Diamond Care (2000) Limited

New Redvers

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

Overall summary

New Redvers is a care home for people with learning disabilities, located in Torquay. It is registered to provide accommodation and personal care for up to 19 people. There were 11 people living at the service at the time of our inspection.

The service did have a registered manager 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.

The inspection took place on 12 March 2015 and was unannounced. It was undertaken in response to concerns raised to us about the quality of the care and safety of people living in the home, and to follow up on actions we asked the provider to take at our previous inspection on 19 August 2014.

People told us they were happy and said they enjoyed living at New Redvers. We saw people and staff relaxing together and enjoying a variety of activities throughout our inspection.

People's care needs were clearly documented and risks were managed well and monitored. People were

Summary of findings

encouraged to live full and active lives and were supported to participate in community life. Activities were varied and reflected people's interests and individual hobbies. On the day of our inspection people went into Torquay, either by themselves to go shopping, or in a small group with staff to go bowling. We observed staff actively engaging with and encouraging people to complete activities, such as painting, making cards and assisting with the decorating preparation in the hallway.

People had their medicines managed safely. People received their medicines as prescribed and on time. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, occupational therapist and district nurses.

People told us they felt safe. Comments included, "Yes, I'm safe", "I like it here" and "the staff are nice." Staff understood how to protect people's human and legal rights by using the principles of assessment within the Mental Capacity Act 2005 and through best interest meetings. Applications were made to the local authority to authorise the deprivation of people's liberty where this was required to keep them safe. All staff had undertaken training on safeguarding adults from abuse. Staff displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Staff described the management to be very open, supportive and approachable. People told us the registered manager was "efficient and friendly" and "(name of registered manager) is very nice, I like her." The registered manager was seen in conversation with people throughout the inspection: it was obvious through smiles, and physical contact they had a respectful and caring relationship. Staff talked positively about their jobs telling us they enjoyed their work and felt valued. The staff we met were caring, kind and compassionate.

Staff recruitment processes were thorough and new staff received a comprehensive induction programme. One staff member said, "My induction included fire training, health and safety, reading client files, I was shown around and staff were supportive." Staff were appropriately trained and had the correct skills to carry out their roles effectively. There were sufficient staff to meet people's needs.

There were effective quality assurance systems in place. Incidents were appropriately recorded, investigated and action taken to reduce the likelihood of reoccurrence. Feedback from people, friends, relatives and staff was encouraged and positive. Learning from incidents and concerns raised were used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the home.

We found the home to be clean and tidy with no offensive odours.

We found no evidence to support the concerns raised with us prior to the inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

Recruitment procedures were robust.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People's risks had been identified and managed appropriately. Assessments had been carried out in line with individual need to support and protect people.

The home was clean and hygienic.

People's medicines were managed safely.

Good

Is the service caring?
The service was caring.

People were supported and listened to by staff who promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported.

Activities were meaningful and were planned in line with people's interests.

People's and staff experiences were taken into account to drive improvements to the service.

Good

Is the service well-led?
The service was well-led.

There was an open, transparent culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care for people.

Good

New Redvers

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 March 2015 and was unannounced. It was undertaken in response to concerns raised to us about the quality of the care and safety of people living in the home, and to follow up on actions we asked the provider to take at our previous inspection on 19 August 2014. The inspection was undertaken by two inspectors.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met seven people who used the service, the registered manager and four members of staff. We looked at three care records related to people's individual care needs, three staff recruitment files, including their training records and examined records associated with the management of medicine and the running of the home including quality audits.

As part of the inspection we observed the interactions between people and staff. We discussed people's care needs with staff, observed people assisting with jobs around the home such as stripping wallpaper in the hallway and making drinks and snacks, as well as enjoying craft activities. We pathway tracked two people. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment.

We also looked around the premises.

Good

Is the service safe?

Our findings

Concerns had been raised with us prior to this inspection about people living in the home being at risk from physical abuse. From our conversations with people and staff, and from reviewing care records we found no evidence to support this.

People told us they felt safe living at New Redvers. Comments included “Yes, I feel safe here” and “I like living here.”

Staff had a good knowledge and understanding of each person. They knew how to reduce environmental stress and anticipate situations which might trigger people to become anxious and / or agitated. For example, one person at times could invade other people’s personal space and this sometimes caused arguments. Staff were mindful of this and discussed with the person how their behaviour caused others to feel. Another person at the home was sometimes loud and one person found this difficult. Staff were conscious when they were together in communal areas. They encouraged the other person to find a different place to relax when they found this person made them anxious / irritated. These strategies helped people to live together more harmoniously. Ways to live together and overcoming personal relationship clashes within the house were considered and people were encouraged to take personal responsibility for their behaviour in the home. Learning to interact with others was essential to people’s social development within the home. Staff were mindful of the risks when people did not get along or misinterpreted other’s actions or words.

Risks to people were managed so people were supported to lead their lives fully. People had risk assessments in relation to their personal care needs such as showering safely and support with their mobility. For example one person had visual difficulties. Risk assessments were in place to support them to safely participate in activities outside of the home. Another person used an electric wheelchair when outside of the home. The risk assessment stipulated the importance of ensuring their seatbelt was fastened.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. There was information about safeguarding on the noticeboards in pictorial format to help people understand the concept of abuse and what that might mean to them. Staff felt if they reported signs of suspected abuse, their concerns would be taken seriously and investigated thoroughly. Comments included “Safeguarding is keeping people safe, protecting them from bullying and harassment”, and “We identify possible risk through risk assessments.” All staff understood their roles to protect vulnerable people and had received training in safeguarding. We observed people freely approaching staff comfortably and freely making appropriate physical contact indicating they felt safe within their home.

We looked at how people’s money was managed to ensure it was kept safely. People said they were happy to have the home look after their money for them. One person said “it’s better here”, indicating the safe, and another person said “I’d spend it all then I’d have nothing left”: this person confirmed the staff were helping them manage their money through budget planning.

There were good records in place detailing the money people had requested and how they had spent their money. Invoices were attached to receipts where possible and account withdrawals were checked against people’s bank statements. Larger expenses such as a holiday were agreed with the involvement of family and best interest decisions made regarding expenditure. These were audited weekly by the registered manager and deputy manager.

People were involved in planning how to respond at times of emergency such as when the fire alarm sounded, and staff confirmed everyone met at the fire alarm board in the hallway. People told us the alarms were tested each week and showed us where they were to go. Personal evacuation plans identified if people required assistance to leave the building safely in emergency situations, for example, two people required the use of a wheel chair to evacuate as their walking was very slow.

Good

Is the service safe?

People told us there were enough staff to meet their needs and keep them safe and staff confirmed this. People said, “they help me get dressed” and “they help me keep my room tidy, we talk a lot.” We observed staff to be calm and unhurried in their work and have time to take people out and engage with them in arts and crafts. On the day of the inspection there were four staff on duty including the registered manager and deputy manager.

Medicines were managed, stored and given to people as prescribed, and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff received medicine training from a local pharmacist and were observed for competency in administration. Medicines were locked away as appropriate and if required there was a refrigerator to store medicines. Audits and checks were undertaken to ensure medicines were kept safely. One check had identified some tablets were missing. This had been immediately reported and an investigation was in progress.

We saw detailed information about people’s medicines in their files and their care plans. This gave staff guidance on when “as required” (PRN) medicines may be needed. For example one person had a health condition which meant they sometimes required emergency medicine. Care plans and protocols were detailed and staff confirmed they had received training for this particular medication to ensure it was administered safely and as prescribed.

People were kept safe by a clean environment. All areas we visited were clean and hygienic. Staff undertook responsibility for the cleaning alongside people in the home. Those who were independent and able to help with the household chores enjoyed this. Staff used a colour coded system to ensure separate cleaning materials were used for different areas such as the kitchen and toilets. Protective clothing such as gloves were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use.

Good

Is the service effective?

Our findings

People were supported by sufficient staff to have their needs assessed, met and regularly reviewed. Staff confirmed they had the skills to meet people's needs. They said they had time to read people's care plans and people's needs were discussed at handover and staff meetings. On the day of our inspection staff had participated in a staff meeting to consider ways to support one person who had recently been identified as being at risk of developing a health condition, following their annual health review. This meeting had enabled all staff to be aware of the person's change in need.

Staff confirmed they felt supported in their roles. Regular one-to-one supervision sessions occurred every eight weeks. Staff commented "They're helpful; any issues we need to bring up, that's the time to do it, we discuss training too." Staff told us they benefitted from these formal sessions but also felt able to approach the registered manager informally.

Staff had a good knowledge and understanding of people's backgrounds and their likes and dislikes. Staff were familiar with what was written in people's care plans about their routine. For example, one person did not like baked beans, staff knew this; another liked to lie in and we saw they were still in bed and had not been woken at 11am. All staff knew and respected this. A concern had been raised with us prior to this inspection about people not being able to return to bed during the day if they wished to do so, and we saw one unmade bed during the afternoon of our inspection. The registered manager said the bedding had required washing but it should have been made: they confirmed this person could return to bed if they wished but they were encouraged be more active during the day to promote a better sleep pattern at night.

Staff were supported at the start of their employment by an induction. This informed them about the home, the people who lived at the house, and the philosophy of the home. The induction included working alongside an experienced member of staff until they were considered competent. This ensured staff had sufficient knowledge and understanding to meet people's care needs. In addition all new staff completed the Common Induction Standards (CIS) training. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. The registered manager told us they were currently updating the induction procedures to ensure they met the requirements of the new care certificate.

There was a range of training which was devised according to people's mental and physical health needs. For example, training certificates we reviewed included courses on dysphagia, diabetes, equality and diversity, person centred planning, nutrition and hydration and epilepsy. A training plan identified other training undertaken and planned in health and safety topics such as food hygiene, manual handling and infection control. These courses ensured staff had the skills to meet people's needs.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made. Health and social care professionals had appropriately been involved in the decision and this was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights.

The registered manager was aware of the recent changes to the interpretation of the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes identified where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. For example, one person's family were considering moving them to an alternative home. The relevant health professionals had been contacted to ensure any move would be in the person's best interests.

New Redvers was a home where people decided together on the menu. Meals were spaced throughout the day and were flexible dependent on people's activities and plans. Food was home-cooked, healthy and nutritious. People

Good

Is the service effective?

were able to choose an alternative if they did not like the lunch or tea time choice, for example, one person ask for kippers for lunch and staff were going to make this for them. We saw people preparing and enjoying their lunch at different times and people were making drinks for themselves and each other throughout the day.

People who were unable to express their needs verbally were supported by staff to use a notice board in the dining room which held a variety of pictures of food and drinks allowing people to indicate their choices. Care plans reflected how people made their needs known as well as their likes and dislikes and staff were knowledgeable about these. Staff were observant to people's body language and non-verbal communication and we saw staff responding to people who were unable to verbally express themselves. One person's care plan identified that when they came into the dining room and sat at a table they were hungry or thirsty and we saw staff offering this person something to eat and drink. We saw staff notice another person's bodily movements which indicated they wanted a cup of coffee and this was immediately brought to them.

Staff encouraged people to consider healthy eating options for their health and weight. One to one discussions were held with people who had specific dietary needs to help educate them and prompt them to make healthy choices. For example, some people had diabetes and one person was trying to lower their cholesterol levels. Staff worked together to consider ways to help people understand the risks attached to not following a specific diet by, for example, using DVD's. Staff balanced people's right to choose what they ate (which was sometimes not healthy and nutritious) with supporting and educating them to make good food choices for their well-being. Care plans reinforced specific dietary needs people had for example "Remind me what foods I should not eat". This person had diabetes but liked sweets.

Each person had a Malnutrition Universal Screening Tool (MUST) score. This is a research based tool to identify if a person was malnourished or at risk of malnutrition. People's weight was monitored each month for changes that might indicate an unhealthy weight gain or loss.

People accessed a range of healthcare in the community. For example, everyone was registered with a dentist, GP and optician. Regular checks were encouraged to support people's health. Additional health checks and vaccinations were offered to people such as the influenza vaccinations, breast screening and cervical checks. Most people had capacity to make these decisions but required education, support and encouragement from staff to attend. Some people were under specialist hospital care to support their health needs. Staff supported them to attend these appointments to maintain their well-being.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes indicated where health care professional's advice had been sought. For example, when staff were concerned one person's mood had been low following a bereavement, they contacted the GP for advice. Staff had been unable to persuade the person to visit their GP but a medication had been prescribed, the person's mood had lifted and staff reported they were happier. Another person had developed sore feet. Advice had been sought and a specialist foot referral made. The person now had new shoes to support their mobility.

The house was suitable to meet the range of needs people had. Although there were communal areas such as the main lounge and kitchen, there were quiet spaces where people could relax such as the activities room. One person said they had requested to move to a room with a larger window and staff had helped them move their belongings and decorate their room.

Good

Is the service caring?

Our findings

People were listened to, cared for and they mattered to staff. People told us "They're kind, they talk to me about what I'm doing and what they're doing" and "the staff are really nice, I like them" Staff were in tune to people's needs and responded to their verbal and non-verbal cues. Staff spoke of people with kindness and compassion.

We spent time observing people and staff going about their day to day activities. People were chatting and smiling with staff and talking about various issues should as holiday planning and assistance with managing money. There was affection and respect in these interactions and conversations.

Staff told us about the fondness they had of the people living at the home and their ethos "It's like one big family." They explained they demonstrated caring by giving explanations to people, helping them when they ask, interacting with them and having chats. Staff involved people in the running of the home and the household chores people liked to do such as food shopping and cooking. One person told us "I like being here, it was my plan to come here."

New Redvers had a warm, caring and welcoming feel. We saw the large, kitchen / dining area being used by people to chat to staff and have a coffee. Conversation was relaxed and friendly. Staff went about their work in a calm, unhurried manner. We observed through our conversations with staff and through reading care plans, a staff value base that was non-judgemental and compassionate. For example, care plans for one person who had epilepsy reinforced providing comfort and reassurance when they experienced a seizure.

People and staff were happy and positive. We observed people approaching staff as they needed to, walking into the office and sitting with staff. Staff were polite, kind and gave people time when they needed it. They were knowledgeable about all the people at the home, their personal preferences and routines and background histories. A letter received from a couple who attended the same social event as people from the home, commented upon the supportive and respectful relationship staff had with people saying, "you could see they loved their clients and their jobs."

People's dignity and privacy were respected. Staff explained how they provided personal care in private, ensuring the bathroom door was closed. One person told us they had a gentleman friend who they met for lunch. Staff respected this and allowed the couple privacy when they met.

The registered manager confirmed the home had close links with a local advocacy service, which was used to support people with little or no family support, recognising it was important for people to be supported by others who were independent from the home.

People's religious needs were met. For example one person who was Catholic had detailed that at the end of their life they wanted the Catholic priest to be called to their bedside to give them their last rites.

All staff we spoke with commented that they too felt cared for and supported by the registered manager.

Good

Is the service responsive?

Our findings

At our last inspection on 19 August 2014 we found some inconsistencies in the care plan records with these not reflecting an accurate description of incidents and events. Neither were they written in a format people could understand.

At this inspection we found the care plans contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how the individual wished to receive their care. For example, people's records detailed their likes and dislikes, favourite sports, their daily routine and food preferences. Preferences were respected. For example one person liked to wash, shave and brush their teeth before breakfast and staff respected their routine.

People were involved in planning their own care and making decisions about how their needs were met where possible. For example, one person liked to use their free time to go to the nearby charity shops and the flea market. We saw they did this during our visit and returned with some new purchases.

People were involved in developing and reviewing their care records where this was possible. Care records reflected what staff had shared with us about people and what people told us about their lives. Each care record highlighted people that mattered to the person. They contained essential information about people's backgrounds, their health needs, people's level of independence and activities they enjoyed. People had detailed personal profiles, life histories and their health conditions and hobbies formulated their care plans. More personalised, individual, pictorial care plans were being developed for people.

Care was consistent and co-ordinated. Staff knew people well and noticed when there were minor changes to their health and well-being. This information was shared with the staff team in handover. The registered manager made prompt referrals to the relevant health and social care professionals when needed. For example, one person had hurt their ankle and had been unable to walk for a period and had been using a wheelchair. A physiotherapist was involved to support them to regain their mobility and the staff supported them each day with their exercises.

Staff were provided with clear instructions and information to deal with emergencies. For example, when one person had an epileptic seizure staff knew when to administer medication and when to call an ambulance. Staff supported people to attend hospital appointments to share verbal information with hospital staff and provide reassurance to people during this process.

Staff confirmed handovers were thorough and care records were accessible so they had up to date information. We observed the handover meeting was personalised and not task-orientated. People were central to how the days were planned and organised. Staff understood people's diverse needs and adjusted their approach accordingly.

People told us they were able to maintain relationships with those who mattered to them. One person had regular visits to their mother, telling us "I see my mum every week." Another person had frequent contact with their sister. The staff encouraged these relationships.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. There was a range of activities people could engage with both within the organisation and within the local community. Activities were developed according to people's choices, interests and needs. People had enjoyed bowling on the morning of our inspection and after lunch people were painting and making cards. One person said "it's nice here, I have friends here." People had been involved in the recent refurbishment projects around the home and had chosen the wallpaper for the lounge, and the colour scheme for the activity room. One person described their involvement in choosing the colour for the hallway currently being prepared for redecoration, saying "that's the colour I chose."

People told us about the holidays they had been on and those they were planning for later in the year. They said they went with two or three other people and which staff they went with. They said they had enjoyed their holidays and told us about the accommodation. One person said they were planning to go to see the Coronation Street stage in July as it was their "favourite programme." Another person said how much they were looking forward to going as well and in the afternoon they showed us a poster they had made for their room to record their visit.

Good

Is the service responsive?

At the inspection on 19 August 2014 we identified the complaints procedure on display in the home had not been in an accessible format to meet the communication needs of the people living at the home. At this inspection we saw an accessible version was on display on the notice board in the hallway. The registered manager said this and the written policy were made available to people, their friends and their families. People knew who to contact if they needed to raise a concern or make a complaint. No one we spoke with had any complaints. Comments included, "I'd talk to (the registered manager) if I was upset about anything", "I talk to the staff about things" and "it's good here, I've no problems."

Good

Is the service well-led?

Our findings

At our previous inspection on 19 August 2014, we identified a lack of clarity over the management structures of the home and poor leadership and decision making. Since then these issues have been resolved and a new manager has registered with CQC.

People and staff told us the home was well run. Staff said the home was "well organised" and "the service is continuously moving forward." People spoke fondly of their relationship with the registered manager and said "I like her" and "she sorts things out." The registered manager was supported by a deputy manager and an administrator, as well as having regular access to the registered provider.

The registered manager had a good rapport with people and staff. They said they had an 'open door' policy and encouraged people and staff to come in and talk, and we saw this throughout our inspection. The registered manager spent time with people supporting them with their personal care as well as leisure activities.

People told us they have meetings with the registered manager and staff to talk about the running of the home, the activities they would like to do and what meals they would like to eat. The registered manager said these meetings were also used to share information about how to stay safe both in and out of the home, and whether people had any worries or concerns.

Regular staff meetings allowed staff to contribute to the running of the home, and share ideas for future improvements.

At our inspection on 19 August 2015 we identified regular audits had not been undertaken to assess the quality of care provided or health and safety issues, therefore placing people at risk of inappropriate or unsafe care. At this inspection we found that these issues had been addressed by the registered manager and regular monthly audits were taking pace. These included audits of accidents and incidents, care planning and risk assessments, the cleanliness of the home, the décor and maintenance of equipment and fire safety checks. In addition, a more in depth review of a health and safety topic was conducted each month to identify any shortfalls in staff training or adherence to policies and procedures. Audits of safeguarding adults, medication administration and storage, infection control practices and fire risk safety had been completed over the past few months. Where a shortfall had been identified an action plan indicated how this was to be resolved. For example, the medication audit highlighted a discrepancy in the records for one tablet and this was immediately investigated.

Feedback from people, friends, relatives and staff was encouraged and positive. The registered manager and staff said they were committed to learning from people's comments and ideas as well as any incidents and concerns raised to ensure a continually improving service. The registered manager said she wanted the home to feel as much like a family as possible. Through formal staff supervision and appraisal, and more informal direct observation, staff's attitude and behaviour towards people was regularly reviewed to ensure people have the freedom to express their wishes and preferences. A key worker system provided people with a named staff member to build a relationship with and to talk to about things they would like to do, as well as be supported to develop skills and confidences, for example, going to the local shops without staff.