Welmede Housing Association Limited

Red Houses

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

Red Houses provides accommodation and personal care for up to six people with a learning disability. 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 the inspection, six people were using the service.

At the last inspection of 19 October 2015, the service was rated Good.

At this inspection, we found the service remained Good.

A registered manager was in post. We were informed that the registered manager was on leave and would not be returning to the service. A home manager had submitted an application for registration with the Care Quality Commission. 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.

People were supported by staff who understood how to protect them from the risk of harm. Staff attended training in safeguarding adults and knew how to identify and report abuse. People received appropriate care to manage known risks to their health and well-being.

The registered provider followed appropriate recruitment procedures to ensure people received care from suitable staff. People had their needs met by a sufficient number of suitably skilled and experienced staff.

People had their medicines managed and administered safely by staff who were trained to undertake this role. Staff reported, recorded and learnt from incidents and accidents. Staff followed good hygiene practices to prevent and control the risk of infection.

People's care delivery met legislation requirements and best practice guidance. Staff received support and relevant training, refresher courses and supervision to empower them to undertake their roles. Staff obtained people's consent to care and support.

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.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) when providing care and support. People enjoyed the meals provided and received support with their dietary needs. Staff supported

people to access healthcare services to maintain their health.

People received care that staff delivered in a respectful, compassionate and dignified manner. Staff promoted people's right to privacy, confidentiality and equal opportunity. People enjoyed positive caring relationships with the staff who provided their care.

People received an ongoing review of their needs and support plans. Staff provided care in line with people's changing needs and their preferences. People knew how to make a complaint and were confident their concerns would be addressed. People at the end of the lives were made comfortable and supported to have a dignified and pain free death.

People using the service, their relatives and staff commended the registered manager and the manner in which they managed the service. An open and honest culture placed people at the centre of the service. Quality assurance systems remained effective in identifying shortfalls at the service. The registered manager and provider had a continuous improvement drive to develop the service. People's quality of care improved because of the involvement of other agencies in their care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Red Houses

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 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 comprehensive took place on 1 March 2017 and was unannounced.

One inspector and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

People using the service had complex needs and were non-verbal. We spoke with two relatives who were visiting the service. We also spoke with the home manager and four members of care staff.

We looked at four people's care records. We reviewed information about the management of the service and quality assurance monitoring checks. We looked at five staff records that included recruitment, induction, training, supervisions and appraisals.

After the inspection, we received feedback from two health and social care professionals.

Good

Is the service safe?

Our findings

People received care that protected them from the risk of abuse. Staff were trained in safeguarding adults and understood their responsibility to identify and report abuse. One member of staff told us, "We have a duty of care to keep our residents safe. That's our priority." Staff were aware of the safeguarding procedures and that they could alert the registered manager, senior management or external agencies about poor practice. Finance records of people's incoming monies and expenses were recorded, audited and receipts verified to minimise the risk of financial abuse. The registered manager referred concerns about people's welfare to the local safeguarding team for investigation when needed. Supervision and team meeting records showed that the registered manager discussed safeguarding issues and ensured staff's knowledge about abuse was up to date.

People received safe care and support. Staff identified and managed risks to people's health and well-being. The registered manager reviewed and updated risk assessments and ensured staff had appropriate guidance to meet people's needs. Staff sought and followed guidance provided by health and social care professionals to manage risks to people's well-being. For example, when a person showed behaviours that challenged.

People continued to receive care from staff assessed as suitable for their roles. Applicants underwent appropriate recruitment procedures to determine their suitability to work at the service. The provider had an ongoing recruitment programme and ensured there were sufficient numbers of skilled and experienced staff deployed to deliver care. Staffing levels were in line with the support people required to have their needs met. People received consistent care from regular permanent and agency staff which helped to reduce anxieties caused by changes. Duty rosters were planned and staff absences for annual leave, sickness and training were covered.

People were supported to take their medicines. Medicine administration records (MARs) were completed and indicated people had received their prescribed medicines. Regular checks and audits of MARs showed staff followed medicine management procedures and best practice guidance on administering and managing people's medicines. Staff had undertaken medicines management training and an assessment of their competency to ensure their practice was safe. An external pharmacist reviewed medicines management at the service.

There were appropriate plans in place to support people in case of an emergency. Staff knew how to evacuate people in the event of a fire. Regular checks were carried out on firefighting equipment, escape routes and emergency lighting. The registered manager carried out fire drills to test staff's preparedness to support people in the event of an emergency.

People lived in a clean environment which was free from malodours. Staff understood how to minimise the risk of infection. Staff practiced good handwashing techniques and consistently used protective clothing such as gloves and aprons for personal care delivery and food preparation. Staff followed cleaning schedules to ensure they maintained high standards of cleanliness. The managers carried out spot checks

to ensure staff prevented and controlled the spread of infection in their practice.

Staff took responsibility for any mistakes they made and learnt from incidents. The registered manager reviewed and analysed incident and accident records to identify any patterns. The registered manager talked to staff in supervision and team meetings when things went wrong to minimise the risk of a recurrence.

Good

Is the service effective?

Our findings

People continued to receive effective care and support. The registered manager worked closely with health and social care professionals to develop each person's care plan. Support plans took into account health and social care professionals' input which ensured staff delivered care in line with current legislation and evidence based guidance. The registered manager reviewed care delivery to ensure staff followed guidance in place. Records showed people received care as planned.

People were supported by staff who were competent in their roles. Staff received regular training and refresher courses to develop and maintain their skills and knowledge. Staff told us the training was useful in making them competent to do their work. The training included safeguarding, medicines management, infection control, moving and handling, food hygiene and health and safety. Staff attended training specific to people's conditions such as autism and behaviours that challenged to enable them to meet their needs.

Staff were supported in their roles and received supervision and appraisal to review their practice. The registered manager put in place learning and development plans to support staff to develop in their roles. Supervision records showed the registered manager followed up issues previously raised to ensure staff had received the support they required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found that staff worked in line with the principles of the MCA. Staff obtained people's consent to care and treatment. Best interests meetings were held to support people who were unable to make decisions about their care such as maintaining personal hygiene. DoLS authorisations enabled staff to lawfully restrict people's freedom when needed to deliver care and support that was in their best interests.

People enjoyed the food provided. Staff involved people in menu planning and encouraged them to eat healthily. People received support to eat and drink in line with their dietary needs and preferences. Staff knew which people were at risk of choking and malnutrition. Records showed staff referred people to healthcare professionals when they had concerns to ensure they received guidance about how to support them maintain a healthy weight and to eat in a safe manner.

People's health needs continued to be met. Staff monitored people's health and contacted their GP when they had concerns. People had health action plans which detailed the support they required to maintain their health. Staff supported people to attend regular check-ups, medical appointments and specialist treatment. Healthcare professionals that included GPs, chiropodists, dentists, occupational therapists, opticians and Speech and Language Therapists had provided care to people when needed.

People lived in suitably adapted premises. People had access to all aspects of the service. People enjoyed spending time in a sensory room that had facilities to aid relaxation, music listening and a peaceful

environment. The service was equipped with adapted bathrooms and wide corridors to enable wheelchair users to move freely.

Good

Is the service caring?

Our findings

People received care from staff who knew them well. There were regular staff who provided care and support. This enabled staff to develop a rapport and an understanding of how people wanted their care provided. Staff understood people's routines, preferences and triggers to behaviours that challenged. Care records showed staff considered this when delivering care which helped them to develop positive caring relationships with people.

People continued to receive care in a kind and caring manner. One member of staff told us, "I care for our residents just the way I would like to be treated." Staff had received training in equality and diversity and told us this made them aware of their obligations to treat people equally through respecting their differences such as ethnicity, culture and religion. We observed staff showing empathy when speaking with people and supporting them with their emotional needs. People were supported to maintain relationships with family members.

People remained involved in making decisions about their care and support. Staff understood how people communicated their needs. The provider ensured people had access to information in the format they understood to enable them to make decisions about their care. Information was provided in an easy to read format. Staff were trained in Makaton, a communication tool for people with a learning disability. Staff used objects of references for example to understand what a person wanted to wear, to eat, when they wanted to go to bed and to get up and how they wanted to spend their time. A keyworker system provided each person with an opportunity to meet regularly with a member of staff assigned to coordinate their care and arrange health and social care appointments including outings, visits to family and pursuing new interests. Staff respected people's decisions about how they chose to live their lives.

Staff respected people's dignity and privacy. Staff knew how to provide care in a dignified manner. Staff told us they provided care behind closed doors, talked to people discreetly when they offered personal care and explained to people what they wanted to do before supporting them. People were well dressed and staff ensured they were comfortable. We observed staff administered medicines in people's rooms to respect their privacy. Staff spoke to people in a respectful manner and respected their decisions about how they wanted their care provided such as spending time in their rooms or taking part in activities.

People's information and records were stored safely and securely. Staff knew their responsibilities in relation to sharing people's information and maintaining their confidentiality by not disclosing information without authorisation from the registered manager.

People were supported to have their voice heard. People received information they required to support them to make choices about their day-to-day living such as advocacy services. This enabled them to access services they required to ensure they enjoyed their lives as full citizens. Staff spoke with people and their families when appropriate to obtain their life histories to understand how they wanted their care delivered and things important to them.

People had access to information about their care in a format they understood. This was in line with requirements of the Accessible Information Standard (AIS) whereby the provider ensured people with a disability or sensory loss could access and understand information they needed for their care.

Good

Is the service responsive?

Our findings

People continued to receive care that met their individual needs. People had a care plan that outlined the support their required. Regular and agency staff were required to read people's care plans and to sign that they understood how to deliver their care. The registered manager carried out regular reviews and updates of care and support plans to ensure that staff met people's changing needs. Staff told us they received updates on changes to people's health and had sufficient guidance that reflected their changing needs. People using the service, their relatives when appropriate and health and social care professionals were involved in reviewing their care which enabled staff to deliver care based on each person's needs.

People enjoyed a wide range of individual and group activities. Staff had information about people's interests and hobbies and encouraged them to undertake activities to minimise the risk of loneliness and social isolation. People attended a day centre, visited places of interest in the community, went shopping and attended college to develop their vocational and life skills. People had opportunities for social interaction and stimulation.

People using the service and their relatives were able to make a complaint about the service if they were unhappy. Staff supported people to make a complaint when needed. The provider valued people's feedback and held regular meetings and surveys to understand their needs. People had access to the complaints procedure in a format they understood. Staff told us they interacted with people daily to understand their experience of the service. Service managers and the provider's senior management team visited the home and engaged people to find out if they were happy with the service. They acted on people's feedback. The complaints procedure was updated to ensure people had accurate information about who to contact if they were unhappy with their care.

People's end of life care wishes were known and recorded. Care records showed people's preferences about how they wished to be supported at the end of their lives. There was no person receiving end of life care. However, staff were aware of how to support people to have a dignified and comfortable death.

Good

Is the service well-led?

Our findings

Staff placed people at the heart of the service. People were actively involved in making decisions about care delivery and how they lived their lives. The provider and registered manager provided opportunities and resources to enable staff to deliver person centred care. Staff worked alongside health and social care professionals to ensure they were able to meet people's complex needs. People were listened to and their feedback considered to improve their care. Staff showed enthusiasm and commitment to their work.

Staff were clear about their roles, responsibilities and the reporting lines of management. The provider had informed staff about the changes in the management team and introduced staff to the new home manager. Staff told us the registered provider had managed the transition well, which had helped to manage anxieties in people who were distressed by change.

Staff told us they were able to talk to the registered manager and senior managers if they had concerns about people's welfare. Staff described the registered manager as friendly and approachable. They told us the registered manager and provider appreciated their work and valued their ideas about how to develop the service. Staff said they enjoyed working as a team and supported each other to ensure people received a consistent standard of good care.

The registered manager submitted notifications to the Care Quality Commission (CQC) when there were concerns about people's welfare as required. Staff told us there was an honest and open culture about how they delivered care and were transparent when things went wrong.

People's care underwent continuous monitoring to ensure people received high standards of care. Quality assurance systems remain effective in identifying shortfalls. The registered manager carried out audits on care plans, medicines management, record keeping, health and safety and infection control to ensure that staff followed provider's procedures when providing care. The provider monitored the quality of supervision and appraisal to ensure staff had the resources they required to undertake their roles. Staff had access to up to date policies and procedures to enable them to deliver care in line with best practice guidance.

Staff received updates on people's changing conditions in a timely manner. People's records were well maintained, easily accessible to staff and updated regularly to reflect their needs and the support required. Staff attended team meetings where they discussed ideas to develop the service and to improve care delivery. The registered manager observed staff practice and gave them feedback when necessary to develop their skills and knowledge.

People's health improved from the continued close working relationships between the registered manager and other agencies. People benefited from the expertise of the learning disability team who provided guidance on how best staff could meet people's needs. The provider ensured staff had access to external training and meetings conducted by specialists who had advanced knowledge in people's needs such as positive behavioural management. These enhanced staff's understanding of people's conditions which helped them to improve the quality of care delivery.