

Redcliffe House Limited

The Cedars

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 November 2014 and was unannounced. When we last inspected the service in October 2013, the provider was meeting all expectations.

The Cedars provides accommodation and care for up to seven young adults with learning disabilities and autism spectrum disorders. There were six people living there when we visited.

There was a registered manager at the home. 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.

There were enough staff to keep people safe and the staff were aware of their responsibility to protect people from harm or abuse. Although there was a system to assess risks to safety had most had been assessed, some action was still needed to ensure all people were protected from all risks to their safety and took all their medicines as prescribed.

Summary of findings

Staff received regular training and knew how to manage people's individual needs. Any important changes in people's needs were passed on to all staff when they started their shifts, so that they all knew the up to date information.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and applications for DoLS had been made appropriately. Staff gained consent from people whenever they could and, where people lacked mental capacity, we saw that arrangements were in place for staff to act in their best interests.

Staff were kind and helped people to keep in contact with their families. People's privacy and dignity were respected.

People's individual needs had been assessed and full clear plans were specific to people as individuals. Staff were knowledgeable about how to respond to people's individual likes and interests. Staff assisted people to take part in appropriate daily activities and holidays.

Overall, the service was well-led and plans were in place to continuously develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe as some action was needed with respect to a risk affecting two people.

There were enough appropriate staff available at all times and people were protected by the staff in the way they provided individual care and support.

Medicines were managed well and immediate action was taken if any errors were discovered.

Requires Improvement



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate training. The staff were knowledgeable about individual people's care and support needs.

People's mental capacity was assessed and their care was managed in line with current legislation and guidance.

People had appropriate food and drink and their individual health needs were met.

Good



Is the service caring?

The service was caring.

Staff were kind to people and treated them as individuals.

People were involved in planning their own care and were given choices at all times.

People's privacy and dignity were always respected and promoted

Good



Is the service responsive?

The service was responsive.

People's individual needs were planned for and met. Daily activities were provided in response to individual interests and preferences.

There were opportunities for people to express their views about the service and there was a clear complaints procedure.

Good



Is the service well-led?

The service was well led.

The management team encouraged openness throughout the service and all staff had opportunities to discuss their practice regularly.

The operations manager supported the registered manager, so that leadership was continually provided for staff.

Good



Summary of findings

Systems were in place for the provider to monitor and audit the quality of the service provided.	
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The Cedars

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 26 November 2014 and was unannounced. The inspection was carried out by one inspector. Before we visited we reviewed the information we held about the home. The operations manager had

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.

During our visit we spoke with five people living at home, four care staff, the operations manager and the registered manager. We observed care and support in shared areas. We reviewed some parts of the care plans for four people, the staff training and induction records for staff, five people's medicine records and the quality assurance audits that the registered manager completed

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot fully express their views by talking with us.

Is the service safe?

Our findings

People told us they felt safe living at the service. Two people specifically said they knew they could speak to the operations manager if they had any concerns about their safety in any way.

When we spoke with staff on duty, they could identify the different types of abuse and knew how to report any concerns using the local safeguarding procedures. We found that all staff given training in safeguarding people by the operations manager. From the notifications of safeguarding we had received since the last inspection we found that all concerns were dealt with appropriately and action was taken if it was needed to keep people safe.

We had concerns about the risks to two people who were not wearing any footwear. One of these people was constantly walking around the ground floor and this included the kitchen and entrance areas. We saw there were some uneven flooring and, although there were no obvious current injuries to the person concerned, there was a risk of serious injury. When we checked the person's file and discussed this with the operations manager we found this specific risk had not been assessed. The staff were not aware of a system to regularly check the person's feet for injury, though they said they would notice if an injury occurred. We saw that other potential risks, such as individuals' general safety in the kitchen area, had been assessed. People were kept safe in the kitchen by the way staff all followed a system to ensure people were seated away from the cooking area to avoid scalding or burn injuries. The operations manager immediately started to individually assess the action needed in respect of the people who chose not to use footwear and we could see that action was taken to keep people safe in other respects.

We saw there were risk assessments that had been carried out to determine action needed to keep people safe whilst they were participating in their chosen activities. All staff followed the same specific plans in individual risk profiles to guide people and help them manage their behaviour by giving consistent responses. Staff told us of specific training they had received about the non-abusive psychological and physical interventions they should use to help people with needs relating to their behaviour and autism in order to keep everyone safe. This system avoided the use of physical restraint, though at times staff may need to walk very closely to a person to guide them away from harming

themselves or others. Mostly, they used the distraction of meaningful activities and a consistency of language that people understood. This was sufficient to avoid injuries from distressed behaviour.

A fire officer had visited the premises a week before our visit and was satisfied that people would be as safe as possible in the event of a fire, as there were plans in place to keep people safe by the use of fire doors and personal evacuation plans to be used if needed.

There were safe recruitment and selection processes in place. The staff told us checks had been carried out before they first started work at the home and references had been produced to show they were appropriate for the work. The operations manager showed us some records which confirmed the recruitment process ensured all the required checks were completed before staff began work.

We saw that those who needed individual attention received it. One person had a member of staff close to them at all times and others had one to one attention most of the time or for specific activities. We saw that people had sufficient staff with them to access the community safely as well as activities within the home. One person who had a member of staff constantly by their side smiled in agreement that it helped them to feel safe to have a staff member constantly with them. Another person said, "I go shopping with [name of staff]. They look after me and I feel safe." There were safe numbers of staff available to support people at all times and keep them safe. Staff told us that some staff were employed from another of the provider's services and that there were always enough staff allocated to keep people safe. The operations manager told us there were always two staff at night with one being based on each floor to ensure people were safe. One person told us there was always a member of staff available if they needed anything in the night.

We checked the arrangements for people to receive their medicines as prescribed by a doctor.

We saw that staff looked after all the prescribed medicines and gave them to people at specific times. There was a locked cupboard for this purpose. The operations manager told us staff sometimes had to be reminded to initial the medicine administration record (MAR) chart. We found the registered manager had ensured appropriate action was taken with increased checks on records and all those we

Is the service safe?

saw were initialled by two members of staff for each medicine taken. A senior member of staff was allocated to check the MARs were all in order and was responsible for ordering medicines as needed.

During our visit a member of staff discovered one tablet on someone's bedroom floor. Another member of staff made a note in the staff handover book to remind staff to stay with

people and ensure the medicines were taken appropriately. We also discussed this with the registered manager and the operations manager and they confirmed they would ensure all staff were informed so that all people always received their medicines safely. This showed that immediate action was taken if any errors were discovered.

Is the service effective?

Our findings

We observed the way staff worked with people at The Cedars and saw that staff actively listened to people and knew how to communicate in an effective manner. For some people this was with indirect speech and others needed gestures and signs to support the spoken word. Staff told us they had seen up to date written information about the individuals they were supporting and that there was always a handover meeting at the beginning of their shift so that all information was passed on to them.

A training coordinator was employed at the service and told us of a range of appropriate training given to all staff. There was a colour coded matrix form so that it was easy to keep track of training needed by particular staff. From this we could see that staff were up to date with their training and any needed soon was planned in advance. They had a mixture of workbook and classroom training. The registered manager told us that that all staff received specific training to meet the needs of people at the service and this included training in autism and positive behaviour management. A new autism awareness booklet provided through the National Autistic Society, was available for all staff. The National Autistic Society had recently inspected the care provided and gave positive feedback. This society was regularly consulted for guidance and support. The National Autistic Society is a specialist organisation and also provides information and support for individual people with autism and their families.

Staff told us they felt they had received sufficient initial training and support to enable them to carry out their roles and meet people's individual needs effectively. They described all their training as well organised as it was always clear which subject they needed refresher training in next. They said they enjoyed sharing ideas with the managers and other staff in meetings, so that they could meet people's individual needs. Staff confirmed they were regularly supervised by the registered manager or operations manager and could approach either of them at any time if additional support was needed. They had an appraisal meeting to discuss their progress and review their knowledge and training needs every 12 months. There were records of these and a system to remind the managers when the next supervision and appraisal meetings were needed for each of the staff.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority for DoLS where needed and these had been authorised appropriately. We saw that the conditions of these orders were being followed in full for those we checked. This meant that staff were lawfully authorised to restrict people's freedom by fully supervising them to keep them safe. At times it meant people were supported by two staff to ensure they did not harm themselves or other people, but staff said they would always support people in the least restrictive way they could. We saw written records of the way staff consulted other professionals and a multi-disciplinary review meeting was taking place to discuss the support needed for one person on the day we visited.

We saw that staff gained consent from people whenever they could and offered choices. Arrangements were in place for staff to act in people's best interests when they lacked the mental capacity to make certain decisions and staff gave guidance, for example, about what to buy. Care plans gave clear narrative instructions about how to support people with decisions and to help them manage their anxieties. When out in the community, staff were instructed to guide certain people using a 'one arm wrap' restraint and this ensured firm support for people when they were walking in public areas. Staff all knew how to do this in the same way, so they were providing consistent support to people. This type of restraint was authorized with the DoLS.

We saw that care plans were written with people as far as possible and this included food choices. One person's plan stated, "I used to weigh myself on a regular basis. I need staff to help me purchase healthy foods so I have options to choose." Another one had been written for someone, in their best interest and stated, "dieting, needs full support – will take others' food and drinks." There were pathways and steps of action for staff to follow to help the person manage this behaviour. Clear instruction was given to staff in the plan to guide the person away from other people's food and say "No" firmly. We saw staff successfully following this in practice to provide effective care.

There were plenty of options for people to choose their own individual meals and, in addition, each person had a

Is the service effective?

separate store of their favourite snacks. We saw that staff followed food hygiene safety and the environmental health officer had recently awarded a five star food hygiene certificate.

Staff were aware of current plans to meet person's health needs. We saw records of staff attending health

appointments with people and there were reports of various health and social care professionals being consulted. The operations manager told us they were frequently involved in discussion with other professionals and made notes of the all advice given to ensure support was given effectively.

Is the service caring?

Our findings

We observed that staff spoke sensitively to people. One person told us, “Staff help me” and another said, “They are nice and kind to me.”

We observed staff sitting with people and talking with them at various times during the day. We heard staff using people’s preferred names at all times. Communication was at the person’s own pace and focused on what the person was doing or on their interests. There were plenty of smiles and positive comments to show the staff were caring. We saw that that staff patiently gave extra time for people to make choices and respond.

All the staff we spoke with were keen to support people to reach their goals and have a positive quality of life. Though their positive they knew people’s individual interests and helped to develop these. For example, one of the staff had arranged a special surprise evening out for one person as they knew it would make them really happy.

One person told us, “I can choose when to go to bed.” Staff told us there were often two people who chose to stay up late. Staff said, “We talk to them until they are ready to go to bed.”

Senior staff told us that they discussed the individual plans with people in the way each person would understand and

also discussed any changes that might be needed. The registered manager told us that family members were encouraged to participate in the support planning and also said, “In order for some service users to have quality time with their family, it is necessary for them to have the support of staff. This is never a problem and staff provide support for family visits and days out as and when requested.” One person told us of a regular weekly visit to a family member and staff told us about how they supported people with regular telephone calls.

There were review meetings at least once a year for each person and they attended as much of the meeting as they wanted to. We saw records of these meetings that included the person’s family members and social workers. There was information about independent advocates being available when needed.

Staff told us all their training included respecting people’s dignity at all times. One of the care staff said “If they’re not dressed we ask them to cover up in the lounge.” We saw one person was covered with a blanket. Staff told us that when they needed to assist people with bathing they made sure they used towels to cover people as well as to dry them, so that dignity was maintained.

There were secure cupboards for care plans and other personal records so that people’s private information was protected.

Is the service responsive?

Our findings

Staff were fully aware of people's individual preferences. We saw from a sample of care plans that all individual needs were assessed and full clear plans were specific to people as individuals. They provided staff with information on how to meet people's individual needs. We saw that the care plans had been reviewed on a regular basis and updated when people's needs changed. Staff told us they discussed the plans with people and one person said that they talked to staff about their interests and how they wanted to be supported to do things.

Two people showed us their bedrooms and we saw that, with support from staff, they had made them personal to reflect their own individual interests. One person was enjoying listening to music and another person told us about going out shopping for specific things to add to their specialist collection.

Staff told us they always listened and acted upon requests people made. One person told us they liked going to a disco at another home once a week and said that everyone that went enjoyed it. One person told us about going to the

theatre. Staff said that each person went on holiday every year to a destination of their own choice and that this was fully funded by the provider company. Various days out were also organised according to people's choices. People could also stay in the security of their own home if that was what they chose to do. There was a daily activity plan for each person and this was used as a guide, but people were still given choices at the time. We observed one person who chose to stay at home instead of going for a walk, as stated on the plan, but was supported individually by a member of staff throughout the day in meaningful conversation.

Two people told us they knew they could speak to the registered manager if they had any concerns about anything, but they also had their preferred staff to tell. One person requested to speak to a member of staff about their concerns about interruptions from other people at night and the operations manager had made arrangements with night staff about the action needed. There was a clear complaints procedure and, in a management file, we saw a record had been kept about the action taken following the last written complaint. The person that made the complaint was satisfied with the outcome.

Is the service well-led?

Our findings

There were monthly staff meetings to discuss strategies and update staff. These were attended by both the registered manager and operations manager when they were both available. Staff told us that both these managers were easily approachable and that both were very knowledgeable about the specific care needed for people living in the home. The managers told us they were, “Committed to providing a caring service that is service user focussed and supportive to its staff team.” They told us they welcomed the opinions of staff and encouraged open discussion. They said they had an ‘open door policy’, which meant they welcomed discussion with all people that used the service and their representatives as well as staff.

The managers regularly observed practice in the home and they attended forums and workshops to keep themselves updated with best practice. The staff we spoke with understood the provider’s values of focussing on individual needs and knew what was expected of them. During our observations and discussions with staff, it was clear the staff provided care and support in a way that ensured people were treated individually with compassion, respect and dignity at all times.

There had been regular monthly visits from the director of the provider company. At other times the managers were in regular contact with the director, who was experienced in providing social care and accommodation and took an interest in the development of individuals living at The Cedars. We saw there were plans to make some structural changes to improve facilities and include a dedicated sensory room to develop in the way they met people’s needs.

All areas of the day to day running of the service were checked regularly by the registered manager or the operations manager. There were also arrangements for two staff to check twice each day that medicines were in order and that the money held for people was all correct. We saw this taking place. We also saw records of checks carried out in the kitchen, infection control checks and the premises maintenance record book. Staff had clearly noted when certain repairs were needed and we saw that repairs were carried out, but the managers were aware that they needed to make sure the person carrying out the repair noted the date it was completed. Other records were all up to date and the operations manager checked through the daily records kept of each person’s progress. This showed that the quality of the service was being monitored.

The managers had notified us of the incidents that they were required by law to tell us about, such as accidents, injuries and other concerns. We were able to see, from people’s records, that positive actions were taken to learn from incidents. For example, they had reviewed risk assessments to reduce the risks of particular incidents happening again and make sure that people were safe.

We received full information about the service in the Provider Information Return (PIR) and this showed they consulted current guidance and were aware of the appropriate laws. They were accredited by the National Autistic Society and worked with them to improve the quality of services for people with autism. Continuous self-examination was a key part of this. Overall, the service was well-led and we saw that the registered manager and operations manager were keen to continue to develop the service in order to meet the individual needs of the people they accommodated.