

Hales Group Limited

Redwood Glades

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Redwood Glades is a domiciliary care agency providing personal care within an extra care housing facility. The service provides support to people with a range of different needs, including people who have a learning disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This means tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, there were 113 people who were receiving personal care calls.

People's experience of using this service and what we found

The service did not consistently assess and mitigate risks to people. Accidents and incidents were investigated, but it was not clear if risk assessments were updated where increased risk was indicated. The quality assurance system in the service did not identify this and care records were not always up to date. We found that no direct harm had come to the people, but the risk of harm had been increased. We have made recommendations about risk assessments and audits.

Staff had received introductory training in mental health and additional training was provided where required. We identified further training was need for staff to support people with more complex needs and the provider committed to supplying this.

The provider recruited staff safely and used a dependency tool to ensure there were enough staff on duty to meet people's needs.

Staff supported people with their medicines. The registered manager had addressed any concerns through safeguarding and audits and closely monitored the use of any 'when required' (known as PRN) medicines to ensure the best possible outcomes for people.

Most people in the service told us that they were very happy, and staff supported them well.

Staff understood how to protect people from poor care and abuse because they knew people well.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 12 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redwood Glades on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Redwood Glades

Detailed findings

Background to this 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 July 2022 and ended on 3 August 2022. We visited the location's office on 13 July 2022.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 22 December 2021 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 11 relatives about their experience of the care provided. We spoke with six members of staff including, care staff and the registered manager. We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

After the inspection

Following our visit we spoke by telephone with the relatives of three people who used the service about their experience of the care provided. We also spoke with one health professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had not always been assessed and managed consistently. Some risk assessments were very detailed, whereas other risk assessments did not always contain sufficient information about control measures for staff to follow to keep people safe. For example, where people were at risk of self-harming, these risks had not been addressed appropriately and the lack of information increased the risk of harm.
- Accidents were recorded, trends identified, and lessons learnt. However, it was not always clear if risk assessments had been reviewed and updated after an accident and so potential risk and mitigation was not in place.

We found no evidence people had been harmed, however we recommend the provider reviews their systems and processes for assessing risks to people to ensure this is done consistently to keep everyone using the service safe.

- Staff had received introductory training in mental health to support people using the service and the provider had sourced additional training for staff where required. Professionals and staff had identified a further need for specific training to support individuals with complex needs and the registered manager told us they would supply this training for staff to minimise the risks to people.

Staffing and recruitment

- The provider used a dependency tool to determine staffing levels this showed the appropriate number of staff were on duty.
- Safe recruitment processes were in place and followed. All appropriate pre-employment checks had been completed before staff started working in the service.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguarding people from the risk of abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People felt safe living at the service. One person told us, "I feel very safe, the staff are great." A relative told us, "[Name of person] loves it here, they are very happy".

Using medicines safely

- People's medicines were managed and administered safely.
- Staff completed training and had their competency assessed to make sure they understood how to safely

support people to take their prescribed medicines.

- People were supported to make their own decisions about medicines wherever possible. One person told us, "I do my own medication, but I can ask for assistance if needed."

Preventing and controlling infection

- Preventing the spread of infection was managed well. Staff had undertaken training and were aware of the responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were also available.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed a range of training courses and new staff had received an induction to the service before they started work. One staff member said, "I had an induction, I also asked for more shadow shifts and this was supported"
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.

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

- People were involved in the creation of the care packages and had the opportunity to discuss their preferences and needs. People gave positive feedback about the support staff provided. People told us, "The staff are lovely," and "The staff are very caring." A professional said, "The staff are amazing at what they do."

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

- People were supported to maintain a balanced diet. Although not all people required support with food and drink, they told us that staff would always ask and offer support in line with the person's preferences.
- All staff were trained on how to support people with food and nutrition.

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

- Staff worked well with other services and professionals. Staff followed any recommendations made regarding someone's care, supporting the person to stay well.
- Professionals felt staff ensured people received the care and support they needed. Feedback included, "Staff work really well with us, the feedback from staff is very good."
- Staff supported people to access health care professionals if required or liaised with relatives if they had concerns about people's health care needs. Comments from people included, "Staff will contact my GP but [Name of person] will also do it as they are my appointee," and, "I was in terrible pain, I was supported to see the doctor and the district nurses comes to see me."

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider worked within mental capacity legislation.
- Staff had received training in MCA and were aware of the need to gain consent from people before carrying out care tasks.
- People confirmed staff gave explanations and asked their permission before delivering care to them.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor the quality and safety of the service did not identify the inconsistencies we found in how risk was managed. Where incidents had occurred auditing systems failed to demonstrate that action had been taken after events had been identified as requiring action.
- Documentation was not always accurate and up to date.

We recommend the provider reviews their systems and processes for auditing the safety and quality of the service to ensure all records and up to date and risk is managed consistently across the service.

The provider and registered manager responded immediately and during our inspection to make improvements to care records and audits.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was working hard to instil a more positive culture. They encouraged staff to share their views promoting a culture of care, to ensure staff felt valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A staff member told us, "[Name of registered manager] is the best manager we have had because she's not scared to do stuff." A health professional told us, "We have a brilliant relationship with the manager and staff."
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest with people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People who used the service completed questionnaires, enabling them to comment on how care was delivered and whether they felt improvements could be made.
- Staff meetings were held which gave the opportunity for staff to raise any concerns and for the management team to inform people of any changes within the service.
- The staff team had built up relationships with a range of health and social care professionals, involved in people's care and treatment. The registered manager had also developed a good working relationship with the local authority contracts and commissioning team.
- Any lessons learnt were shared with the staff team to prevent reoccurrence and improve the service being provided.