before entering. One person's clothing was stained after eating a meal. A member of staff discreetly encouraged them to change their clothing to uphold their dignity. One person told us that their chosen faith was very important to them and that staff respected this.

A relative told us, "Staff make efforts to encourage [Person's name] to do things like cooking and shopping but it is often [Person's name] who is reluctant to do this, not the staff." A social care professional told us that for another person staff did try and encourage them to do things for themselves but this sometimes proved difficult but that staff recognised when the person needed their own space. Staff encouraged people to do things for themselves where they were able, for example making their own breakfast, doing their own shopping and laundry. Staff told us that most people had now reached an age where they were focusing on people maintaining the skills they had rather than developing new ones.

We saw results from a satisfaction survey which asked people if they felt they were treated with dignity and respect and all people responded positively to this question. People had also confirmed they felt listened to by staff and six out of seven people said they were helped to achieve their goals.

Good

Is the service responsive?

Our findings

Each person had a care plan. People we spoke with told us they had been involved in the planning of their care. We saw care plans included people's personal history, individual preferences and interests. Staff we spoke with were responsive to the needs of people because they knew people well. Staff could describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives.

We were made aware that one person's needs had increased and that due to their health and mobility needs the environment may no longer be suitable for them. Referrals had been made to the local authority to review this person's needs given that they had changed. Staff told us that it was clear the person wanted to remain at the home but that they were unsure if their needs could be safely met in the current environment. A social care professional told us that staff at the home had gone above and beyond in what was expected of them when supporting this person.

We looked at the arrangements for supporting people to participate in their expressed interests and hobbies. The service manager told us that as people were in the older age bracket that they were slowing down in the amount of activities they wanted to do. People had a choice of whether to participate in activities or not. People told us they did not get bored and were happy with the opportunities available. We noted that one person spent much of their time watching the television during our visits and they confirmed this was their choice and they preferred not to go out. We spoke with the registered manager about the need to offer alternative leisure opportunities for the person to try and engage them in more things that they may enjoy doing. The registered manager told us this was something they had discussed recently with the service manager and they would be trying to engage this person in new activities.

A number of people went outside of the home on their own to places of their choice, using public transport or taxis. One person was planning to go to the cinema the following week with staff. Meetings with people showed that they were planning what day trips they would like to do in the summer months.

Staff had regular meetings with people living in the home. This provided an opportunity for them to raise issues and discuss plans such as the meals people preferred and the activities they wanted to undertake. Staff checked if people had any complaints during these meetings. The home had recently acquired a pet cat as a person at the home had said they would like to have one. We saw that the possibility of having a cat had been discussed with all people first to check if anyone had any objections to this. A person at the home had been involved in choosing the cat they wanted and were enjoying being involved in shopping for things the cat needed.

People told us that they would let the staff know if there was something that they were not happy about, but everyone we spoke to said they were currently happy and had no complaints. A relative told us that managers and staff were approachable if they were not happy or had a complaint

The registered provider had a formal procedure for receiving and handling complaints. These were recorded

on a database and were tracked until completion and reviewed by the registered provider. The home had not received any complaints in the last twelve months. A complaint had been received in January 2015 and we saw this had been appropriately responded to. This showed that people could be confident they would be listened to if they had a complaint.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was. One person told us, "They are a good manager." A social care professional told us that both the registered manager and the service manager had a good knowledge of people's needs.

The home had a registered manager in post but they were not available on our first visit. They were working in the home during our second visit. We were told that they were also managing another of the registered provider's homes which was based in Northampton. Staff told us the registered manager was at Redwoods on a regular basis and available by telephone if they needed advice. The registered manager told us that they spilt their time equally between the two homes.

We saw that whilst staff meetings occurred on a regular basis the minutes did not show these were frequently attended by the registered manager. This was confirmed by the registered manager who told us that whilst they usually did not attend these meetings they always read the minutes. We asked the registered manager to consider that attendance at some staff meetings would help to ensure that they had a visible presence in the home and were available to listen to views of staff and people who used the service.

Staff confirmed that the registered manager was approachable. Staff confirmed if they did have any concerns they would feel able to raise these. One member of staff told us, "The managers do listen if we make suggestions or raise concerns and things get sorted out."

People were given the opportunity to share their views on the service being provided. A survey to seek people's views had been completed in 2015 and we saw records of regular meetings with people living in the home having taken place. These all indicated that people were happy with the care they received.

There were systems in place to monitor the quality and safety of the home. The service manager conducted several internal audits. These were used to ensure the home was meeting the needs of people and driving forward the quality of care provided to people. We noted that the registered provider had last completed a full audit of the home in November 2014. This had been done by their Service Improvement Team. The registered manager told us that this particular quality monitoring system had been under review nationally and its replacement was due to commence in May 2016.

Action was taken to make improvements where they were identified. For example action had been taken to respond to a recent fire assessment report to help improve the fire safety arrangements in the home. We saw that the environment needed attention and that many of the rooms in the home were in need of redecoration. People and staff at the home told us that a full refurbishment of the home was planned, to include a new kitchen. It was planned to relocate the office so that the current one could be used as a bedroom to replace an existing bedroom that was extremely small and not ideal to meet the needs of a person whose mobility had decreased.