

Fairoze Limited

Redclyffe 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

About the service.

Redclyffe House is a residential home situated close to the centre of Gosport. The home provides support for up to 12 people with learning disabilities.

People's experience of using this service: People expressed they were very happy living at Redclyffe House. People told us they were encouraged to be independent and involved in developing their care and support plans. Staff understood people's individual communication needs and worked in proactive ways to provide person-centred support.

Staff demonstrated knowledge of how to safeguard adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People were supported with their health needs, this included being supported for learning disability annual health check. People were referred to other health and social care professionals when required and were supported with their emotional well-being. Staff we spoke with told us they felt supported by the provider.

People and relatives told us staff were caring, supportive and kind. We observed staff to treat people in a dignified manner and people told us they were given privacy within the home. Activities were arranged for people that suited their individual interests. Staff actively explored what other activities or community groups were available locally to ensure that people had opportunities to engage in their community.

Support plans were detailed and recorded what was important to the individual. People were involved in planning their own lives and agreeing future goals. Support plans were person-centred, meaning people were at the heart of how they wanted their care and support to be provided.

Staff told us they felt well trained and supported. The home had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity.

People, staff and professionals told us they thought the home was well led and spoke positively about the registered manager. The provider and registered manager carried out numerous audits to ensure the service was effective. Staff supported people to integrate into the local community and the culture of the service promoted the values of supporting people to be as independent as possible.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as Good and the report was published on 2 December 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 remains safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-Led findings below.

Redclyffe House

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One Inspector carried out the inspection.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). 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.

During the inspection we spoke with two people, four relatives, the registered manager, the director of care, a senior support worker, four support workers, the nominated individual and the registered provider.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We reviewed three people's care records, their medicines records, the providers recruitment process and checked the providers policies and procedures relating to dignity and respect, staff training and support and supervision. We looked at documents relating to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people. A healthcare professional said, "I have no concerns about safety here, the staff know how to report concerns and they are quick at picking up any issues that may be a risk".
- People and relatives told us the home was safe. Comments included, "Yes I am happy here and they do keep me safe" and "He came from another home where he lived for a long time and the staff have got to know him so well and very quickly. They know how to protect him from self-neglect".

Assessing risk, safety monitoring and management.

- Risk assessments were in place for people. These included environmental risks and any risks due to the health and support needs of the person.
- Risk assessments were considered while trying to maintain the independence of the person. When a change in need was identified, risk assessments were reviewed and updated for people.
- Emergency plans were in place to ensure people were supported in certain events, such as fire.

Using medicines safely.

- Medicines were managed safely. Medicines records were completed and showed people had received their medicines as prescribed.
- Medicine assessments were completed with each person to determine the level of support they required.
- Staff had received suitable training to administer medicines and their competency was regularly assessed by a senior staff member.

Learning lessons when things go wrong.

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends, themes or patterns or if lessons could be learned and improvement actions taken to minimise future risks.

Staffing levels and recruitment.

- There were enough staff employed to meet the needs of people. People could access their local community when they wished and were supported to engage in activities of their choice.
- Staffing was provided by a stable and consistent staff team who knew and understood the needs of the people they supported.
- Safe recruitment procedures were in place.
- Staff worked at the service for a long time which meant they were able to build up positive relationships with people.

Preventing and controlling infection.

- People were protected from the spread of infection. The environment was clean, homely and had no malodours.
- Infection control procedures were in place which minimised risks to people. Personal protective equipment such as gloves were available for staff use.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Records confirmed that an assessment of people's needs had been completed. A relative said, "I was here for the assessment and it covered everything".
- Support plans were thorough and contained person-centred information which detailed what was important to the individual. Records were reviewed and updated when a change in need was identified for the person.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. Staff understanding and skills were checked and monitored through supervision, observations and team meetings.
- New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles.
- Relatives were complimentary about the engagement staff had with people. One relative said, "When you look around and see how the staff interact with people it is clear to see have are kind people with very good communication skills" and, "They are clearly trained very well".

Supporting people to eat and drink enough to maintain a balanced diet.

- Staff were knowledgeable about people's dietary needs and preferences. Staff had completed training in food safety and encouraged people to eat a healthy well-balanced diet. People had access to food and drink during the day.
- The meal time experience was relaxed and we saw people were encouraged to be involved in preparing their food. Staff engaged with people to make meal times a socially enjoyable experience.
- Staff helped people with their meals in a very dignified and respectful manner and people enjoyed their food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy. People received a learning disability annual health check with their local GP surgery and had staff told us they were in the process of completing 'hospital passports'. The information recorded in a hospital passport helps staff in hospitals and GP surgeries to make reasonable adjustments to support safe and effective care for people with learning disabilities when attending health appointments.
- Daily records, care reviews and the visitor logs demonstrated the registered manager and the staff worked effectively with external healthcare professionals to ensure people received appropriate care and support.

Adapting service, design, decoration to meet people's needs.

- The home and gardens were designed to meet the needs of all people living at the service.
- The registered manager had worked in partnership with The Prince's Trust to develop the homes garden areas. A member of staff said, "There were lots of people here helping with the garden. There is still some areas to be finished but it's been brilliant".
- People and relatives told us they were involved in decisions about the decoration of the premises and could personalise their bedroom with furniture and belongings of their choosing.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care.
- Capacity assessments had been completed for people and decisions made in their best interests were recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff promoted inclusion, equality and diversity for people. They actively promoted people's rights and made sure support was provided in a person-centred way.
- A relative said, "This is the first time we have been here, there are pictures everywhere and it seems such a nice place. The pictures seem to help people to make decisions about what they want to do so I am really impressed".
- Throughout the inspection we observed staff treating people with warmth, compassion and kindness.
- Staff knew people very well, including their personal history and preferences. Care plans recorded people's preferences to be supported by male or female staff and staff respected their choices.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to be involved in and agree decisions about their care.
- People's communication needs were recorded in care plans. Staff knew people well and understood when they wanted help and which communication strategies worked best.
- Information was available for people in accessible formats. For example, easy read documents had been produced for people who could not understand written words.
- Advocacy services had been used to support people. An advocate helps people to access information and to be involved in decisions about their lives.
- Staff were creative in assisting people to remain independent. For example, in one person's room and in communal areas staff placed beer mats and various other pictures on walls. A member of staff said, "When [person] would like something to drink he will point to a certain beer mat".

Respecting and promoting people's privacy, dignity and independence.

- Staff spoke with pride about their jobs. Staff were particularly proud about their achievements, where they had made a positive difference to people's lives. For example, they had supported several people to gain confidence, learn new skills and become less anxious.
- People were supported by staff who understood the importance of respecting people's privacy and dignity.
- All records containing information about people living in the home were kept locked when not in use to maintain confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were encouraged to have as much involvement as possible in drawing up their support plan and when reviewing it.
- Support plans explained in sufficient detail the things people could do, and the things they needed staff to support them with.
- People were encouraged to keep in touch with friends and family. A relative said, "They call us regularly and keep us updated" and "We can visit whenever we want".
- People were able to maintain their personal faiths and beliefs, for example by supporting people to attend church services if they wished.
- We saw people and staff being treated fairly and equally. The provider told us they had policies and procedures in place to ensure they met their responsibilities under the Equality Act.
- All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The provider had an AIS policy in place and we found the principles of the standard were followed in some areas of the home, for example, we saw photographs were used on the food menu board to make food choices accessible to people. The registered manager told us they would review AIS guidance and ensure any additional measures required were put in place. We will check that this has been progressed at the next inspection.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and they were confident their complaints would be listened to and acted upon.
- The complaints procedure was also discussed in resident's meetings and team meetings. Minutes showed the complaints procedure had been explained and people had been encouraged to speak out and reassured their complaints would be listened to. A member of staff said, "Some people here may not be able to make a complaint but the staff would stand up for them and if needed we would get an advocate or a family member involved".

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- The provider had suitable arrangements in place should someone need end of life care.
- The registered manager provided us with an example that demonstrated staff were knowledgeable and competent to deliver safe and compassionate end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their responsibilities of their registration. The previous inspection rating was on display and notifications had been submitted to us, as required by law.
- There was a clear staff structure throughout the home and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- There were systems in place to monitor the safety and the quality of the service. Audits were completed on a regular basis and where shortfalls were identified, these were addressed in an action plan.
- Senior staff were a regular presence in the home and often visited people late in the evenings and at weekends during times of anxiety and behaviours that may be challenging to others. The provider was knowledgeable about people's needs and spoke about people with enthusiasm and compassion.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider continued to have an effective oversight of what was happening in the service and a strong visual presence.
- The registered manager regularly sought the views of people, their relatives and visiting healthcare professionals and the feedback had been used to continuously improve the service. Compliment cards were displayed in various parts of the home.
- Staff were routinely verbally asked for their feedback and consulted with regarding proposed changes to the service. Evidence of this was seen in supervision records and in team meeting minutes.

- The registered manager had forged good links for the benefit of the service within the local community.
- The registered manager kept up-to-date with best practice initiatives and was part of forums and networking groups to share good practice ideas and drive improvement throughout the service.
- The service engaged with multiple different health and social care professionals. A relative said, "The manager has had the GP out in the past so I am confident the home works well with professionals".
- We saw a number of professionals had fed back positively to the service about the high level of engagement from staff. Records showed multi-agency support had positively impacted on people's lives.