Tamarindo Care Limited

Redwood House

Inspection report

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14 April 2016

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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

The inspection visit to the office took place on 24 March 2016 and was unannounced. A visit was made to people in their flats in the units in Stevenage on 08 April 2016 and conversations were held with people who used the unit in Basildon by telephone on 14 April 2016.

Redwood House provides personal care and support for up to 14 people with a learning disability within a supported living scheme. The scheme consists of two units in Stevenage, Hertfordshire and one unit in Basildon, Essex. The two units in Stevenage consist of three, two bedroom ground floor flats in a large block with a fourth two bedroom flat used as an office and sleep-in facility for staff, and as a communal area for the six people who use the service. The second unit in Stevenage consists of two, two bedroom flats and two, one bedroom flats with a third,one bedroom flat used as an office for staff and a sleep in facility at night. The unit at Basildon consists of four, one bedroom flats and a fifth flat used by staff as an officer and sleep in facility.

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. The registered manager is supported by service managers who are responsible for the day to day running of the units in Stevenage and Basildon.

People were safe and the provider had effective systems in place to protect them from harm. Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. They were supported effectively and encouraged to be as independent as possible. They were assisted to maintain their interests and hobbies and to develop new skills. They were aware of the provider's complaints system, and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service and to develop links with the local community.

Staff were well trained. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were supported by way of regular supervision and appraisal and were supported to gain nationally recognised qualifications in social care. They were caring and promoted people's privacy and dignity. Staff were encouraged to contribute to the development of the service, aware of their roles and responsibilities and understood the provider's visions and values.

There were effective complaints and quality assurance systems in place.

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 had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained and were supported by regular supervision and appraisal.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and to develop new skills.

People were encouraged to contribute to the running of the service.

People could talk with staff if they were unhappy about anything and staff listened to them.

Is the service well-led?

Good

The service was well-led.

The management was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values.

Redwood 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 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.

The inspection visit to the office took place on 24 March 2016 and was unannounced. A visit was made to people in their flats in the units in Stevenage on 08 April 2016 and conversations were held with people who used the unit in Basildon by telephone on 14 April 2016. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for someone with a learning disability.

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 reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service, a relative of one person who used the service, two support workers, two service managers and the registered manager. We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people who used the service. We checked medicines administration records and looked at staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and managed

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "It is safe. I get 24 hour care. I always have someone with me." Another person told us, "I share the flat with my friend and I feel very safe." A third person said, "I feel safe. There are locks on the doors." Another person told us, "It is knowing that I can ring a bell and get someone at any time that makes me feel safe."

The registered manager showed us the policy and procedures for the service, copies of which were held at the office and at the separate units. Policies were up to date and included ones for safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff told us that they were aware of the whistleblowing and safeguarding procedures and would not hesitate to use them should it be required. One member of staff said, "Whistleblowing is where they investigate concerns at work and if nothing has been done we can report it externally." They were able to demonstrate a good knowledge of the types of harm that people could experience.

We saw that there was a risk screening profile completed for each person who used the service which identified the areas at which they could be at risk of suffering harm. Personalised risk assessments had been completed for each identified area. The risk assessment identified who the hazard posed a risk to, what the risk was and why it was a risk. The assessment went on to identify when the risk was likely to occur, details of the existing management plan or controls in place and an assessment as to whether these were still adequate. Where it had been determined that additional actions were needed, a plan had been produced that detailed the action required, the person who was to complete the action and the target date for this. Once completed, the plan was signed off by the registered manager. One risk assessment we looked at concerned a person's risk of having an epileptic seizure whilst in the community and the protocols that were to be followed should this occur. Where there was an identified risk of a person demonstrating behaviour that could have a negative effect on others, the assessment detailed how staff should divert attention to activities that interested the person. One member of staff told us that the trigger for one person to demonstrate such behaviour was when they were in crowded places. They told us how the risk assessment informed them to manage the behaviour by giving the person their full attention and to divert them by offering a hot drink.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the communal area environment and had plans in place for the continued operation of the service in an emergency. These included assessments for the cleaning of the communal areas, portable appliance testing and fire risks. Fire alarms and emergency lighting were tested regularly.

Accidents and incidents were recorded within a centralised data base. The registered manager was alerted about incidents recorded and the causes were analysed regularly to identify any improvements that could be made to prevent the occurrence of similar incidents in the future.

People told us that there were enough staff to support them safely. One person told us, "There is always

someone here Monday to Sunday." Staffing levels were determined by the needs of the people who used the service and the levels of support that were identified within their needs assessments. Some people who used the service had been allocated staff on a one to one basis during the day, although other people required less support. The service managers confirmed that a member of staff was always available at each unit. One service manager demonstrated that the doorbell of the flat used by staff and as a communal area for people in the unit rang in the bedroom used by the sleep in staff.

The provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered. The registered manager told us any gaps in the employment history on the application forms, such as were on the application forms that we reviewed, would be explored during the recruitment interview and the explanations for them documented.

Some people who used the service were supported to take their medicines. Where people administered their medicines themselves we saw that there had been a risk assessment completed. One person said, "They help me with my medication every day." Another person told us that they chose to keep their medicines in a locked cupboard in the communal area as they felt this was safer. Other people's medicines were stored appropriately within locked cabinets in their flats. Staff told us they received training on medicines administration, and were observed by the manager to confirm their competency before they were allowed to administer any medicines. Where people had been prescribed controlled drugs one member of staff explained the procedures for the administration of these, and said that there were always two members of staff who signed to confirm that they had been given.

We looked at the medicine administration records (MAR) for one person and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). When we carried out a reconciliation of the stock of medicines held for one individual against the records, we found this to be correct. We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines.

Good

Is the service effective?

Our findings

People told us that the staff had the skills needed to support them effectively. One person said, "Staff are well trained. They support me very well." Another person told us, "I get lots of support." A third person told us, "The staff know what they are doing. They tell us how to do the housework." A relative told us, "I feel lucky to have found a place where [relative] is so well looked after."

Staff received a full induction before they worked on their own with people. One member of staff told us, "I spent time getting to know the service users. I had all the mandatory training; medication, food hygiene, infection control and safeguarding. I had face to face training sessions with the manager and spent time shadowing existing staff. I had all the training before I came to this service anyway as I came from [another service]." They told us they identified any training that they wanted with the manager during their supervision. They told us that the provider had arranged training for them in the management of epilepsy which had been delivered to staff at the unit by a specialist nurse. They explained that this had given them hands on experience in what to do and how to administer emergency medicines to people. As they supported someone who suffers from epilepsy they told us that this training had been very useful. It had made them feel safe when working with the person as they knew how to support them should they suffer a seizure.

The Registered Manager showed us the training spreadsheet which they used to monitor training. They told us all training was by face to face training sessions. We saw that a training session on fire safety had been held in January 2016 and safeguarding in February 2016. A full training programme was in place throughout the year. The service used external training providers, including the local council. Staff told us that the registered manager attended all the training sessions with them and that they were up to date with their training.

Staff told us that they received regular supervision every two months but if they needed to have one more often the manager was always available. They said that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. One member of staff said, "We can ask at our supervision if we need to request training or anything to help us to do our job. If I have a personal problem I can discuss that during supervision." They also explained that they had an annual appraisal. "That's when the manager tells you when you are doing well or not and gives you encouragement." They went on to tell us that they had completed a level three qualification in social care and was working toward gaining level five. They told us, "The manager has been very, very supportive."

People were asked for their consent and given choices before support was given. One person told us, "They ask 'What do you want to do today?' They give me choices." One staff member told us that if people were not ready to receive the support they were offering they would, "Go away and come back later." We saw that people or their relatives had signed on their behalf to agree the support that was to be provided to them.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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. Staff were able to demonstrate that they had understood the requirements of MCA. Care records showed that when people had been assessed as lacking the capacity to make decisions, best interest's decisions had been made on their behalf. Records showed that people, their relatives and staff had been involved in making best interests decisions.

Staff told us that they were able to communicate with the people who used the service. One member of staff explained the different methods of communication they used with people. For example, they told us they used pictures as a way of offering people choices when supporting them to decide on their menu for the week.

People planned and prepared their own meals as well as shopping for their food with support from members of staff. One person told us, "We sit down and plan meals like for a week or so." Another person told us, "They help me with my shopping list and help me with the shopping." Another person said, "They help me with the cooking. The only thing I cook is Italian food. I love pizza and pasta. I've just made a big dish of pasta bake. I got support. It was teamwork." Another person told us that they ate ready prepared meals and liked, "Noodles, rice and curries." Staff explained that when they were supporting people to plan their meals they encouraged them to make healthy choices. They said, "I encourage [them] to have fruit and vegetables but it is [their] choice. I can only encourage [them] to eat healthily." Support plans showed that people were guided to make healthy choices about food and were assisted to prepare their meals.

People told us that staff supported them to maintain their health and well-being by attending appointments with other healthcare professionals. One person told us, "Staff go with me to the dentist and doctor." Another person said, "They take me to appointments with the dentist and the doctor to check to make sure I am healthy."

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "The staff are really kind and caring." Another person told us, "The staff are really nice. I just love it here too much."

We saw that the interaction between staff and people was caring and supportive. One person told us, "[Service Manager] is funny. [They] make me laugh." Another person told us, "They tell jokes. They are like friends to me." Staff spoke with people in a very respectful way; people appeared very much at ease with staff and willingly followed prompts given by them.

People were involved in decisions about how their support was delivered. One person told us, "They know what I like. I always have my shower at 8pm every day." " Another person said, "I go out every day and do different things." A third person told us, "I go out with staff where I want to go."

Staff knew the people they supported and were able to tell us about their personal histories, likes and dislikes. They were in regular contact with friends and family who were important to the people they supported. One person told us that staff helped them when they wanted to talk with family members on the telephone. Care records included a 'Needs at a Glance' document that contained a brief overview of information about the individual which assisted support workers to better understand the people they supported. Evidence within care records showed that people were supported to maintain their relationships with friends and family.

People told us that staff supported them to be as independent as possible. One person told us, "I am fairly independent now. I have been learning new skills. I go out on my own now. I did not have much friends but now I do. Getting my own flat is my dream. I have always wanted to live in [town]. Another person told us, "I have sent off for my bus pass and I have a mobile phone. I get five pounds to spend every day and go to the shops and out with my [friend]." A third person told us, "I go out and I work as well."

People were treated with dignity and respect. One relative told us, "I am really happy with [relative]'s care. They treat [them] with dignity and respect." We saw that people's privacy was maintained and staff waited to be invited into people's flats. One person told us, "Staff knock on the door before they come in and wait until I open it. The door shuts and they have to knock on it." Staff asked people for permission to speak with them and were able to explain to us ways in which people's dignity was maintained. These included ensuring doors and curtains were closed when people were being assisted with personal care. One member of staff explained how they maintained care whilst promoting a person's privacy and dignity whilst the person, who was liable to suffer from a seizure at any time due to their illness, took a bath. They told us that they stood outside of the bathroom door and knocked on it every three minutes to check that the person was okay whilst they were in the bathroom, and waited until they called for assistance to get out of the bath

Information about the service and the provider's complaints policy was available in an easy read format in a booklet entitled 'Your Service Guide' which was given to each person. People told us that they understood the information they were given and could talk to staff if they wanted it explained further.

Good

Is the service responsive?

Our findings

People had a wide range of support needs which had been assessed before service was provided. People were involved in deciding the level of support they needed and the plans that were put in place to provide this. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. One person told us, "I'm involved in my care plan. I see [Service Manager] most days." Information from people's relatives and others who knew them well had been included when the plans were developed. One relative said, "The communication is brilliant and they are always on the phone. I am invited to all the care reviews."

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. One member of staff told us, "In key worker sessions we sit down with people and talk about activities and find out what they would like to do. We find out about their well-being and ask whether they have anything they want to talk about. We use the meetings to discuss goals. For example, [Name] volunteers at a local farm and has now met [their] goal of being able to pick eggs. So we will have a key worker session to agree another goal for them." We saw that people's plans were reviewed to ensure that the care provided continued to best meet their needs. For example, one support plan contained a protocol for managing a person's epilepsy and this had been evaluated every three months and following each episode of seizure to ensure that it remained relevant.

People were supported to follow their interests. One person told us, "I love swimming. I practice a lot." Another person told us, "I recently bought a new television with [Service Manager]'s help. I've got a schedule of what I do in my room. I go to the cinema on Monday and do my housekeeping on Tuesday. I go to my girlfriend's on Wednesday. I go out socially on my own and go into town. I like going out." Another person said, "I'm always playing my video games. I go to work three days a week. I just sell things. At weekends I play games and watch television. Sometimes I go out." A relative told us, "My [relative] gets one to one support at all times and [they are] kept busy with community based activities."

People told us that they would talk to the staff or the manager if they were not happy about anything. One person told us, "If I have a problem I come in and tell the staff and they'll sort the problem out." The provider had an up to date complaints policy which was available in an easy read format. This included details of agencies that people could refer to if they were unhappy about the way a complaint had been dealt with, including the Local Ombudsman. We looked at the complaints record that was maintained by the registered manager but saw that there had been no formal complaints received in the previous 12 months.

Good

Is the service well-led?

Our findings

The registered manager was supported by two service managers, one at the units in Stevenage and one at Basildon, who managed the services on a daily basis. However people and staff told us that the registered manager visited the units regularly and was supportive and approachable. One person told us, "[Registered manager] normally does come round and speak to us." Another person said, "I see him a lot. He's nice." One staff member told us, "[Registered manager] does pop round. Sometimes he just turns up but other times he lets you know he's coming. He is a very good listener. He is excellent. He helped me even when my problem had nothing to do with work."

People told us that one of the directors of the organisation also visited the units. One person told us, "I know [Business Development Director]. He comes and talks to me. He came to have a look at the radiator covers." Another person said, "{Business Development Director] comes a few times. He talks to me." This showed that the provider played an active part in assessing people's satisfaction with the service provided to them.

People told us that they attended regular meetings at each of the units. One service manager told us that people could call a meeting at any time outside of the scheduled ones. One person told us, "We have meetings when we discuss what we want to do for holidays and New Year. If things are not going well we can discuss what they can change [to improve]. We always have a laugh in our meetings." Another person said, "We have meetings where we discuss how we're doing, if we want anything to change, fire drills and things." This showed that people were involved in identifying areas for improvement in the service. Minutes of a meeting held in January showed it had a theme of respect and how people could improve ways in which they demonstrated respect for others.

Staff told us that they had regular team meetings. A service manager told us that meetings were held monthly. Minutes of meetings we saw confirmed that meetings had been held each month and topics discussed had included rotas, days people were to be supported to do their shopping, staff morale and self-esteem, targets and supervision. One meeting had been used as an in-house training session at which staff helped each other to develop. This showed that the staff were able to influence the way in which the service was delivered to people.

We saw that there had been a number of quality audits carried out. These had included audits of medicines, infection control, service user's personal allowances and also spot checks on the way in which staff delivered the support. These spot checks lasted between one and a half and four hours and staff were provided with feedback immediately. This enabled staff to make any improvements to the way in which support was provided without delay. Where quality audits had identified areas for improvement we saw that action plans had been developed and were monitored for completion. For example, we noted that the infection control audit had identified that hand-washing technique posters were not in place and there was no designated infection control lead. The action plan had identified who was to complete the actions and was signed off when the action had been taken. This showed that the audits were used to continuously drive improvements to the service.

We saw that when the local authority had carried out a recent audit of the service it had been rated as 'Good', achieving a score of 87.2% in the measures looked at.

Staff were able to explain the visions and values of the service. One member of told us, "We're here to support people and care for vulnerable people, promoting their independence, maintaining their skills and prompting and encouraging them to gain new skills."