

Oakview Estates Limited

Redlands Residential Care Home

Inspection report

122 Woodland Road
Darlington
County Durham
DL3 9LP

Tel: 01325243788

Date of inspection visit:
14 February 2017
24 February 2017

Date of publication:
10 April 2017

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 visit took place on 14 February 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service. We spoke with relatives via telephone on 24 February 2017.

Redlands is a home for up to five people who have a learning disability and it is situated in Darlington close to all facilities and transport links.

The service had a registered manager in place. 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 2008 and associated Regulations about how the service is run.

We last inspected the service in 8 January 2015 and rated the service as 'Good.' At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

Staffing was provided at safe levels and any staff absences were covered by the registered provider's own permanent and bank staff.

Accidents and incidents had been appropriately recorded and risk assessments were in place for people who used the service and staff.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

One person and relatives we spoke with told us they felt safe at Redlands. Staff were aware of procedures to follow if they observed any concerns.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

Staff were suitably trained and training was arranged for any due refresher training. Staff received regular supervisions and appraisals and told us they felt supported.

The registered provider was working within the principles of the Mental Capacity Act 2005 (MCA). 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 supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

Care records contained evidence of visits to and from external healthcare specialists.

Care records showed that people's needs were assessed before they started using the service, they were supported to transition to the service at their own pace and care plans were written in a person centred way.

Staff supported people who used the service with their social needs. We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with staff members and there was a warm and positive atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and relatives and people told us that staff were kind and professional.

People who used the service and family members were aware of how to make a complaint.

Staff felt supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Redlands and actions plans and lessons learnt were part of their on-going quality review of the service.

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 continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

Redlands Residential Care Home

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

This inspection took place on 14 February and 24 February 2017 and was announced. We gave the registered provider 24 hours' notice to ensure someone would be available at the service. One adult social care inspector carried out this inspection.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

During our inspection we spoke with three people who used the service and three family members via telephone following the inspection visit on 24 February 2017. We also spoke with the registered manager, regional director and three care staff.

We looked at the records of two people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff and records relating to the management of the service, such as quality audits, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Is the service safe?

Our findings

Staff we spoke with had a good understanding of abuse. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "The staff are marvellous," and "My relative is very comfortable with the staff who support them."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff also told us they would report anything directly to safeguarding if a manager wasn't available. We looked at training information which showed that staff had completed training in regard to safeguarding which was updated regularly. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person decided to leave the home. This showed the service supported staff to keep people and themselves safe.

Care plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the registered manager. The two care plans we looked at incorporated risk assessments. This covered areas such as the risks around moving and handling, behaviour, falls, and nutrition and hydration. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We saw that the service supported people to take responsible risks such as helping decorate the lounge. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people it provided a service to. We saw two new staff had started at the service since our last inspection and we spoke with one of them who told us about the process of checks and induction they had undertaken which they said had been, "Very beneficial".

We saw that before commencing employment, the registered provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. A DBS check confirms that people are eligible to work with vulnerable people. The service manager explained the

recruitment process to us as well as the formal induction and support given to staff upon commencing employment.

The registered manager told us that staffing was provided flexibly by the team as it was dependent upon activities that were planned for people. At the time of our inspection there were two care staff, a housekeeper and the registered manager on duty. Staffing was rostered so that support was available at key times in the evenings, early mornings and weekends. Staff and the registered manager told us that they provided cover amongst themselves where possible or used the staff from the registered provider's nearby services and had no need to use agency staff.

Care staff we spoke with told us they had completed medicines training, and the registered manager showed us a medicines competency assessment they were implementing every six months with staff. Staff confirmed there was always a member of staff on duty who had been trained to administer medicines and we witnessed staff signing in medicines in a thorough and systematic manner.

All medicines were stored securely. Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw guidance was in place for 'as and when required' medicines so staff could consistently support people if they needed medicines in this way. The service had also worked with a medical liaison nurse to improve the ordering of medicines with their local GP practice which the registered manager told us had been a positive outcome.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. Staff were aware of who to contact should there be any problems with equipment or the environment.

Is the service effective?

Our findings

We spoke with relatives who told us they had confidence in the staff's abilities to provide good care. One person we asked told us they liked the staff, "Yes Mrs, they are all nice." One relative told us; "My relative has had more opportunities at Redlands to have an everyday life that had been lacking in their previous placements."

The premises were spacious, homely and well-furnished and allowed people where enabled to spend time on their own if they wished or to join in everyday activities that took place such as cooking or watching TV in the lounge.

All staff we spoke with said they had regular supervisions and appraisals. One new staff member told us, "I have felt very supported since I have been here, I wasn't sure at first if this was the job for me but I am really enjoying it." Every staff member we spoke with said they felt able to raise any issues or concerns to the registered manager.

We looked at supervision and appraisal records for two staff members. We saw supervision occurred regularly and staff were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals, staff members personal and professional development such as courses were also discussed and actioned.

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year, they told us they were proud that out of all the organisation's services in the North East they had the highest figures for completion. We saw staff had received training in health and safety, moving and handling, safeguarding, personality disorder and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. Staff told us, "We had a full days course on personality disorder and two days on Makaton (a gestural communication system for people with a learning disability), it was really interesting."

We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service and staff were encouraged to share learning they had undertaken through presentations. This showed relevant updates were shared with the staff team.

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 when this is in their best interests and legally authorised under the MCA. Staff had received training in the MCA and the registered manager was aware of their responsibilities with regard to the MCA. Where people had a Deprivation of

Liberty Safeguard authorisation in place, there was a specific plan in an easy read format explaining why someone couldn't leave Redlands without staff support and why people needed support from staff in their house. We found the service was working within the principles of the MCA.

Relatives we spoke with said they were happy with the communication with the service and felt the service would contact them if there were any issues with the person using the service. One relative said, "I have used Skype and I have regular contact with staff, they send a monthly newsletter with photos so I can see what [name] has been doing."

Guidance was provided for staff on how to support people with specific dietary needs such as swallowing or choking difficulties. The service had sought specialist advice and people had appropriate care plans and risk assessments in place.

Staff explained to us the service now planned menus, depending on what people's preferences were. People and staff then shopped for food and drink items accordingly and all food was prepared by staff in the kitchen of the service. Everyone had a nutrition care plan and staff explained to us that they knew people's likes and dislikes from talking with the person. Since our last visit the kitchen had been totally renewed and was a well-equipped domestic environment. One staff member told us they were planning on developing a pictorial menu to support people with communication difficulties.

We saw people had access to a range of external healthcare professionals. The service had good links with people's G.P's and other specialists such as dietitians and speech and language therapists. The registered provider also had a consultant psychiatrist and clinical psychologist to support people using the service if needed.

Is the service caring?

Our findings

There was a lovely atmosphere in the home. Staff were kind and supportive towards people and people appeared happy to be living at Redlands.

We spoke with three relatives and carers of people who used the service. We asked one person if they liked living at Redlands they replied "Yes I like it here." Relatives we spoke with told us, "It's a lovely place and the staff are marvellous," and "They treat [name] with respect and as a person. They like [name] and they seem to want him to have the best quality of life."

People who used the service had complex needs and some had difficulty with communication. Staff told us; "We have had training to understand people's communication and behaviours, it's been really helpful for us and those individuals."

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task. We observed that staff asked people's consent and explained what they were doing throughout our visit. We saw people were smiling and clearly knew the staff members working at the service well. Interactions were caring and staff used appropriate physical contact to offer people reassurance and care.

We saw people were supported to have choices and this was echoed by one relative who told us, "I thought it was very telling that when [name] came to look at Redlands they weren't just offered the one bedroom that was vacant, they were shown the office too and asked if they wanted that room. They did choose that room and the office was moved, that to me showed that people had real choices." One staff also told us, "I never assume, I always ask." They went on to tell us that for one person, they had waited for staff direction to make choices when they first moved to Redlands but now initiated their own choice about what to eat and when to go to bed.

We looked at support plans for two people who used the service. People had their own detailed plan of support. The support plans were written in an individual way, which included family information and how people wanted their care and support to be given. Plans were person centred and specific to the needs of the individual. They covered a wide range of areas and the service had also introduced new plans for family contact and end of life care so ensuring they promoted people's wishes and consulted with them and their families.

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. The staff team were well established at the home which meant people received consistent care.

All staff said they would have no hesitation in seeking advice from a healthcare professional and contacting people's family or carers straight away if they had any concerns about someone's health or well-being. We saw from care plans appropriate referrals had been made to professionals promptly and any on-going

communication was also clearly recorded.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us that people who were using the service had local independent advocates supporting them.

Is the service responsive?

Our findings

Staff told us that activities were based around people's needs and likes and we saw people enjoying films, books, cooking, accessing the local community and partaking in work opportunities. People were also supported to go on holidays and one relative told us how the staff team supported their relative to visit family in London. They said, "He was obviously very comfortable with the staff."

We saw for one person who may require physical intervention that in their behaviour support plan as well as clear antecedents and distraction techniques being described that there was also physical intervention guidelines. These guidelines had been produced to ensure the minimum amount of intervention was used.

Risk assessments had also been completed for a number of areas including for medicines, accessing the community and nutrition. We saw that people were involved where they were able in decision making agreements and any decisions that had been made in people's best interests under the Deprivation of Liberty Safeguards (DoLS) legislation showed they had been agreed within a multi-disciplinary team.

Staff told us they supported people to maintain relationships with friends and family by inviting them to events such as garden parties and also enabling them to take part in regular keyworker meetings and reviews to share their views and feedback about the care and support their relative received. One relative told us, "They invite us to events even though we are far away, they are keen to involve us". This showed the service helped people maintain the positive relationships in their life when they so wished.

The registered manager told us that the service had worked with other agencies to support the transition of two people into the service in the last year. They told us they had ensured that compatibility was fully explored and that people would be given every opportunity to visit the service and get to know the staff and other people who lived there. Two relatives whom we spoke with told us the service had more than met their expectations. One relative said, "[Name] has transformed since he has been at Redlands. He's more verbal and he seems much happier there."

Is the service well-led?

Our findings

The service had a registered manager who had been in post for several years. We observed they knew people who lived at the service and staff very well and they also worked at another service they managed half time during the week. The staff we spoke with said they felt the registered manager was supportive and approachable. The registered manager told us they had introduced a monthly "Meet the Manager" session where they ensured they made themselves accessible. They told us, "It's protected time for me to sit with people and just natter about anything."

The registered manager told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having the choices and opportunities of leading the life they wished to and the feedback from staff confirmed this was the case. For example, not everyone liked going out in the community and some people preferred to stay at home and they were supported to do this. The service was very person centred. We saw that the registered manager led by example and praised staff for work they were doing and joined in activities that people were undertaking. Staff also told us they had regular meetings for the people who lived at the service where they talked about activities and menus.

We saw the service had introduced a "You said, We did" board highlighting areas people had wanted change in such as the décor in the lounge and it showed how they had actioned it and been involved in choosing the décor and painting and papering the wall themselves.

Staff told us that morale and the atmosphere at the service was good and that they were kept informed about matters that affected the service. We saw that staff met together regularly in keyworker teams to discuss people's support plans. Staff members told us; "We do problem solve and have talked in our staff meeting about the quality of handovers to ensure we get them better."

We saw minutes from meetings, which showed that items such as day to day running of the service, training and any health and safety issues were discussed.

The registered manager carried out a wide range of audits as part of the service's quality programme. The registered manager explained how they routinely carried out audits which covered the environment, health and safety, support plans, accident and incident reporting as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. For example, someone sustained an injury from a faulty dining chair. The service apologised to the person and their family and immediately withdrew the chairs and shared the risk with all the registered provider's location to ensure people were not at risk. The service was also visited by the regional operations manager on a regular basis and quality officers from the registered provider and they also carried out a documented audit based on the Care Quality Commission (CQC) inspection approach. This showed the home had a monitored programme of quality assurance in place.

During the last year, the registered manager informed CQC promptly of any notifiable incidents that it was

required to tell us about.