

Scope

Redclyffe

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

The inspection took place on 30 October 2014 and was unannounced. The service was found to be meeting the required standards at their last inspection in August 2014.

Redclyffe is a residential care home that provides care and support for up to 20 adults with physical or learning disabilities. There is a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered

Summary of findings

necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection, there were no restrictions in place for people who used the service.

People were supported by staff who knew them well and responded to their needs promptly and appropriately. Their independence and dignity was promoted by staff who had access to relevant and additional training to help them do their jobs effectively. People were supported to access and be part of the local community.

The home had staff 'champions' for infection control and continence care, a designated safeguarding advisor, a health and safety co-ordinator and a manual handling trainer. This meant that staff were supported to continually improve their skills. There were designated key workers with responsibility for working with individuals to ensure that all aspects of the care and support provided met their needs.

We found that there were resident forums and staff meetings for people to express their views and these were listened to and acted on. The service had complaints and whistle blowing procedures in place. Staff were aware of these, knew how to use them and were confident about raising concerns if the need arose.

The home was well led by a management team that was supportive and promoted a positive and open culture. Staff felt supported and people who used the service and their relatives were able to access the management team to share their experiences and raise concerns.

The home is due to close in 2017 and people who used the service were not happy with this as they would prefer the home to remain open. The provider will use an advocacy service from December 2014 to help and support people make decisions about their future.

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.

People had risk assessments carried out to ensure the service met their individual needs effectively.

Staff knew how to recognise and report concerns and incidents were managed and reported appropriately.

There were sufficient staff available to ensure that people's needs were met.

Medicines were managed, stored and administered safely.

Good



Is the service effective?

The service was effective.

People were supported to eat and drink sufficient amounts in a way that met their individual needs.

People had prompt access to health care professionals where necessary such as GP's and opticians.

Staff received effective support and training and understood their responsibilities regarding the MCA 2005 and DoLS.

People were asked to provide consent before care and support was provided.

Good



Is the service caring?

The service was caring.

People had access to their own key worker for support and told us that staff were kind and caring.

People were encouraged and supported to express their views individually and as a group.

People's dignity was respected and promoted by staff who knew them well.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment and planning of their care.

The service had a complaints and whistle blowing policy. Staff were aware of the policy and were confident about how to use it.

People were supported to pursue their individual interests and hobbies in a way that promoted their independence.

Good



Is the service well-led?

The service was well led.

The manager was highly regarded by staff and people who used the service.

There were systems in place for obtaining people's feedback and views. These were used to learn lessons and improve the quality of services provided.

Good



Summary of findings

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| The service used self-assessments and audits to guide their improvement plans. | |
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Redclyffe

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 met the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The visit was carried out on 30 October 2014 by two inspectors and was unannounced.

Before the inspection, the provider completed a provider information return (PIR). This is a form that asks them to

give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included statutory notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with six people who used the service, three care staff and the registered manager. We looked at two care plans, staff files, rotas and training records. We looked at the service improvement plan, internal audits and an internal quality assurance report.

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, “I feel safe here, I like the staff that support me.” Staff had received appropriate training and had the knowledge and awareness to identify and report abuse. They were aware of their responsibility to report any concerns and allegations of abuse to the manager. A staff member told us, “I am training to be a trainer for safeguarding vulnerable adults from abuse, this is in-house training.” Information about safeguarding was displayed on notice boards and included information about how to report concerns.

We found that there were sufficient staff available to meet the needs of people who lived at the home. People confirmed staff were helpful and there were enough of them met their needs in a timely manner. One person told us, “[I am] well looked after.” We saw that staff responded to people’s requests for help promptly and provided appropriate levels of support at a pace that best suited their needs.

The manager told us that staffing levels were decided and maintained to match people’s individual dependency needs which were kept under review. On the day of our inspection we saw that short falls in staffing had been covered by agency staff. The manager confirmed that agency staff who worked at the home had been assessed to ensure they had the skills, experience and abilities necessary meet people’s needs.

People had personal evacuation plans for use in the event of an emergency. There were contingency plans in place to deal with unforeseen significant events such as flooding for example. Arrangements had also been made to ensure that key information about people’s health needs and medicines was readily available to health care professionals in the event of a medical emergency. This meant that steps had been taken to keep people safe in a way that met their needs at all times.

We found that assessments had been carried out in order to identify, monitor and reduce risks to people who lived at the home. These were kept under review and included useful information and guidance for staff to help them care for and support people safely. For example, we saw that staff were given clear guidance about how to use a hoist and other specialist equipment to support a person with limited mobility.

There were suitable arrangements for the safe storage, management and disposal of people’s medicines, including controlled drugs. We found that people were supported to take their medicines safely by trained staff. We saw that staff provided appropriate levels of support where necessary to help people with their medicines. We heard them explain what the medicine was and what it was for so that people understood.

Is the service effective?

Our findings

People were supported to have their health needs met and had access to GPs, opticians, dieticians and chiropodists when necessary. One person told us that staff had helped them arrange to see a GP and other health care professionals at the home when they were unwell. We saw that another person had lost weight and was at risk of malnutrition because they had difficulty eating sufficient amounts of food. Staff promptly referred the matter to a speech and language therapy team (SALT) which meant the person received expert specialist care when they needed it to help them maintain a healthy weight. For example, they were provided a diet that consisted of soft foods to make eating easier.

People told us they enjoyed the food provided at the home and that there was always a good range of menu choices on offer. One person told us, "I like the food." We found that people were supported to have a healthy balanced diet. They were asked to choose what they wanted the day before but were free to change their mind and order something else during the meal service if they preferred.

We observed lunch being served and saw that, although most people were able to dine independently, some required support to help them eat and drink. We saw that meals were delivered quickly and served while the food was still hot. There was good interaction between staff and the people they supported, all of whom appeared to enjoy the dining experience. We saw that people had access to snacks and drinks throughout the day and when they asked for refreshment it was quickly provided. One staff member told us, "Some people need assistance with their meals for example, to cut in to small bites." We saw that staff provided support were appropriate and worked at a pace that best suited people's needs.

People were involved in planning their care and support and were asked if they consented before it was provided. One person said, "They [staff] listen to me. I have choices." A staff member told us, "When we are planning people's

care, they are always involved in the decisions. We talk to service users daily and find out how they are." Staff had received training about the MCA 2005 and understood how to obtain consent from people who may lack capacity to make their own decisions.

The CQC is required to monitor the operation of the MCA 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The manager was knowledgeable about MCA 2005 requirements and their responsibilities regarding DoLS authorisations in particular. At the time of our inspection, there were no restrictions in place for people who used the service.

People told us staff were approachable, well trained and knowledgeable. One person said, "Staff are alright, they know what they are doing and our manager is a trained nurse." We found that staff had received the training needed to help them do their jobs effectively. One staff member said, "I did my induction plus a four day course with flexible training that covered topics such as safeguarding adults, Mental Capacity Act, food hygiene and epilepsy." The manager told us, "Staff training is very good, all our staff are supported to improve their knowledge and we are proud of our training." We saw that most staff had achieved a nationally recognised vocational qualification in health and social care that was relevant to the people they cared for.

Staff had supervision meetings with the manager every two months together with annual appraisals to review their performance. These meetings were used to discuss their progress and to agree their support and development needs. One staff member said, "I feel very much supported by the manager and the training is good." Staff told us that the supervisions were a good opportunity for them to discuss their role and raise any concerns they had which in turn helped them to provide better quality care.

Is the service caring?

Our findings

People told us that staff were kind and caring. One person told us, “Staff are nice and they take me seriously.” Throughout our inspection we saw that staff clearly knew the people they cared for very well and showed a genuine interest in making sure they were supported to make decisions about what they did and how they spent their time. One person commented, “If I need a new top I would speak with my key worker and they would take me out shopping.”

Each person who lived at the home had a designated key worker who spent quality time with them on a regular basis to make sure their needs were fully understood and met in a way that best suited them. One person said, “Staff are nice and my key worker is very helpful and they listen to my needs.” Another said, “The staff know me very well especially my key worker. When I need help or support they are there for me.” This meant that people benefited from positive relationships with staff who listened to them and valued their views and opinions.

People told us that staff treated them with respect and provided personal care and support in a way that both protected and promoted their dignity and privacy at all

times. We saw that staff knocked on doors and waited for a response before entering people’s rooms. One staff member said, “We always knock on peoples doors and close curtains when helping with personal care.”

Another staff member said, “We do not enter people’s rooms without their permission. People change in the bathrooms before coming out.”

All staff had received training in the principles of dignity in care which included guidance about how to support people in a way that promoted their dignity and independence. Staff told us that this additional training helped them improve the quality of care provided by ensuring they always took full account of people’s views, preferences and personal circumstances. For example, we saw that staffing arrangements reflected people’s choice and preferences about the gender of staff who provided their personal care.

Staff were patient and communicated with people in a way that was appropriate to their individual needs. They took time to listen to what people had to say and make sure they were understood what they needed and how to support them effectively. One person told us, “Staff here are wonderful, if I had any concerns I would speak to them.” A staff member commented, “We listen to and take people seriously.” This meant that people felt valued and were supported to be independent by staff who understood their needs and treated them with compassion.

Is the service responsive?

Our findings

People told us they were supported to continue with their hobbies and interests. One person told us, "I like to do art and I like to go to the garden centre and the cinema." A staff member said, "We do lots of activities such as cooking and visiting the zoo. Some people attend a local college and we also have the skills centre at the home where people can take part in arts and crafts, we are learning about the history of our local town."

Arrangements had been made to take some people out to see a show on the evening of our inspection. People told us they were able to choose whether they went or not and those who wanted to go really looked forward to it, whereas those who didn't were happy to stay at home and do something else. This meant that people had been supported to take part in social activities that met their individual needs both at the home and in the local community.

People attended regular service user forums at the home. These were regular meetings where they could get together with staff as a group to discuss any concerns or ideas they had about how the home was run. One person said, "I get involved with the resident forums sometimes, we talk about things in general and if we have any problems we discuss this in the meeting." Another person said, "There are meetings but I don't like to go, I get nervous and tense. Staff talk with me on my own and I prefer that. This meant people felt listened to and could express their views in a way that best suited them. For example, one person expressed concerns about feeling cold at night so staff checked that all heating systems were turned on properly and the problem was resolved."

We saw that people were supported and cared for in a way that met their individual needs, preferences and personal circumstances. Staff were given clear and guidance about how to support and communicate with people based on detailed and personalised information about their likes and dislikes and what was important to them. This was reviewed and updated regularly to ensure that the care provided reflected people's changing needs. One staff member told us, "We involve all service users in the decisions about their needs. We talk to service users daily and find out how they are and what they need, they consent to the care they receive. Sometimes they ask us to wait for a short while until they are ready to make a decision." This meant that people were able to contribute to the assessment and planning of their care and make decisions about how they were supported.

People were encouraged to raise any concerns they had about their care and how the home was run. They told us that they knew how to complain if they were not happy about something. One staff member said, "People can raise their concerns and put over their point of view and we respond to their views. We explain to people about the complaints procedure, we also reassure them." We saw that information and guidance about how to make a complaint was displayed and that concerns raised had been investigated and responded to appropriately. This meant that people felt they had a voice at the home and that their views, concerns and experiences were listened to and taken seriously.

Is the service well-led?

Our findings

People and staff told the manager was approachable and always keen to listen to what they had to say about the home and care provided. One staff member told us, “The manager is supportive and we have good opportunities for training. We have links with the community and our values are to remove barriers and involve people in the community.”

The manager was clear about their responsibilities and told us they received good levels of support from the area manager, provider and designated quality lead manager who visited regularly. In addition the manager also attended working groups arranged by the provider, regional leadership forums and area meetings. These were designed and intended to provide the manager with the support, training and tools necessary to develop and improve the quality of services provided at the home.

The manager told us that they had developed a positive and open culture where people were encouraged and supported to make decisions for themselves wherever possible. Staff clearly understood the importance of providing care in a way that reflected, valued and promoted people’s individual needs, privacy and dignity. Staff told us they were well supported by the manager who arranged regular meetings where they could raise and discuss issues important to them about working conditions and how the service operated. One staff member said, “I attend staff meetings and find them very helpful.”

Staff were also encouraged to take on additional responsibilities within the service where appropriate to support their personal and professional development. For example, some had been given lead roles to ensure that high standards were achieved and maintained in areas such as infection control and health and safety. Staff

demonstrated a good understanding of their roles and responsibilities. One staff member said, “The manager is approachable, I can make suggestions and I do, especially about activities.” This meant that staff developed a shared understanding of the service and actively involved in how it operated.

The provider and manager regularly sought feedback about the services provided, from people who lived at the home, staff and external stakeholders, by sending out survey questionnaires and encouraging people to have their say at resident forums and staff meetings. The manager told us that all feedback, complaints, concerns and compliments were reviewed by the provider on a regular basis to ensure that lessons were learnt and improvements made where necessary.

The manager also used effective systems to identify, manage and reduce risks in areas that included medicines, staffing arrangements, infection control and health and safety. These were used to collate information as part of a service improvement plan which identified actions for improvement with timescales for completion. For example, recommendations were made to rectify certain issues found during a fire safety audit. These were used to draw up an action plan which had been completed and the necessary improvements made. This meant that both the provider and manager had adopted a positive approach to risk management in order to keep people safe.

A key challenge for the home is the planned closure scheduled to take place in 2017. Plans have been made to manage this process effectively over time and in a way that minimises the impact on people as far as possible. This includes arrangements to work closely with independent advocates from an early stage to help people consider their options, plan ahead and make decisions about their future.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.