Complete Care Services Limited

Redwood House

Inspection report

54 Sharpenhoe Road
Barton-le-Clay
Bedford
Bedfordshire
MK45 4SD

Tel: 01582881325
Website: www.completecare.org.uk

Date of inspection visit:
24 March 2016

Date of publication:
21 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 24 March 2016 and was unannounced.

Redwood House provides accommodation and support to up to seven people with a learning disability. At the time of the inspection there were six people living at the home.

The service has a registered manager. 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 happy living at the home. They were treated with compassion, respect and dignity. The service had a 'Dignity Champion'. People were encouraged to maintain their independence as far as was possible. People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm.

Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. People were assisted to maintain their interests, hobbies and religions. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. Staff were always available if people wished to raise concerns informally. People were encouraged to contribute to the development of the service and to develop links with the local community.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff had received regular supervision and had been effectively trained to meet people's individual needs. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA). They were caring and promoted people's privacy and dignity. Staff were encouraged to contribute to the development of the service, aware of their roles and responsibilities and understood the provider's visions and values.

The provider had quality monitoring processes in place and these had been used effectively to drive continuous improvements. People had no concerns about how care was provided or how the service was managed. There was good communication between the manager and staff, and this meant that they were able to deal quickly with any issues that arose.

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 had a good understanding of safeguarding and whistleblowing procedures to enable them to keep people safe.

Risk assessments were in place, were detailed and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Is the service effective?

Good

The service was effective.

Staff were well trained and were supported by regular supervision and appraisal.

People were involved in their food choices and their diets reflected their cultural requirements.

The requirements of the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their interests and hobbies and encouraged to try new activities and develop new skills.

People could raise concerns with any member of staff at any time. .

Comments and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The manager was supportive and approachable. People knew him and spoke with him frequently.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values.

Redwood House

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 24 March 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for someone with a learning disability.

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 also reviewed the information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people and three relatives of people who live at the home, three support workers and the registered manager. We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for two people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person told us, "I feel very safe here and there are no problems." One relative told us, "my [relative] is 100% safe and speaking from the heart we have 100% faith in all the staff." Another relative told us, "[Relative] is safe and well looked after." A third relative stated, "I believe [relative] is safe and I have no concerns."

The registered manager showed us the policy and procedures for the service. Policies were up to date and included ones for safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff told us that they were aware of the whistleblowing and safeguarding procedures and would not hesitate to use them should it be required. One member of staff said, "If I suspected abuse of any kind I would come to the manager and they would take it from there. I have numbers for the safeguarding team and the Care Quality Commission (CQC) and can speak to them freely. We do have whistleblowing numbers on the staff noticeboard and is visible at any time. I am not aware that it has been used though."

We saw that there were person centred risk management plans for each person who used the service. The risk assessment identified who the hazard posed a risk to, what the risk was and why it was a risk. The assessment went on to identify when the risk was likely to occur, details of the existing management plan or controls in place and an assessment as to whether these were still adequate. Where it had been determined that additional actions were required a plan had been produced that detailed the action required, the person who was to complete the action and the target date for this. One risk assessment we looked at concerned balancing the right of privacy with the duty of care when providing support to an individual to take a bath. Controls had been introduced to maintain verbal contact with the person every three minutes. Where these were appropriate we saw that there were risk assessments in place for behaviour that had a negative effect on other people and the various steps staff should take to de-escalate situations if they arose, such as distracting the person with another activity.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. There were also plans in place for the continued operation of the service in an emergency. These included assessments for the storage of hazardous substances, such as cleaning fluids, portable appliance testing (PAT) and fire risks. Fire alarms and emergency lighting were tested regularly. We saw that when the manager had identified that PAT was due during the monthly spot check in October 2015 the manager had taken immediate steps to have all appliances tested.

Accidents and incidents were recorded and the registered manager analysed the causes regularly to identify ways in which similar accidents or incidents could be prevented. We noted that most of the incidents recorded had been falls experienced by one individual. The registered manager told us that these were caused by a sensory condition that caused the person to lose their balance and treatment for the condition had reduced the occurrence of falls but had failed to totally prevent falls occurring.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the

people who used the service and the levels of support that had been identified within their needs assessments. The registered manager told us that staffing levels were flexible and depended upon what people wanted to do. Additional staff were brought in at times when people were busy or out and about in the community and required additional support. On the day of our inspection additional staff were on duty as a number of people were going out for a meal to celebrate someone's birthday. At night there were always two members of staff available to support people if required.

The provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered. The registered manager told us any gaps in the employment history on the application forms, such as were on the application forms that we reviewed, would be explored during the recruitment interview and the explanations for them documented.

Staff told us that they received regular training on the administration of medicines. Medicines were stored appropriately within a locked cupboard in a locked room in the home. The registered manager told us that there were no controlled drugs prescribed for people who lived at the home. We looked at the medicine administration records (MAR) for two people and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). When we carried out a reconciliation of the stock of medicines held for one individual against the records we found this to be correct. We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines.

Good

Is the service effective?

Our findings

People told us that the staff had the skills needed to support them effectively. One relative said, "The staff know what they are doing."

Staff received a full induction before they worked on their own with people and on-going training to improve their skills. One member of staff told us, "During my induction I was introduced to all of the staff and all of the clients individually. I spent time shadowing and observing. I was given the care plans to go through and understand and see how individual needs were met according to the care plans." They told us that this had given them the confidence and skills they needed to provide appropriate care and support to people.

Staff told us that they had regular refresher training on areas considered important by the provider, such as health and safety, food hygiene, infection control and medicines administration. The Registered Manager showed us the training spreadsheet which they used to monitor training. They told us all training was by face to face training sessions. We saw that a training session on fire safety had been held in January 2016 and safeguarding in February 2016. A full training programme was in place throughout the year. The service used external training providers, including the local council. Staff told us that the registered manager attended all the training sessions with them and that they were up to date with their training. The spreadsheet we had looked at confirmed this. One member of staff told us that the training made them look again at the way they delivered care to people.

Staff told us that they received regular supervision every six to eight weeks with the deputy manager. One member of staff told us, "We talk about if I have anything to raise; if there is anything I don't like; if I have noticed something about a client or have ideas on improving their care; if I want to improve or do any more training." They went on to tell us that they had asked for support to complete a level three diploma in social care and the provider had agreed to do this. They said that there was no appraisal system as everything was discussed during supervisions.

People were asked for their consent before support was given. One member of staff told us, "They have to consent to whatever we want to do." We saw that people or relatives on their behalf had signed to agree the support that was to be provided to them. One care plan included consent signed by the individual for the use of audio monitoring at night time so that they were not disturbed by regular checks. It also included signed consent for the use of restraint as a last resort should the person display behaviour that could have a negative effect on others and they failed to respond to other behaviour modification techniques.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA). 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 looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest following meetings at which they, their relatives and their support teams had been present. One care record we looked at included a decision by the authorising authority to refuse an application that had been made for DoLS. This was because the assessor had determined that the restrictions that were in place on the door to the home did not amount to a deprivation of the person's liberty. This demonstrated that the manager made applications where they thought this was appropriate.

People told us that they liked the food they were given. One person said, "The food is delicious here and I get choice. They give me extra food if I ask. Staff always help me [to eat] if I ask." Another person said, "The food is very nice here." People planned and, where able, helped to prepare their meals. One member of staff told us that people held a meeting every Monday to decide what they wanted to eat and the staff did the shopping on Wednesday. They said, "We get what they want and the staff, all of us, do the cooking. Lunch is normally a sandwich and they have a cooked meal in the evening."

The registered manager told us that pork products were not on the menu because people did not ask for them. However, if someone did ask for a meal that contained pork, such as a bacon sandwich, this would be prepared for them. One person did not eat pork for cultural reasons, another person did not eat beef. The registered manager told us that when a meal containing beef was on the menu this person would be provided with an alternative. People were supported to go shopping to buy snacks appropriate to their cultures and to go to restaurants that served Asian food.

Staff told us that people's weight was monitored on a monthly basis. Where there were concerns about people's diet or if they were seen to be losing weight staff told us they would refer this to the registered manager who would arrange for them to be seen by a GP. The registered manager told us that one person suffered from diabetes but that this was controlled by diet. The registered manager told us "[Name] knows what [they] can eat. We test [their] blood sugars weekly as instructed by the GP." The staff would be aware therefore of any deterioration in the control of the person's blood sugars and take the appropriate action.

We saw evidence that people had been supported to attend appointments with healthcare professionals. Each person had a 'Health Action Plan' which showed that they had an annual health check and review of their medicines. The plan showed that people had been supported to attend appointments with a range of health care professionals such as dentists, opticians and the District Nurse.

Good

Is the service caring?

Our findings

People told us that staff were kind and considerate of them. One person said, "The staff are kind and caring." Another person told us, "Yes I like the staff here. There are no problems." A relative told us, "[Relative] seems to be happy living here. I go every Sunday and all the staff are pleasant and helpful." Another relative said, "We are really happy with everything and staff are great."

We saw that the interaction between staff and people was caring and supportive. One member of staff told us, "We talk with clients all the time. Sometimes it is about general things and other times about what they like. One person likes football so we talk about that." Staff knew the people they supported and were able to tell us about their personal histories, likes and dislikes. Care records included a 'Needs at a Glance' document that contained a brief overview of information about the individual.

People were involved in decisions about how their support was delivered and told us that staff supported them to be as independent as possible. One person told us, "I help in the kitchen with the cleaning sometimes." A member of staff told us, "We keep them independent as much as possible. I ask what they want help with and do not interfere."

People told us that staff treated them with respect. When asked, one person said, "Show respect? Yes, of course they do." In a recent survey 85% of people agreed that staff always treated them with respect, the remaining 15% said that staff respected them 'sometimes'. We saw that people's privacy was maintained and staff knocked on doors and waited to be invited in. One member of staff told us, "I always knock first and wait for the person to tell me to come in."

Staff asked people for permission to speak with them and were able to explain to us ways in which people's dignity was maintained. These included ensuring doors and curtains were closed when people were being assisted with personal care and waiting outside the bathroom whilst someone had their bath. They told us that they would talk to the person through the door every three minutes to make sure they were okay. The registered manager showed us the 'Book of Champions' that had been produced by staff. Nominated individuals within the staff team were responsible for championing different aspects of care provision, including the promotion of dignity. The registered manager had been designated as the 'Dignity Champion' and had become a registered champion with the Dignity in Care organisation. They told us that service at the home was provided in accordance with the 10 'Dignity Do's. Records showed that during the latest staff meeting there had been an in-depth discussion on how individual's dignity could be promoted. This demonstrated that the staff were committed to this.

Staff told us of ways in which people's confidentiality was maintained and said that information about people would only be shared with other people who had the right to know it.

Information about the service and the provider's complaints policy was available in easy read format. Evidence within care records showed that people were supported to maintain their relationships with friends and family. The registered manager told us that friends and family could visit at any time and some

people went to stay with their families at regular intervals.

Good

Is the service responsive?

Our findings

People had a wide range of support needs which had been assessed before they moved into the home. People and their families were involved in deciding the level of support they needed and the plans that were put in place to provide this. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. One person told us, "Yes I see my care plan." Information from people's relatives and others who knew them well had been included when the plans were developed. We saw evidence that support plans had been regularly reviewed by people, staff and relatives. A relative told us, "I take part in the annual review. I am invited to come when the review is due." Another relative told us, "We always get updated about [relative] and staff even speak [language] to my mother as her English is not good."

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. We saw that people's plans were reviewed to ensure that the care provided continued to best meet their needs. For example, one support plan contained a protocol for managing a person's epilepsy and this had been evaluated every three months to ensure that it remained relevant. Staff told us that as a key worker they would check on people's well-being and that support plans and risk assessments reflected the care and support needs of the person.

People were encouraged to take part in activities to maintain their hobbies, interests, religion and culture. One member of staff told us that two people were supported to attend a mosque in accordance with their religious beliefs. During the inspection one person was being supported to do some art work. Each person had a chart that showed their daily activities in easy read format. Activities on one plan included drives out in the home's vehicle, bowling, attending a curry club once a week and walking to the local pub. Each week people completed transport training where they used various forms of public transport to access amenities in different local towns.

People told us that they would talk to the staff or the manager if they were not happy about anything. One person told us, "If I had problems I would talk to staff." Another person said, "I would talk to the deputy if I wasn't happy." A relative told us, "If I have got anything to say, I say it and it is dealt with. There has not been anything major." Another relative said, "The manager deals with any problems promptly and as far as I can tell everything seems fine." The provider had an up to date complaints policy which was available in an easy read format. This included details of agencies that people could refer to if they were unhappy about the way a complaint had been dealt with, including the Local Ombudsman.

People and staff were asked to complete a satisfaction survey on an annual basis. Of the responses that had been received in the most recent survey from people who used the service, 85% were totally positive about the service.

Good

Is the service well-led?

Our findings

People and staff told us that the registered manager was supportive and approachable. One person told us, "[Name] the manager is really nice. Everyone is nice here." Another person said, "The manager is very good." One member of staff told us that they felt very supported by the registered manager and said, "That's why I have stayed so long as the manager is brilliant." Another member of staff told us, "We have a very good manager. I don't think I have ever worked anywhere with a manager who helps us as much. If you don't know anything you just come and ask." A third member of staff said, "We have a good deputy and manager here. We are a good team and it's very well-led."

Staff told us that there were weekly meetings at which people were able to discuss things they wanted to change or activities that they would like and meetings for staff were held every two months. One member of staff told us, "[At meetings] We discuss ways in which we can improve the care here, anything that will improve care for the clients." The minutes from the last meeting with people who lived at the home showed that they had discussed menu planning, future outings and holidays. There had been an action plan devised following this meeting for staff to complete actions in connection with people's comments. Minutes of the most recent staff meeting showed that they had discussed the role of champions in the service and the 'Book of Champions' that had been produced. Staff had also discussed individual needs and the different ways in which these could be met, training, appraisals and the deprivation of liberty safeguards (DoLS). This showed that the provider involved both people and staff members in identifying ways in which the service could be developed and improved.

Staff were able to explain the visions and values of the service and understood their roles and responsibilities. One member of staff told us, "Our aim is to take care of the clients and help them to achieve the goals they have set themselves."

We saw that the provider was actively involved in the monitoring of the quality of the service. The provider undertook regular audits of the service. At the most recent audit in February 2016 the provider had spoken with two people who lived at the home, two members of staff, reviewed the care plans, training and supervision records and the environment. An action plan had been devised to address areas identified as requiring improvement. On the day of our inspection we saw that contractors were carrying out some of the actions identified within the plan.

The registered manager also carried out a range of audits to enable them to identify any areas in which systems or processes could be improved. These had included a review of the emergency contingency and business plan, support plans, medicines administration and infection control. They had produced action plans to monitor the progression of the identified improvements. In addition they also carried out monthly 'spot checks' of various areas.

We saw that when the local authority had carried out a recent audit of the service it had been rated as 'Excellent', achieving a score of 99.4% in the measures looked at.