Community Homes of Intensive Care and Education Limited

Redlands

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 inspection took place on 2 August 2018 and was unannounced.

At the last inspection on 1 June 2017 the service was given an overall rating of Requires Improvement. At this inspection we found improvements had been made and we have given the service an overall rating of Good.

Redlands is a 'care 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.

Redlands provide accommodation and personal care and support for up to eight adults who have learning disabilities or autistic spectrum disorder. The accommodation is spread over two floors. There were seven people living in the home at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager. 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.

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm, including how medicines were managed. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

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

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People could be confident that any concerns or complaints they raised would be dealt with.

The registered manager was promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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 were protected from the risk of abuse because staff understood their responsibilities.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

The provider checked staff's suitability for their role before they started working at the home.

Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions.

People's nutritional and dietary needs were taken into account in menu planning and choices.

People were referred to other healthcare services when their health needs changed.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people using the service.

Staff knew people well and respected their privacy and dignity.

Staff promoted people's independence and involved them in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed.

There was a process in place to deal with any complaints and people were supported to express any concerns.

Is the service well-led?

Good

The service was well led.

The registered manager promoted an open and inclusive culture. Staff received support and felt well informed.

People, their families and community professionals were encouraged to give their feedback about the service.

Quality assurance systems were in place and used to monitor and identify improvements within the service.

Redlands

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. The 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.

This was a comprehensive inspection that took place on 2 August 2018 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider 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. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection visit we spoke with the registered manager, the assistant regional director, and three members of staff. Although we were not able to have in depth conversations with the people living in the home, we were able to observe staff interacting with people. We looked at a range of records including care records for three people, staff recruitment files and training records, risk assessments and medicines charts. We also looked at information regarding the arrangements for monitoring the quality and safety of the service provided within the home.

Following the inspection we spoke with a person's relative. We sought the views of six community health and social care professionals / agencies about the care provided at Redlands but received no feedback.

Good

Is the service safe?

Our findings

At the previous inspection we had received conflicting information about the deployment of staff and could not be assured people's needs were consistently met at all times.

During this inspection there were enough staff to meet people's needs and provide care and support with activities. Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. Staff told us there were enough staff deployed to meet people's needs. Staffing was monitored as part of the provider's regular checks and audits. There was a system for calculating staffing levels based on people's assessed needs. Staffing levels had been reviewed by the provider's referrals team as part of the pre-admission assessment for a person who had recently moved in. There were three day care staff vacancies that were being covered by bank staff or by regular staff working overtime while recruitment took place.

The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three staff including those most recently recruited. The staff files included evidence that pre-employment checks had been carried out, including employment histories, written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were aware of the policy and procedures for protecting people from abuse or avoidable harm. Staff understood the possible signs that could indicate abuse and were confident that any issues they reported would be responded to appropriately by the organisation. There was also a policy protecting staff if they needed to report concerns to other agencies in the event of the organisation not taking appropriate action. A member of staff told us safeguarding matters were discussed as part of regular staff team meetings.

There had been a reduction in safeguarding notifications we received from the service. The new registered manager showed us 'positive progress' records that had been developed with each person. These demonstrated how increased levels of activities and involvement for people, combined with confident and consistent staff approaches, had a positive impact and led to fewer instances of behaviour that challenged the service.

Occasionally people became upset, anxious or emotional. The provider employed a Positive Behavioural Support team to provide support for staff when required, including the development of support plans focused on individual behaviour and needs. Staff demonstrated their knowledge of people's behavioural support plans and appropriate action such as reassurance and redirecting people to other activities.

People were supported to take planned risks to promote their independence. There were risk assessment and management plans that provided relevant guidance for staff, for example when supporting people in

the community. A relative told us their family member was being "A bit more challenged" in a positive way by staff and this was increasing the person's confidence and independence. The person now required one staff member instead of two supporting them on activities "Due to positive changes in behaviours". The relative added "We know he's safe and secure there and he's happy and he's going to develop".

People's medicines were stored and managed so that they received them safely. Staff received training and competency assessments in the safe administration of medicines. Medicines were checked regularly so that any potential administration errors would be identified quickly and action taken. Up to date records were kept of the receipt and administration of medicines and there was a clear procedure for dealing with any unused medicines. There were detailed individual support plans in relation to people's medicines, including any associated risks. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given and a member of staff demonstrated their knowledge of these.

A range of systems and processes were in place to identify and manage environmental risks. These included maintenance checks of the home and equipment and regular health and safety audits. There was a current fire risk assessment and records were kept of regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Staff fire safety instruction and drills were also recorded. Each person had a personal emergency evacuation plan, which included important information about the care and support each person required in the event they needed to evacuate the premises. A business continuity plan was in place and set out the arrangements for ensuring the service was maintained in light of foreseeable emergencies. Regular checks were made of the water safety both to prevent scalding and to manage risks associated with legionella.

The home environment was clean and staff were aware of infection control procedures. Staff received training in infection prevention and control and used protective clothing when carrying out cleaning and personal care tasks.

Good

Is the service effective?

Our findings

A relative praised the staff team and service for "The effort they put in" and "Proper teamwork" in delivering a person's care and support. The relative told us that in order to prepare for the person's admission to the home staff had to be trained regarding a specific medical condition. This had been achieved in a short amount of time by working effectively with local hospital staff and staff from the person's previous placement.

A detailed pre-admission needs assessment took place that included any cultural and spiritual expression, diet, sexuality, and communication needs a person may have, as well as any special equipment and relevant staff training that may be required. The provider promoted equality and diversity in services through their policies, core values and strategic action plans.

Staff confirmed they received training and regular updates to support them in working in line with best practice and meeting people's needs. Training included fire safety, infection control, food hygiene, first aid, equality and diversity, and positive behavioural support. Additional training was also provided for staff around people's specific needs, including cystic fibrosis, epilepsy and dementia. A system was in place to track and record the training that each member of staff attended. New staff completed an induction that included working alongside experienced staff as well as completing the Care Certificate, where required. The Care Certificate is a nationally recognised set of induction standards for health and social care staff.

Staff received supervision and appraisals, which provided them with formal opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Staff confirmed they were well supported by the senior team members and could ask for advice or guidance when they needed to.

People were supported to be able to eat and drink sufficient amounts to meet their needs. Each person had an eating and drinking support plan based on their requirements, routines and preferences. Plans included support guidelines for mealtimes and where necessary, speech and language therapy (SALT) assessments had been sought to assist staff to minimise the risk of choking for people who may have difficulty swallowing. Staff demonstrated knowledge of people's individual support needs and associated risks in relation to eating and drinking. One person who had been underweight had now gained weight and was eating and drinking well. Another person had been supported to reduce their weight through healthier eating. Staff used pictures and other methods to help people make choices about what they ate and drank. A relative told us the staff team had been effective in supporting a person to enjoy a wider range of food choices. The person now also "Sits down and eats with others. A transformation".

Staff were proactive in requesting visits or reviews from health professionals, such as GP's or other health care professionals. Staff recorded all contacts and visits from health professionals in people's care plans and followed up any appointments where required. Each person had annual health checks as a minimum and each had a hospital passport in their care files. A hospital passport is a document providing information

about a person's health, medication, care and communication needs. If they are admitted to hospital the passport helps medical staff to understand more about the person.

The environment was appropriate for the care and support of people living there. Environmental adaptations were made according to people's assessed needs. A shower seat had been fitted for one person to assist their independence. Staff had received dementia training to help them to understand a person's changing needs. This had resulted in pictures and labels being used on doors and cupboards to assist the person's orientation around the home. People's rooms were personalised. People had their own rooms and access to communal areas including a private garden. Bedrooms were personalised to individuals own tastes and preferences, which were reflected in their choices of colour schemes and décor and with their own belongings, such as pictures, ornaments and photographs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The provider had applied for appropriate authorisation where required. Where necessary restrictions were in place, these were documented in people's support plans.

Good

Is the service caring?

Our findings

A relative told us "He has settled in like he owns the place. He is the very picture of happiness. Making friends and relationships. When you phone up you can normally hear him laughing". They said "The atmosphere is very much 'a home'. There is never an oppressing atmosphere. The guys, they're very much loved. It's a friendly but professional relationship. There are a lot of smiles". The relative praised the staff team for their "Positivity and 'can do' attitude" and told us the manager and senior staff "Can't be more supportive". They said "You can see the care they put into dealing with people at every level".

Staff had developed positive caring relationships with people using the service. The atmosphere in the home was friendly and supportive and we observed staff knew people well and communicated effectively with them. Each person had a key worker, a named member of staff who acted as a link with the person's relatives and participated in reviewing the person's care and support with them. The role also included liaising with community care professionals about health matters.

The relationships between staff and people receiving support demonstrated dignity and respect. Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. People's care and support plans were written in a respectful way that promoted their dignity and independence. This approach was underpinned by dignity, values and attitudes training for staff.

Staff supported people to stay in touch with people who were important to them and to be involved in making decisions about their care and support. Review meetings were held with the involvement of the person's family, staff and external professionals. People's care and support plans included guidance to assist staff to involve the person and help them with everyday decisions. For example, how best to present information and ways to help the person understand. Staff had spent time with people, involving them in discussions about their activities, care and support. A relative told us there were no restrictions on when they could visit.

Staff we spoke with had got to know people and learned how individual's communicated their needs and wishes. They told us how they presented options, such as what to wear or to eat, in ways the person could understand. A relative told us the staff "Have communication down to a tee" using pictures and symbols as aids.

Good

Is the service responsive?

Our findings

Comments from a relative confirmed the service was responsive to people's needs, including activities and health related matters. They told us there had been a lot of communications before admission between the registered manager, admissions team and the person's previous placement, which included observations in relation to the person's behaviours and interactions with others; "So they had a very good idea of the person". The staff team had also worked in partnership with hospital staff in order to understand and be able to meet the person's needs. The relative said "Everyone knows one another now". The person's transition plan had included them being supported to visit the home to meet people and have meals there.

The registered manager took part in pre-admission assessments in order to help ensure compatibility between people living in the home. The relative told us "The manager and staff are brilliant. There are lots of activities going on. They are dynamic". The person had now been offered a place at a local college, which had been a goal of their support plan. The relative commented "He is in remarkably good health. He is remarkably happy. It is exactly what he wanted, to be with other young people".

The registered manager had introduced activities journals that showed in words and pictures the things each person did for leisure, education and self-development. One person wrote their own journal and enjoyed activities such as going to the gym, drama and dancing classes. Others wrote their journals with staff supporting them. There was also a group journal that included photographs of a recent holiday and a boat trip. People had participated in creating Celebration Day boards with themes such as St Patricks Day, St Georges Day, and Summer Time.

Allocation sheets showed clearly the tasks and activities assigned to each member of staff on duty, so that people received the support they needed to attend appointments and take part in various activities. There were brief summaries at the front of people's care files that gave an overview of what was important to them and how best to support them. A communication book helped to keep staff informed about any changes in people's needs.

People had a range of complex needs such as learning disability, behavioural support needs and physical health needs including epilepsy. Staff sought appropriate support and advice from services such as Learning Disability Health teams, GP and physiotherapist.

People had individualised behavioural support plans which provided specific support and management guidelines with reference to any of the person's behaviours considered to be challenging. Staff were therefore able to understand the behaviour and respond positively to what the person was communicating. They demonstrated their knowledge of people's behavioural support plans and appropriate action such as reassuring and redirecting a person to other activities.

The service was meeting the accessible information standard (AIS). The AIS is a framework put in place from August 2016 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. Each person had their communication needs assessed and documented as part of their care plan and was supported accordingly. Examples of communication aids in use for individuals included pictures, objects of reference, single spoken words, writing things down, physical gestures and 'modelling'.

Staff knew to approach a person from the left, due to the person having a visual impairment. The person knew the layout of the home and where furniture was placed and staff were aware of the importance of not making changes to the layout without due consideration.

The home had a complaints procedure which was also made available in an easy read picture format for people who were unable to read complex information. Relatives were made aware of the complaints procedure. The registered manager told us they had received no complaints about the service. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

Good

Is the service well-led?

Our findings

A relative told us "I cannot sing Redlands praises enough". There had been challenges during the admission period in being able to meet a person's needs and "They embraced it, had a 'let's get on with it' approach and worked with other professionals". They said they felt the service went "Above and beyond the call of duty" and added "Hats off to everyone in Choice Care Group we met".

At the previous inspection we found systems to drive improvement were in place but were not always effective. At this inspection we found quality assurance processes were being consistently and effectively applied.

A robust system of regular audits of the quality and safety of the service took place and detailed records were kept in the home. The range of audits included medicines, health and safety, infection prevention and control, care plans and risk assessments. Records showed that any actions identified through the audits were followed through to completion and signed off by the registered manager. In addition to this, the provider had a quality assurance team who carried out monitoring visits of services to check on standards of quality and safety. The registered manager had a plan for the continuous development and improvement of the service.

A new registered manager had been in post since 16 March 2018 and was promoting an open and inclusive culture within the service. A member of staff told us they felt "Staff morale has risen 100%, with more staff involvement and a positive attitude". Another member of staff said the registered manager was "Very on the ball" and the "Team is vastly improved". They said they felt "Consistency is key to working with people" and that "The team has this". They commented that the registered manager was "Very fair but will tell you if something isn't right". They said staff being "Open and frank" was encouraged at team meetings.

Records of team meetings confirmed that staff were asked for their input in developing and improving the service. Minutes of meetings included policy updates, safeguarding people and discussion about ensuring consistency of good practice. Any actions identified at previous meetings were reviewed and updated at subsequent meetings. There were clear lines of accountability within the service with each shift having a clearly designated member of staff in charge. Individual members of staff had delegated areas of responsibility, such as medicines. Staff had annual reviews of their performance and also opportunities for career progression and development within the organisation.

The service used feedback to drive improvements and deliver high quality care. Satisfaction surveys were conducted that included questionnaires sent to people who used the service, relatives and external professionals. Responses were used to inform the service development plan. The registered manager was awaiting the responses to the most recent survey. We saw that the results of the previous survey were positive. The views of people using the service were also sought via meetings with their key workers, which were recorded in an easy read format. People who used the provider's services were involved in the staff recruitment process and as expert auditors during internal inspections of the services.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed in the home. There was some confusion about the ratings displayed on the provider's website. Once this was pointed out during the inspection it was rectified immediately and the correct rating was displayed.