

Clarendon Care Group Limited

Redwood House Residential Home

Inspection report

Cherry Hill Road
Barnt Green
Worcestershire
B45 8LL

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18 January 2017

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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

The inspection took place on 17 and 18 January 2017 and was unannounced.

The home provides accommodation for a maximum of 28 people requiring personal care. There were 24 people living at the home when we visited. A registered manager was in post when we inspected the service. 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 and associated Regulations about how the service is run.

People told us they felt safe living at the home and that staff supported them when they needed help. Staff understood what it meant to keep people healthy and safe from harm. Staff had received training on Safeguarding Adults and felt able to share any concerns. Staffing levels were reviewed regularly. Staff underwent background checks to ensure their suitability for working at the home. People's medicines were reviewed to ensure they received them as they should.

People were cared for by staff that had access to supervision and training so that could perform their role to the best of their ability. Staff understood what it meant when people could not make decisions for themselves and how they needed to be cared for. People were offered choices in the food and drinks they were offered and enjoyed the meals at the home. People also saw a range of healthcare professionals including GPs, social workers and chiropodists to support them with their health and wellbeing.

People were cared for by staff they liked and felt comfortable around. Staff understood each person's individual needs and how best to support them. Staff demonstrated patience and empathy towards the people they supported. Staff understood how to care for people with dignity and respect and embedded their understanding in how they helped people. Families felt welcomed at the home and were able to visit whenever they chose to.

People liked and took part in activities on offer at the home. People were given time to pursue individual interests. People were given the opportunity to share their views on the service they received in the home in a number of different ways so that the registered provider could understand if any improvements were needed. Relatives were also consulted. People understood they could complain if they needed to and who they could speak with.

The registered manager was working with staff to improve systems at the home and change some practices. The registered manager had identified some areas where improvements were needed and was working to achieve these. People, families and staff found the registered manager was accessible and willing to talk to them about their care. The registered manager had a detailed knowledge about people's care and understood how people's care needed to be managed to ensure they had a positive experience at the home.

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 was safe.

People were comfortable around staff who understood how to keep them safe. Staff underwent recruitment and background checks. People received support to have their medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who understood people's health and wellbeing. Staff understood how to care for people in line with their ability to make a decision. People enjoyed the food provided, and had access to other healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who understood how to care for them. People knew the staff well and staff understood how to treat them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People enjoyed the opportunities they had to take part in activities. People fed back what they thought about the service and understood how to complain if necessary.

Is the service well-led?

Good ●

The service was well led.

The registered manager was working with staff to further improve care at the home and to update systems for reviewing people's care. Staff enjoyed working there and felt part of a team.

Redwood House Residential 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 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 18 and 19 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We observed how staff supported people throughout the day. As part of our observations 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.

We spoke with six people, three relatives, three care staff, the activity co-ordinator, the maintenance person, the registered manager and the operations manager.

We reviewed three care records, the complaints folder, 12 applications to deprive someone of their liberty,

recruitment processes, minutes of staff and relatives meetings, as well as monthly checks the registered manager completed.

Is the service safe?

Our findings

At our previous inspection in February 2015, we rated this section as Requires Improvement because staff were not always deployed in way that ensured staffing was safe. At this inspection we found the home was good.

People felt safe and told us they felt safe. People looked relaxed and comfortable around staff. One person told us, "Oh yes, I feel safe."

Staff understood what it meant to safeguard people. They could explain the different types of abuse and how people might be affected. They also told us they received training on safeguarding and were encouraged to raise concerns with management. Staff were provided with a confidential email address where concerns could be sent to the provider so that staff could share any concerns they had. The registered manager understood the safeguarding process and had developed links within the local authority. Where it had been necessary to involve the local authority the registered manager had involved them.

Staff understood people's support levels and how risks to people's health and well-being needed to be managed. Staff we spoke with could explain the risk to people's health. We saw staff assist people to mobilise when they needed support in line with their risk assessments. They were patient and ensured the person was moved from their chair to another chair safely. We reviewed three care plans that included risk assessments for staff to refer to. We saw that people's needs had been reviewed and information included for staff guidance. Staff we spoke with confirmed they read people's care plans to better understand people's care needs and manage their risks.

We saw people had access to staff throughout the day. We saw that when people indicated they needed help, staff responded in a timely way. People and their families that we spoke with all told us they were able to access help from staff when they needed it. We spoke with staff about staffing levels. Three staff told us they thought staffing levels were adequate. One staff member told us, "I do feel I get enough time with people." We saw staff had time to sit and chat with people.

We reviewed the registered provider's process for recruiting staff to work at the home. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. Two staff files we reviewed contained confirmation of the necessary pre-employment checks. We saw that references has been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the home. Staff we spoke with told us they undertook all the checks before commencing working at the home. The registered provider understood these checks helped ensure that suitable people were employed and that people were not placed at risk through their recruitment processes.

We observed how people were supported with their medicines. People received an explanation of the purpose of their medicine . People were at ease and comfortable and staff patiently helped them to take their medicines. One person told us, "They always make sure I have my tablets. That's top priority." Staff competency to administer medicines was reviewed regularly by the registered manager and checks were made to ensure people received their medicines as they should.

We saw that people's medicines were reviewed regularly by both the registered manager as well as the deputy manager. We saw medicines were stored safely and staff ensured there was always sufficient stocks of medicines available to meet people's needs.

Is the service effective?

Our findings

At our previous inspection in February 2015, we rated this section as Good. At this inspection we found the home remained Good.

People and relatives we spoke to told us they felt confident around staff and staff understood what was needed to care for people.

Care staff we spoke with told us they had access to training and regular supervision. One staff member told us they thought training was always prioritised by the registered manager. We spoke with staff who told us about how they shadowed senior care staff at the home to better understand people's individual needs. Staff we spoke with told us they had an understanding of dementia. We saw staff support people by reassuring them and allowing them to remain within their memory of where they thought they were. Staff also told us they had attended training about people's capacity to make decisions for themselves and the Mental Capacity Act 2005 (MCA).

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood what it meant for a person when they were the subject of a DoL. Staff we spoke with understood the purpose of a DoL and who and how they were affected. Staff could also explain how a decision was made in a person's Best Interests. We saw that the registered manager had a system in place to assess whether people had the capacity to make a decision for themselves. Where people were not always able to make decisions for themselves, we saw the registered manager made the application to the local authority and regularly reviewed applications. Care records were updated with information for staff to refer to about people's capacity to make a decision. Staff we spoke to told us they found this information helpful.

People we spoke with all responded positively about the food and the choice available to them. We saw people were offered choices throughout the day. A choice of snacks, meals and drinks were available to them. People and relatives we spoke with all commented that the meals were one of the best things at the home. Staff we spoke with showed us how people's nutritional requirements were met. Where people's weight had become a concern, their food intake was monitored to ensure they were supported to remain healthy.

People told us they could access the GP whenever they needed. People said they were also supported to attend hospital appointments. We saw one person supported by staff to attend a hospital appointment. They told us it was usually the same staff member who helped them. The person told us it made it easier for them because the staff member understood the person's health needs. People and their families told us people were also able to access the chiropodist, dentist and optician where necessary. We saw that people had access to a number of professionals. During the inspection we saw a social worker visit the home and speak with a person about their care.

Is the service caring?

Our findings

People we spoke with thought highly of the staff helping to care for them. One person told us, "Everything is at your fingertips here." Another person said, "The staff are all very helpful." Relatives we spoke with told us their experience with staff had been positive and they felt confident leaving the families members in the care of staff. A relative told us "The staff are brilliant."

People we spoke with told us they felt reassured in how staff supported them. One person told us "I'm well looked after in here." We saw staff confidently support people and respond to their individual needs in a respectful manner. For example, where people had difficulty hearing, staff bent down or leaned towards the person to better communicate with them. We also saw staff understood each person's individual behaviour. For example, one person became distressed and required reassurance; staff instinctively responded to the person and helped reassure the person.

People and their families told us they regularly spoke with staff about the care staff provided. One person said about their care needs, "I always speak to the staff when I can." People told us they could talk with staff and explain how they wanted support. Another person said the way in which they dressed was important to them and staff helped them shop for toiletries so they could maintain their appearance. We saw that people were dressed in a way that reflected their own preferences. One person told us they liked having their hair done and they saw the hairdresser when needed.

People said staff were respectful towards them. One person told us about staff, "They always knock on the door when they bring me my coffee." We also saw staff had an understanding of each person's needs, and they adjusted how they spoke and supported people dependent on their needs. One person told us "I'm a very independent person." Staff we spoke with all confirmed the person preferred support to maintain their independence and described ways in which they helped the person. We saw staff offered support to people discreetly and maintained their dignity.

Staff we spoke with could explain to us how they understood people's human rights. One staff member advised us it was about ensuring staff used the appropriate language to support people so people's dignity was not compromised. Staff gave us examples of appropriate language they used to support people's dignity.

We saw a number of relatives visit their family members at the home throughout the day. One person told us their relative visited and they preferred to remain in the bedroom and chat to them. Another relative told us they visited weekly and could choose to sit with their family member wherever they chose to in the home. People and their families told us they visited whenever they needed to and felt welcomed by staff at the home.

Is the service responsive?

Our findings

At our previous inspection in February 2015, we rated this section as Good. At this inspection we found the home remained Good.

People we spoke with told us they liked and enjoyed spending time with the activity co-ordinator. They spoke positively about some of the interests they were supported to pursue. One person told us they enjoyed going for local walks. Another person was supported to go shopping and they described some of the things they enjoyed buying. People we spoke with told us there were opportunities for them to take part in things that interested them. The activity co-ordinator told us she built up a personal profile for each person so she could understand their background and about their personal interests. Where people were not able to communicate for themselves, relatives were consulted and photos of the person were reviewed to give some background on the person. The activity told us she did this so that she could help support people with activities that were individual to each person.

During the inspection we saw a religious service take place for people seeking spiritual support. We saw staff support people that wanted to attend move from one lounge to another and sit with them. Other people who preferred not to attend took part in other activities. People told us when they asked staff for things, staff responded. One person told us they had asked for the radiator in their bedroom to be fixed and this had been attended to by the maintenance person and their room was regularly checked to ensure everything was in a working order.

We also saw an occasion when a person's care needs had changed and staff were working with social workers and family members to identify alternative care because the person's needs had deteriorated and more suitable care was needed for the person. Another person told us about how their needs had changed over a period of years and that staff were always mindful of their needs and adapting to their changing care needs. Three care plans we reviewed detailed how people's care needs were reviewed and modifications made where necessary to better reflect people's changing care needs.

We reviewed how the registered provider sought the views of people and families about the service at the home. We reviewed minutes of meetings and saw there was a regular opportunity for people to contribute what they thought about the home. We also saw questionnaires people and their families completed and the feedback was positive. The registered manager told us she was now working on a "You asked, we did" board so that people could see what had been changed as a consequence of their requests.

People and their families told us they understood how to complain if necessary. They told us they knew that they could speak with the registered manager. One person told us they had been unhappy with something and had spoken with the manager and were now working with the manager to come to a mutually agreeable solution. We reviewed the complaints folder and saw that some family members had submitted complaints. Where complaints had been submitted, copies had been sent to the registered provider to investigate. We saw where appropriate, a resolution had been reached and any learning was shared with staff so that further complaints were minimised.

Is the service well-led?

Our findings

At our previous inspection in February 2015, we rated this section as Good. At this inspection we found the home remained Good in this section.

The registered manager had been at the home for approximately 12 months at the time of the inspection and had replaced a registered manager who had been there for a significant number of years. A number of key staff had also left the home and new staff had joined. The registered manager was working with staff to try and develop new ways of working.

The registered manager told us they were working with staff to change the culture within the home so she could establish systems that best reflected her understanding of the registered provider's expectations. The registered manager acknowledged some systems within the home were still being reviewed. We reviewed three care plans and saw that two of the care plans had been revamped to better reflect people's background and preferences as the registered manager understood they needed improving. We also saw that the registered manager was reviewing how people were served meals so people's experience was consistent throughout the home.

The registered manager together with the operations manager described how the period of transition from one style of management to another had been difficult for some people and staff. The previous manager had been there for a significant period of time and staff had had a friendly relationship with the manager. The registered manager was working on a number of initiatives with staff to improve teamwork and people's involvement in the home. People and staff from the home had recently completed a walk in aid of Alzheimer's week to improve teamwork and raise people's understanding of Alzheimer's disease.

People said they knew the registered manager and could speak with her if needed. A relative we spoke with told us, "If I want to know anything I speak with [Registered manager]." People and relatives felt able to approach and speak with the registered manager about issues that were important to them. People and their families felt confident that the home was being well run and that they could discuss people's care needs in order to make adjustments where needed. We saw on a number of occasions the registered manager join staff in providing care for people and sitting and chatting with people.

Staff described enjoying work at the home. One staff member told us about working at the home, "It's good...the staff are lovely." Staff told us the communication within the staff team was good and they could speak with the registered manager and operations manager if needed for help and guidance. We also saw in the minutes of a recent staff meeting the registered provider had attended to meet with staff and understand any concerns they may have and staff had responded positively to this.

Staff described the registered manager as fair and approachable. They were able to approach her and discuss people's specific care needs. The registered manager regularly reviewed people's care and was able to demonstrate a detailed knowledge of people's care. They were able to describe what was planned for people's care as well as their personal interests and who was involved in their care.

We reviewed how the registered manager assured herself of the quality of care being delivered in the home and saw there were a number of systems in place to aid her. We saw work was ongoing in terms of ensuring people and their families contributed to the care planning process and care plans were updated. We also saw a number of monthly reviews took place that included people's medicines, the environment and the equipment people needed in order to ensure people care needs were up to date. Regular updates were also sent to the registered provider's management team so they understood how care was being delivered at the home. Where any concerns had been identified, either through complaints or from other intelligence, the registered provider also undertook their own checks at the home to investigate the concerns and assure themselves.