Redroof

Redroof House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 June and was announced. Redroof House provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. 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. At the time of our inspection, five people were using the service.

At our last inspection in January 2017 we found three breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. These related to staff knowledge of the Mental Capacity Act 2005, governance of the service and failure to notify CQC of relevant incidents. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Redroof House' on our website at www.cqc.org.uk. The provider sent us an action plan on how they would meet these regulations. At this inspection we found the provider had made the required improvement and now complied with the regulations.

There was a Registered Manager in place. 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.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

The registered manager and provider carried out various checks to assess the quality of care provided to people. Actions were put in place to address areas of concerns identified. The registered manager submitted notifications to us as required. The provider worked in partnership with other organisations to improve the service.

Staff were trained to safeguard people from abuse. They knew the signs to recognise abuse and the procedure to report any concerns. Staff told us they would whistle-blow if needed to protect people. There were sufficient staff available to support people with their needs. Recruitment checks were carried out to ensure staff recruited were suitable to work with people.

Risks to people were identified and management plans developed to lessen harm to them. People received support to take their medicines as prescribed and the management of medicines was safe. Staff knew how

to report incidents and accidents and records of these were maintained. Actions were put in place to reduce reoccurrence. Staff were trained and followed good infection control procedures.

People's care needs were identified through assessment process. Individual support plans were developed on how identified needs would be met. Staff supported people to meet their needs, develop new skills, and achieve their goals. People were supported with activities that they enjoyed. People were supported to maintain relationships that mattered to them.

Staff were supported through an induction, supervision, appraisal and training to provide an effective support to people. Staff supported people to meet their nutritional needs and to access health and social care services to maintain good health. The provider ensured people's support was well coordinated with other services and professionals.

People told us that staff treated them with compassion, kindness and respected their privacy and dignity. People were involved in planning their care and support. Staff respected their decisions and choices. People were encouraged to maintain their independence as much as possible. The service promoted people's religious beliefs and culture and supported them to maintain these. Staff supported people to keep in contact with their family and friends.

People and their relatives knew how to complain about the service should they need to. Staff told us they received the direction and leadership they needed from the registered manager and service managers.

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 knew what constituted abuse, signs of abuse and their responsibilities to report any concerns. Risks to people were identified and management plans were developed to reduce harm. Lessons were learnt from incidents and accidents.

Medicines were managed in a safe way. Staff followed infection control procedures.

There were enough staff available to support people. Recruitment checks were conducted before staff started working with people.

Is the service effective?

Good

The service was effective.

People consented to their care and support. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act 2005. Staff had completed training in MCA and DoLS.

People's care needs were assessed and support plans developed on how identified needs would be met. Staff received regular training, support, supervision and appraisal. Staff supported people with their nutritional needs.

People had access to the healthcare services they required. People received a well joined-up care and support as the provider liaised effectively with other agencies.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respected their privacy. People and their relatives were involved in their day-to-day care and support.

Staff knew the people they supported and communicated with

them in the way they understood. People and staff had positive working relationships.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned in line with their individual needs and preferences. Care plans were regularly reviewed and updated to reflect people's current needs.

People were supported to do activities they enjoyed and develop skills of daily living. Staff promoted equality and respected people's diverse needs. People were supported to maintain relationships that were important to them.

People knew how to complain about the service. The registered manager addressed concerns and complaints raised in line with the provider's complaint's procedure.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post. The registered manager complied with their registration requirements with CQC. Staff told us they had the support and leadership they needed to perform effectively in their roles. The views of people and their relatives were sought and these were used to improve care provided to people.

The registered manager regularly audited and checked the quality of the service. The provider worked in partnership with the local authority to develop the service.

Redroof House

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 site visit took place on 5 June 2018 and it was announced. We gave the service 48 hours' notice of the inspection because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law. We also reviewed the monitoring report we received from the local authority.

During the inspection we spoke with two people who use the service, the registered manager, deputy manager, community support worker for one person and two support workers. We spent time observing how people were supported. We looked at care records and medicine administration records for four people. We reviewed three staff recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service and with staff. One person told us, "Yeah, I'm safe. I have no problems." Another person said, "I feel safe. The other tenants feel safe too. We don't get in the way of each other and the staff make sure we are safe." The community support worker we spoke with told us that people were safe. They said, "I haven't seen anything of concern. Staff treat people well, at least when I'm here."

Staff had been trained and understood the provider's policies and procedures in relation to safeguarding adults from abuse. Staff showed they knew the various categories of abuse, signs to recognise them and how to report their concerns appropriately including escalating their concerns to external agencies if needed. One support worker said, "Safeguarding is about protecting the vulnerable. If I noticed one of my clients is being abused I will report to the registered manager first and if they are not doing anything about it, I will contact the whistleblowing hotline." Another support worker told us, "I believe I have a duty to stand up for people who can't stand up for themselves. If I suspect any form of abuse – be it neglect, financial, emotional or physical I will report it immediately to the registered manager. The registered manager will inform social services and they will investigate." The registered manager and the deputy manager were clear about their responsibilities including involving the local authority safeguarding team and notifying CQC. There had not been any safeguarding concerns since our last inspection.

People were protected from avoidable harm as staff knew what measures to follow to reduce risk to them. The service appropriately assessed risks to people and developed management plans to manage risks identified. Areas of risks assessed by the service included people's mental and physical health, behaviour, accessing and using community facilities, if people went missing, road safety and undertaking tasks of daily living. There were detailed management plans in place to address areas of harm identified. Some people could display behaviour that staff and others found challenging and there were comprehensive plans to guide staff to support people appropriately. The plans included triggers to people's behaviours. For example, one person could display behaviour that challenged when in a noisy or crowded environment. Staff knew to keep them away from such situations. We observed staff encourage the person to have their lunch in the lounge instead of the dining area as it was quieter and less crowded. People at risk of choking also received safe support in line with their risk management plans and guidance from a speech and language therapist (SALT). We saw staff followed the guidelines in place to manage risk to people they supported.

There were enough staff available to support people with their needs. Staffing level was planned based on people's needs. One person told us, "I have staff to support me when I go out because I need one-to-one support. Anytime I need staff to help me with anything, I call them and they help me. There is always a support worker here but I don't need support at night." Staff told us there were sufficient staff to meet people's needs. One support worker commented, "The staffing level is okay. We are two during day and one at night. Sometimes we are three depending on what is going on. At the moment we don't have any issues with it. We are all happy with the way it is planned. We are happy to cover emergency shifts too." Another support worker mentioned, "Yes, staffing is enough. The managers are flexible. They increase numbers if

people need it. For example, if somebody is unwell or there are activities going on." The registered manager told us staff were encouraged to do extra hours to cover vacant shifts and emergency absence. The registered manager told us they reviewed staffing levels regularly looking at people's needs and activities taking place.

The service sustained a thorough recruitment process to keep people safe. Recruitment records showed that there were Disclosure and Barring Service (DBS) checks in place. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. The registered manager had also ensured there were satisfactory references, a full employment history, evidence of right to work in the UK and proof of address for staff working at the service.

People were supported with their medicines in a safe way. Staff were trained in safe management of medicines and their competency was assessed through observation and supervision. The service had a medicine management policy and procedure in place including protocols to guide staff on administering 'as and when required' (PRN) medicines to people. Staff understood the provider's procedure which included the storage, administration, recording and disposal of medicines. Care records indicated what support people needed with managing their medicines. People were supported to self-administer and manage their medicines themselves after assessment had been completed. We checked the Medicine Administration Records (MAR) for four people and found that they were completed fully without gaps.

Staff knew how to report incidents, accidents and near misses. The registered manager reviewed reports and put actions in place to avoid recurrence of such incidents. Actions and lessons were discussed with staff during handover and team meetings. Mental health professionals had been involved for one person following an incident concerning their behaviour and staff had taken action to reduce the chances of an incident occurring again.

The risk of infection was controlled and reduced at the service. Staff had completed infection control training and knew measures to follow to prevent and reduce the risk of infection. Staff told us and we observed that staff practiced effective hand washing, used personal protective equipment (PPE) and properly disposed of clinical and bodily waste. People were also encouraged and supported to wash their hands properly as necessary.

Good

Is the service effective?

Our findings

At our last inspection, we found that staff lacked knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). At this inspection we found that staff understood their responsibilities under MCA and DoLS.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff knew to assume people's capacity to make their own decisions in line with the legislation unless there was an assessment to suggest otherwise. Staff had received training in the Mental Capacity Act (MCA) 2005 and they knew how to obtain consent from people before undertaking any task or activities with them. One support worker told us, "I always ask people what they want. I don't presume this is what they want or like, I check with them and gain their consent. You can't deprive anyone of their freedom. If a person is making an unwise decision, I will advise them of the risks but I can't stop them. I will inform the manager and they can take it forward." Another support worker commented, "MCA/DoLS is about protecting people's right to make decisions. You should always assume people have capacity except when there are concerns and an assessment has been undertaken that says the person does not have capacity. Best interest decision will be made on the person's behalf with the person's next of kin, or the advocate and the care manager."

The registered manager, the deputy manager and support workers understood their responsibilities in line with MCA and DoLS principles. We saw that people and their relatives were involved in decisions about people. They knew to involve people's relatives and other professionals if there was a doubt about a person's capacity to make decisions. We saw best interests' decisions had been made for people as necessary. We also noted that people had deputyship and appointeeship in place to manage their finances, tenancies or care and support.

People's needs were assessed prior to the start of the service and on an on-going basis so their needs would be adequately met. Needs assessment covered what support people required in maintaining their physical health, managing money, assessing community facilities, personal care and other activities of daily living. People's relatives and other professionals were involved in establishing people's needs. For example, an occupational therapist had been involved in assessing what adaptations people needed due to their mobility difficulty.

Staff were trained to be effective in their roles. Staff told us and training records confirmed that staff received

an induction when they first started and on-going training in their roles. One new staff member told us, "My induction was good. I have care experience but not in this setting. Shadowed someone to know the people and how to work with them. I also learned the values of this organisation and their policies and procedures. As part of my induction, I completed the Care Certificate workbook." Training completed by staff included learning disability awareness, autism, MCA and DoLS, safeguarding, challenging behaviour, communication, and medicine management and infection control. Staff demonstrated they had knowledge and skills to support people.

Staff felt supported to do their jobs properly. One support worker told us, "I know the job but any area I need support with they put me through and support me. The manager does one-to-one sessions with us every other month or when you ask for one." Another support worker commented, "I get supervision every four to six weeks. We talk about various topics and how we can do the job better. I feel very supported with my personal development. The deputy manager helped me a lot…They teach me the job, develop my practice and improve how I support people. They identify shortfalls in your practice as a staff and help you improve. Opportunity for career development is discussed during supervision too. I was promoted in my role recently." Supervision meeting records showed that they were used to address concerns about people, team issues and staff roles and responsibilities. Records also showed that annual appraisals took place and these were used to review performance, set goals and identify training needs.

People received support they required in meeting their nutritional and hydration needs. People's nutritional needs were assessed and recorded in their support plans. Staff supported people to prepare their meals and drinks. Where people required support to eat, staff provided the needed support. One person told us, "I tell the staff what I want to eat and they help me cook it. They also help me do my food shopping." We observed staff encouraging and supervising people to eat and drink.

People's care and support was coordinated to ensure their needs were met within the service and when they used other services. Each person had a section in their care record which gave information about the person's medical history, care and support needs, communication requirements, allergies, next of kin and GP details. People also had a hospital passport which they took along when they went to the hospital. Staff told us they gave detailed handover to services as necessary. For example, they shared relevant information about people with the ambulance service if a person was being taken to hospital.

People received support from staff to access healthcare services they needed to maintain good health. People told us and records showed that people visited a range of healthcare professionals where required. People were supported register with GP services of their choice. One person had regular visits from the community nurses to support them with their catheter. Records showed that the speech and language therapist (SALT) had been involved for people to improve their swallowing and speech. Staff followed up on recommendations made. For example, we observed staff implementing the eating and drinking guidelines from SALT for one person.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. One person told us, "The staff here are friendly, nice and kind always. They are always nice to talk to." Another person commented, "They [Staff] are really nice to me. I like them." A third person indicated they were happy with the staff. Care records included personal information about people such as their preferred names, likes, dislikes, background, and histories. Staff addressed people by their preferred names and considered their preferences when supporting them. Staff also understood how people's backgrounds and histories impacted on their lifestyles and choices. We observed positive interactions between people and staff. People felt relaxed with staff and they freely talked about various matters of interest.

People were given reassurance and the emotional support they needed. One person told us, "Staff know my moods. They know when I am angry or anxious and know how to work with me. They help me calm down." We saw staff checking on people to find out if they were fine. They spent one-to-one time with one person comforting them. Care plans noted people's emotional needs and what helped in maintaining stable and positive emotions for them. Staff had stayed in hospital with one person who was admitted. The person could experience high levels of anxiety and get very anxious with strangers and in unfamiliar environments. The registered manager made sure there was a staff member whom the person knew was around them throughout their stay in hospital to reduce their anxiety and help with their recovery.

People and their relatives were involved in making decisions about their care. One person told us, "I do whatever I want here. No one stops me from doing anything. They discuss with me and we come to an agreement." Care records showed that people and their relatives had input in planning their care and their views taken into consideration. People choose what they wanted to do day-to-day and their choices were respected. People had allocated keyworkers who supported them in expressing their views at meetings if a person wished. A keyworker is a member of staff who was responsible for ensuring people's well-being, and progress. People had access to independent advocates, if required, to represent their views and decisions.

People's privacy and dignity was respected by staff. People confirmed staff took permission from them before accessing their rooms. They also told us that staff were respectful. One person told us, "Sometimes I like my own company and privacy. Staff respect it and don't bother me." We observed staff spoke to people politely and appropriately. Staff gave us examples of how they promoted people's dignity and privacy. One staff member said, "We don't go into people's room without permission first. We give options to people about how they want their care delivered." Another staff member mentioned, "Speak to people politely and respectfully. Don't treat them like children. Close doors when attending to people's personal care." Training records confirmed staff had completed dignity training.

People were encouraged to do what they could for themselves. People lived in their own accommodation and staff supported them to maintain their tenancy and perform tasks of daily living such as budgeting, cooking, laundry and shopping. Care records stated what people could do for themselves and staff encouraged people to maintain their independence as much as possible.

Good

Is the service responsive?

Our findings

People's care and support was planned and delivered in a personalised way. Each person had a 'It's My Life' plan in place which gave a clear information about their background, histories, family, social networks, preferences, personalities, habits, qualities, likes, dislikes, their goals, routines, social and family support and what was important to them. For example, one person's profile stated, "I am a sociable person. I like to go out." Another person's plan stated, "What's important to me is to have a place of my own. To have a room I can call my own. I like my personal space." Support plans explained support people needed from staff to achieve their goals and wishes. Staff supported people to manage and maintain their personal hygiene, engage in activities and improve their emotional, physical and mental health. Staff told us they had sufficient information to provide appropriate support to people. Support plans were developed with people and, where possible, their relatives and set out how people's needs would be met. Changes in people's care and support were reflected in their support plans following a review.

People's communication needs were met. Staff knew how to communicate with people using their preferred method. People's care records detailed people's communication needs and appropriate methods to pass information to them. For example, whether people communicated verbally or non-verbally using gestures, signs, body language and lip reading. One person's support plan stated, "When communicating with me do not use sentences/words with two meanings. Please speak to me softly. It is important that people wait for my response when they ask a question. I take my time to reply therefore please be patient." We observed staff following this guideline during interaction with the person. They spoke to them gently and with low tone. They lowered to their level and they patiently waited for the person to respond." Staff told us they followed communication methods people understood. People's care plans, activities plan, hospital passports, and the service's complaints procedure were available in pictorial, and easy read formats, they were accessible and understandable to people.

People were engaged and occupied in meaningful way. Each person had an activity plan in place and staff supported them where required. One person said, "I do a lot of activities with staff. I go out shopping, gym, clubs and parks. I am quite active." One person liked doing outdoor activities and looking after animals. The service supported them to involved in a project in the community where they went out twice a week to do gardening and painting. The person was also supported to get animals they cared for at home. We observed the person feeding the animals and they appeared content. People were supported to attend art classes, day centres and to follow their interests. One person had a community support worker who supported them with one-to-one activities.

People were supported to maintain contacts with their friends and family. People told us they were supported to visit their friends and relatives as they wished. One person told us about the recent visit from members of their family. They also mentioned that staff assisted them to send greeting cards and to make phone calls.
People were supported with their needs around their religion, disability, sexuality and relationships. People were supported to find and maintain relationships. People were supported if they wanted to attend places of worship. Staff had received equality and diversity training and were able to demonstrate they valued

people's differences. One staff member told us, "We are encouraged to celebrate people's diversity and always take a person-centred approach when dealing with people."

People knew how to complaint if they were unhappy. One person said, "[Registered manager and deputy manager] are always here. I will speak to them." There was a complaint procedure available. The registered manager told us they asked people if they had any concerns during meetings. The registered manager was clear that they would investigate any concerns or complaints received in line with their procedure. There had not been any complaints since our last inspection.

Good

Is the service well-led?

Our findings

At our last inspection, we found that the quality of the service was not regularly assessed to identify areas which required improvement. We also noted that the service had not complied with the requirements of their registration. They had failed to send us notifications of incidents and the Provider Information Return (PIR) form. At this inspection, we found the service had made improvements.

There was a registered manager in place who understood their role and responsibilities in providing effective care to people and meeting the requirements of their CQC registration including submitting notifications as required by the law and they complied with these. The provider displayed the rating of the last CQC inspection of the service in the office as required. 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 was supported by a deputy manager. The deputy manager was experienced in delivering care and support to people, provide leadership to staff and manage a care service.

The quality of the service was monitored and assessed. Checks and audits were conducted regularly which looked at health and safety systems, infection control, management of medicines, staffing levels, person centred plans, care records, financial records, incident and accident, recruitment records and staff files. The deputy manager was updating care plans and risk assessment records to make them more person centred and to ensure they captured all necessary information about people's history, background, needs and support required.

People told us that the service met their needs and that the management team listened to them. One person commented, "I love it here. It's my home. It is so much better than where I used to live. [Registered manager] is available at any time and I can speak to him. Everyone is really nice to us." Another person said, "They [staff] care for me. They listen to my problems and help me." Staff also commented positively about the organisation. One support worker told us, "I like working here. It's the type of job I wanted. You are involved in the people – providing personalised care. Promoting independence." Another support worker mentioned, "I like working with the organisation because they like to promote person centred care. Giving choice, promoting independence and delivering care as people want."

We observed people approach the registered and deputy manager for various queries. The registered manager and deputy manager were open and approachable. They listened to people and responded to their requests promptly. We also saw the registered manager relate to staff in a professional but open manner.

Staff told us they received the support, direction and leadership they needed from their managers to do their jobs. One support worker commented, "The managers are approachable. They always seek the good of the clients and wants things done properly. They are knowledgeable and help us improve our knowledge in the job too. They are dedicated in caring for the clients and put the clients first but provide support to staff

at the same time." Another support worker mentioned, "They are very approachable. I feel well supported. I can ask them anything. They don't behave like 'I'm the 'Boss' so don't ask me questions."

Staff meetings took place monthly to promote communication in the team. It also gave staff opportunities to share ideas, discuss concerns and share learning. One support worker told us, "Management listen to us. They take suggestions on board if presented for the good of the service and people. They will evaluate the suggestion and put action in place. For example, "It was suggested that a format is developed for handover meetings so it covers key aspects and this was put in place." Another support worker said, "Whenever we have staff meetings. Everyone is free to discuss their concerns and bring the suggestions. The registered manager listens and address them."

The opinions of people about the service were sought through regular meetings. People told us they raised any concerns they may have during meetings. One person said, "I tell staff what I like and what I don't like at meetings. They listen." The service also used surveys to obtain feedback from people, their relatives and other stakeholders. People and their relatives were happy with the service. Comments from relatives from the most recent survey included, "Extremely welcome always. Tea offered. Staff are friendly and nice.", [Peron name] has improved significantly since they came to use this service having come from an extremely unsatisfactory placement." "Very happy with [person name] care at Redroof House. Lovely environment, good care. Lovely and kind staff. Couldn't ask for more." A professional mentioned, "Excellent staff. Very helpful and considerate."

The service worked closely with the local authority, and other agencies to improve and meet the needs of people. They liaised with local charity organisations to engage people in activities. They also linked up with local centres and colleges for people to attend and develop skills.