Mancroft Healthcare Limited

Redhouse

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

Our inspection was unannounced and took place on 13 September 2016. Our last inspection of the service took place on 4 December 2013 and the provider was compliant in all of the areas inspected.

Redhouse is registered to provide accommodation and personal care to a maximum of four people with learning disabilities. At the time of our inspection, there were four people living at the service.

There was a registered manager in post. 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 report concerns of abuse and how to manage risk to keep people safe.

There were sufficient numbers of staff available for people and staff employed had undergone checks to ensure they were safe to work.

People were supported with their medication by staff who had received training in how to provide this support safely.

Staff had access to on-going training and supervision to ensure they had the skills and knowledge required to support people effectively.

People had their rights upheld in line with the Mental Capacity Act 2005. People were supported to have enough to eat and drink and where required people had been supported to access healthcare services.

Staff were kind and treated people with dignity. People were encouraged to maintain their independence where possible and were given information on how they can access advocacy services.

People were involved in the assessment and review of their care. Staff knew people's preferences with regards to their care and people had been informed on how they could make a complaint if they wished.

People knew the registered manager and staff told us they felt supported by the management team.

There were systems in place to monitor the quality of the service and to gather feedback from people on their experience 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 was safe.

Staff understood how to manage risks and to report any concerns about abuse.

There were sufficient numbers of staff available for people and staff had completed checks prior to starting work to ensure they were safe to work.

People received their medication in a safe way.

Is the service effective?

Good

The service was effective.

Staff received on-going training and supervision to ensure they had the knowledge required to support people.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported to have enough to eat and drink and access healthcare services where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and treated them with dignity.

People were encouraged to maintain their independence where possible.

People were provided with information on how they could access advocacy services.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and review of their care and staff knew people's needs well.

There were a variety of activities available for people.

People had been informed on how they could complain if they had a need too.

Is the service well-led?

Good

The service was well-led.

People knew the registered manager and staff told us they received support when needed.

There were systems in place to monitor the quality of the service.

People were encouraged to provide feedback on their experience of the service.

Redhouse

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 13 September 2016 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 by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with two people, one relative, two members of care staff, the registered manager and the provider. We looked at four people's care records, medication records for four people, staff recruitment and training files and quality assurance audits completed.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "Yes. I am safe and like it here". Another person nodded when asked if they felt safe and told us, "I like it here".

Staff we spoke with understood how to identify abuse and knew the actions they should take if they suspected someone was at risk of harm. One member of staff told us, "I would go straight to [registered manager's name] or [provider's name] and they would then go through the necessary channels". Staff told us they received training in how to safeguard people from abuse and records we looked at confirmed this. We saw that no safeguarding concerns had been reported but the registered manager had a clear understanding of the process and the actions they would need to take to keep people safe in the event that concerns were raised.

People were supported to manage risks to keep them safe. Staff we spoke with had a good understanding of the risks posed to people and how they could support people to manage these. For example, some people living at the home could display behaviours that challenge. Staff we spoke with were able to explain the action they take to ensure people are safe when these situations arose. This included; acting in a calm way, taking the person out of the distressing situation and talking to the person. Staff were aware of how to manage risks in other ways and we saw that staff ensured people had the required mobility aids when going outside and that people wore gloves and aprons when using cleaning materials. The provider told us in their Provider Information Return (PIR) that risk assessments were undertaken to prevent risk of accidents and we saw that these had been completed. The risks assessments were individual to the person and covered areas such as how to manage specific health conditions, mobility and medication. Where accidents and incidents occurred, we saw that a record was kept of the actions taken to reduce the risk of the incident reoccurring.

Staff told us that prior to starting work, they were required to provide references and complete a check with the Disclosure and Barring Service (DBS). The DBS would show if someone had a criminal record or had been barred from working with adults. Records we looked at confirmed these recruitment checks took place. We could not see that systems were in place to ensure staff were safe to work where convictions were declared on their DBS check. We spoke with the registered manager and the provider about this. The provider explained the actions they took when DBS check's showed that staff had previous convictions. This included; holding a meeting with the staff member to get further information, speaking to the staff member's referees for extra feedback, and then observing them at work closely for a period of time. Staff then were required to complete annual declarations to ensure that no further convictions had occurred. We saw these declarations were in place. The provider informed us that risk assessments would be implemented for any staff who required one straightaway.

People told us there were enough staff to meet their needs. One person told us, "There is staff if I need them, they are all my mates". Both people we spoke with confirmed that staff responded in a timely manner if they required support. Staff we spoke with also felt there were enough staff and did not feel rushed when supporting people. One member of staff told us, "There is always two staff and that is enough. We trialled

three staff but it was too much for [the people living at the home] so we went back to two and everyone is happier with this". We saw that there were enough staff available to meet people's needs and that where people needed support; this was provided in a timely way.

People we spoke with were happy with the support they received with their medication. One person told us, "I have [tablet's name] and staff help me if I need it". Staff told us that before they were able to support people with their medication, they had to complete training in how to do this safely and then had ongoing observations and assessments to ensure they remained competent in doing this. One member of staff told us, "We get observed giving medication yearly. There are also five practical assessments we have to complete". We saw that where people had medication on an 'as and when required' basis, there was guidance in place informing staff of when these should be given. This ensured that any 'as and when required' medication was given in a consistent way. We saw that where people required creams applying, body maps were in place to show staff where these need to be applied to ensure that these were only ever applied in the correct area. We saw that staff completed medication administration records (MAR) when giving medication. We looked at four medication records and saw that the amount of tablets available corresponded to the amount documented on the MAR as being available. This meant that people had received their medication as prescribed and an accurate record of this was being kept.

Good

Is the service effective?

Our findings

Staff told us that prior to starting work, they had been required to complete an induction to introduce them to the role. The induction involved completing training and shadowing a more experienced member of staff. One member of staff told us, "Induction was over seven days. It was a lot of reading and I did shadowing". All staff we spoke with felt the induction equipped them with the knowledge they needed to support people. One staff member said, "It [the induction] equipped me for the role and they [the provider] encouraged me to spend time with people and staff and ask questions so after all that, I was pretty confident".

We saw that staff had access to ongoing training to ensure they could support people effectively. Staff told us they felt this provided them with the knowledge they needed. One staff member said, "The training is good and well put together". Records we looked at confirmed that staff had all received training relevant to their role. We saw that some additional training was provided in areas that were specific to people's individual needs; for example, Epilepsy and behaviours that can challenge. However, not all staff had received training in these areas. The provider had told us in their Provider Information Return (PIR) and the registered manager confirmed that this had been identified as an area for further improvement and they were looking to provide this training to all staff when this becomes available.

Staff told us they had regular supervisions with the registered manager where they could discuss their learning and development and request further training. One member of staff told us, "As part of our supervision, we are asked if we want any extra training or support". Records we looked at confirmed these discussions took place.

There were effective communication systems in place to ensure that staff had access to the information they needed to support people. One member of staff told us, "I am kept up to date through our handover meetings and we have a communication book where staff will leave messages for each other. It is effective in making sure I know what is going on". We saw that the handover records ensured that staff starting their shift were given the up to date information about people that they required in order to support people.

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. 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. People told us that staff sought their consent before supporting them. One person answered, "Yes" when asked if staff asked their permission. Staff we spoke with understood the principles of the MCA and could explain how they support people to make their own decisions. One member of staff told us, "I support people to make decisions by leaving things up to them. I will give choices and always ask first". Staff gave examples of how they support

people who may not be able to give verbal consent. One staff member said, "For [person's name], I will always show them the options to allow them to make a choice". Records we looked at confirmed that staff had received training in the MCA and we saw staff encouraging people to make their own decisions.

We saw that some people living at the home had a DoLS authorisation in place. Staff we spoke with had received training in DoLS, knew who had an authorisation in place and how they needed to support people in line with the conditions of their DoLS. Records we looked at gave staff detailed information about the person's DoLS, what this was for and what staff should do to support the person.

People told us they were happy with the meals they were provided with. One person told us, "The food is nice". Both people we spoke with confirmed that they were given choices of what they would like to eat. Staff told us how they involve people in planning meals. One member of staff said, "Every Friday, we sit and do a shopping list with the people [who live at the home]". People we spoke with confirmed this and told us they went with staff to shop for food so that they could choose their own meals. Whilst there was no set menu in place, people and staff told us that they chose each day what they would like to eat based on the activities they did that day. For example, on days where people have been to their exercise class, they will eat something light such as salad. Staff understood people's likes and dislikes as well as any specific dietary needs they had and this corresponded with the information given in people's care records. We saw that people were supported by staff to monitor their weight to ensure that they maintained a healthy diet. We saw that one person had been supported to lose weight through healthy eating and was experiencing positive health outcomes as a result.

People we spoke with confirmed they were supported to access healthcare services to maintain their well-being. One person we spoke with nodded when asked if the staff support them to go to the GP and another person gestured to their arm to tell us about blood tests they had recently had. Staff we spoke with told us they supported people to access a variety of healthcare services including; opticians, dental appointments and annual wellbeing health checks. Records we looked at confirmed these checks took place and that all people had health action plans in place. A health action plan is gives information about things people can do to remain healthy.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. One person told us, "Staff are nice". Another person said, "I like [staff member's name]. They are nice to me". Staff spoke about people in a caring way. One member of staff told us, "I make sure we run the home around people's needs and what they want and choose. It is not about what we [the staff] need". We saw that staff had developed friendly relationships with people and that people were relaxed around the staff.

People told us they felt involved in their care. People told us they were given choices about what they would like to do each day, what time they got up and what they would like to wear. Staff we spoke with told us how they promoted choice. One member of staff told us, "We ensure we explain things fully and in a way that people understand to support them in being involved". We saw that this was the case and that staff offered people choices. One staff member said, "We have monthly house meetings and encourage people to be involved as much as possible in decisions". We looked at records held and saw that these meetings took place and that people were supported to make decisions about things that happen around the home. For example, we saw that people discussed day trips and that where one person had asked for a specific activity, this was then provided for everyone who wished to be involved. People signed the minutes of their meetings to say they had agreed with the actions noted.

People were treated with dignity. We saw that staff spoke with people in a respectful way; referring to people by their preferred names and knocked on people's doors before entering their room. Staff we spoke with were able to explain how they ensure they treat people with dignity. One member of staff told us, "We ensure that we give choices, knock doors before entering and try to see things from their point of view". People told us they were given privacy when they requested this and we saw this was the case. People were supported to have their own room keys to ensure they could have privacy and where people had visitors, we saw that staff left people alone to spend time together.

The provider told us in their Provider Information Return (PIR) that people were supported to maintain their independence where possible and we saw that this was the case. One member of staff told us, "I encourage independence by saying 'would you like to have a go at this?' and then give them a choice about being involved". Another member of staff told us that they encouraged one person to go out independently. The staff member said, "[person's name] likes to go out on their own and we encourage them to do this". We saw people being supported to be independent and saw that people were cleaning their own rooms, hoovering communal areas and putting clothes away independently.

No one currently living at the home required the use of advocacy services. However, we saw that information was displayed in each person's room informing people of how advocacy services could help them and how they can access this service if they choose. This information had been provided in an easy-read format to support people's understanding. We spoke with the registered manager who had a good understanding of when advocates may be required and how they would be able to refer people to this service.

Good

Is the service responsive?

Our findings

Prior to moving into the home, people were supported to be involved in an assessment to ensure that the staff could meet their identified needs. The assessment looked at the person's health needs, how they communicate and their likes and dislikes. Records we looked at confirmed these assessments took place. People told us they were supported to be involved in reviews of their care. One person answered, "Yes", when asked if staff had sat and asked them if they were happy with your care. We saw that each person had an allocated member of staff who would sit with them and ask about any changes in the person's wellbeing, support needs and any concerns they may have as part of the review of their care. We saw that these meetings took place every two months. Records we looked at confirmed that people had their care needs reviewed and that any changes to people's needs had been reflected in the records.

Staff we spoke with knew people well. Staff could explain people's likes, dislikes and preferences with regards to their care. For example, we saw that some people were unable to verbally communicate and used gestures to communicate their needs. We saw that staff had a good understanding of what each gesture meant for the person and so was able to communicate effectively with them. We saw that this had a positive impact on the person who displayed a smile and began to laugh when staff repeated what the person had signed. Records we looked at held personalised information about people including the food they like to eat, how they like their personal care delivered and how they prefer to communicate.

People were enthusiastic about the activities they took part in. One person told us, "I get to go out every day". Another person said, "I like to go to Wolverhampton and I go to the pub". People told us about the regular activities they enjoyed that included; bowling, going to a local disco and joining an athletics class. Staff told us that while some activities were set depending on the days the activity was available, they support people to decide daily what activity they would like to take part in. We saw that people went out gift shopping for a person whose birthday was upcoming. One person chose to return home as they had visitors but others spent the day shopping and went out for lunch. We saw that in addition to the daily activities, day trips were planned for people to join in with. People had recently been on a boat trip and had booked to go to a superhero event later in the year.

People told us they knew who to go to if they wished to make a complaint. One person told us, "I would tell [registered manager's name] or [provider's name] if I had a problem". We saw that information was provided to people in their rooms informing them of how they can complain if they wish. This information was provided in an easy read format to support people's understanding. We looked at records held on complaints and saw that no formal complaints had been made.

Good

Is the service well-led?

Our findings

People told us that they knew the registered manager and the provider well. One person told us, "I see [registered manager's name] a lot. She is nice to me". Another person said, "[provider's name] is nice". We saw that the registered manager had a visible presence around the home. It was clear that people knew her and that they were comfortable in her company.

Staff we spoke with understood their role and responsibilities and felt supported by the registered manager. One staff member told us, "I 100 per cent have enough support. I have [registered manager's name] with me most days. We know the management hierarchy but it is invisible as the registered manager gets involved and does things with us". Another member of staff said, "Yes, I do feel supported". Staff told us they had chance to gain support from the registered manager daily in handover, and that if support was required outside of office hours, then there was always a manager available via telephone. One member of staff said, "We have an on call system. It is all marked down on the rota who we can call [if we need support]. There is always a manager available".

We saw that there was an open culture at the home and that staff felt comfortable with raising issues and knew how to whistle blow if required. One member of staff told us, "I can raise any problems and I know it would get acted upon". Another member of staff said, "If I wasn't able to go to the registered manager [with a concern], I would go to the police, the local authority or Care Quality Commission. The information on how I can do this is displayed on the wall". We saw that the registered manager understood their legal obligation to notify us of incidents that occur at the service and had notified us of events appropriately. We asked the provider to complete 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. The provider had completed and returned their PIR to us and our findings reflected the information they had provided.

We saw that there were systems in place to monitor the quality of the service. The registered manager completed audits in areas including; medication, the safety of the premises and accidents and incidents. We saw that where areas for improvement had been identified as part of these audits, action was taken in a timely way to address this. The registered manager informed us that they invite managers from their sister home in to complete audits periodically with a view to ensuring that any issues are identified. The registered manager told us, "We ensure different managers come in to do the audits as it is good to have a fresh pair of eyes look at things and it reduces the risk of complacency". Records we looked at showed that these audits took place.

People were encouraged to provide feedback on their experience of the service via questionnaires. We saw that these were sent out annually and had also been sent out to relatives and other professionals involved with people. We looked at the responses received to the most recent questionnaire and saw that the feedback given was all positive. Comments received included, 'The staff support my relative very well' and 'The group of staff have a great relationship with people.' We spoke with the registered manager who told us that no analysis had been completed of the feedback due to the small number of responses; however, we

could see that individual comments made had been followed up where needed. For example, we saw that where a relative had commented about the activities offered; the registered manager had taken action to address this and invited the relative to a review of their family members care to discuss their concerns. We saw that this meeting took place and that actions were agreed with the relative resolve the issue.