

# Community Homes of Intensive Care and Education Limited

## Redlands

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Redlands is a residential care home providing accommodation and personal care and support for up to eight adults who have learning disabilities or autistic spectrum disorder. The accommodation is spread over two floors. There were seven people living in the home at the time of our inspection.

### People's experience of using this service and what we found

The service was not always safe.

We were not assured that people were protected from abuse as procedures needed to be tightened to ensure they were robust enough to keep people safe from harm.

The service was not always well-led. Staff spoke of a closed culture where they felt unable to raise concerns.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective as safeguarding concerns were not always reported or action taken to ensure people's safety.

We could not be assured that all notifications were sent to us as part of their registration.

Staff did not always feel supported by the previous management team however relatives we spoke with were happy with the service provided.

There had been no cases of COVID-19 at Redlands and staff were aware of infection control procedures to follow to keep people safe. However, some areas in the home needed redecoration.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Staff told us staffing levels had recently improved.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff working at the service understood people's needs and supported people in a personalised way

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 27 September 2018).

#### Why we inspected

We received concerns in relation to safeguarding people from abuse, lack of recording and staff not feeling supported. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can also see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redlands on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to failing to protect people from abuse and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Redlands

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by three inspectors.

#### Service and service type

Redlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection the service did not have a manager registered with the Care Quality Commission. However, suitable arrangements were in place to ensure safe management of the home. We received communication from the provider advising us a permanent manager had been recruited and they would be applying to become registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We observed care and support during the inspection by staff around the home. We spoke with five relatives about their experience of the care provided. We spoke with seven members of staff including the assistant regional director, interim manager and support staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional about their experience of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Before the inspection we were informed that some staff had been verbally aggressive to people and used unnecessary restraint on people using the service. The service had received allegations of abuse in December 2019 and as a result had investigated and some staff had been dismissed as a result of the investigation.
- Staff we spoke with told us they had received training in safeguarding and were aware of what to do if they had safeguarding concerns. However, most of the staff we spoke with informed us that they didn't feel concerns were always acted upon. One staff member said, "I was concerned about abuse with previous management [staff members names], however when an email was sent about the abuse [staff members names] were given leave and came back after a week. This just made me feel very uncomfortable and I was unable to ever whistle blow because I know that nothing would be done about it." Another staff member said, "I am perfectly aware of the issues which require notification for safeguarding. However, in the first instance we were advised to bring any concerns for the attention of the Home Manager; should he then peruse this is a matter for him. May I add, the majority of safeguarding issues were swept under the carpet and not reported."
- Before the inspection we received a notification of a police incident. This involved an agency worker using offensive and aggressive language to a person using the service. The agency worker was immediately dismissed and reported to the police and the person made safe. However, during the providers investigation they found out the same agency worker was involved in an incident before which staff had not reported due to the previous culture at the home.
- At the time of the inspection the registered manager had recently left the service and an interim manager was in place until the new manager was registered with the commission. We spoke with the assistant regional director about our concerns who said they were aware of recent concerns and had a meeting arranged with staff where they will discuss the reporting chain and discussing some scenarios with staff to get a broader view and they will be monitoring and acting where they have concerns. They had also investigated previous concerns raised.

We found no evidence that people had been harmed. However, failure to protect service users from abuse and improper treatment is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Safeguarding service users from abuse and improper treatment.

- During the inspection we observed positive interactions with people and the staff that support them, and

it was obvious that staff knew them well. All the staff we spoke with told us they enjoyed working with the people they supported and came across as caring and passionate. One staff member told us, "I have no concerns within the service at all. I feel like the home is fantastic all the staff we have are all amazing and we all work really well together as a team." Another staff member said, "I love my job, I love the fact that I am able to look after young vulnerable adults and able to make them happy on a day to day basis."

### Staffing and recruitment

- Relatives we spoke with felt there were enough staff. One relative told us, "Whenever we attend the service there are always plenty of staff dealing with the needs of the residents." Another relative said, "Absolutely, there's enough staff. I talk to my son almost every night, they put him on loud speaker so I can speak to them and to him and I can work with them and do my job as a parent from a distance."
- However, one relative told us, "During July and August there appears to have been a shortage of staff due to annual holidays. Also, two new residents have moved in. Due to lack of staff and more particularly drivers Redlands have been unable to facilitate home visits or taking residents out much."
- During the day of our inspection we observed the service was short of staff which meant people on one to one were not getting individual support. We were informed this was due to sickness and they had arranged for extra staff to come later in the morning.
- Staff we spoke with told us staffing had improved and that there were enough staff now, but not previously.
- The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people.
- We looked at the files for three staff including those most recently recruited. The staff files included evidence that pre-employment checks had been carried out, including employment histories, written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

### Assessing risk, safety monitoring and management

- Relatives told us they felt their loved ones were kept safe. One relative told us, "We feel our daughter is both physically and emotionally safe at Redlands. The house provides a safe and secure environment and staff listen and respond to any of our requests. For example, staff removed a fan from the bedroom after we expressed our concern that our daughter may throw it. Our daughter is made to feel secure and safe by the staff's warm and caring approach. Each resident is treated as an individual and their needs are assessed and met meaning that residents build a trusting relationship with staff."
- Another relative told us, "We always very re-assured with the safety of [person's name] in the Redlands setting. We believe wholeheartedly that [person's name] is safe, secure and happy at Redlands."
- When being shown around the home the laundry room was unlocked and the staff member showing us around said it was broken but we checked it throughout the rest of the inspection at various times and each time it was locked so there may have been some confusion about the laundry room door. This contained Control of Substances Hazardous to Health (COSHH) products, so it is important that it is kept locked.
- The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment were safe to use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

### Using medicines safely

- Relatives told us they were happy with medicines management. One relative told us, "I am happy that these are given in accordance with the prescribed amount. If any GP or professionals need to be contacted, I am happy that we would be informed immediately." Another relative said, "Our daughter's medication is



given exactly as prescribed and any queries staff have about medication are fed back to us promptly. Our daughter has not needed to see a GP while at the home."

- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. There were also effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. Homely remedies were available for people if required.
- Staff had received training for the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance. One staff member told us, "I feel very confident to administer medication and to make sure all the balance sheets are filled out correctly."
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

### Preventing and controlling infection

- The home was clean and tidy, and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- Staff we spoke with were aware of infection control procedures. One staff member told us, "Clean the house, use antibacterial spray, make sure the bedrooms are nice and clean every morning after personal care. Make sure we clean up after meal times." Another staff member said, "Using PPE, hand washing, hand sanitizer to be used after touching something."
- Some of the furniture and décor were worn in places. For example, there was a large rip on a sofa in the one of the lounges. Which would be an infection control risk as unable to clean probably. The provider were aware of the sofa and were in the process of arranging repairs and updating the home.
- During the inspection we observed staff wearing PPE to protect people and the provider had appropriate policies and procedures in place in relation to COVID-19 in line with government guidelines.

### Learning lessons when things go wrong

- Due to concerns raised by staff we could not be assured at the time of inspection that lessons had always be learnt when things go wrong.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a lack of positive leadership and guidance in the home which had led to a poor culture and care that was not person-centred and did not achieve good outcomes for people using the service.
- Staff were not always comfortable to report safeguarding concerns. For example, we asked one staff member if they understood the term 'whistle-blowing'? They told us, "Perfectly understand the process, I have never done this. The previous Home Manager would have not looked favourably and would attempt to alienate you from your work colleagues and make working at Redlands extremely uncomfortable." Another staff member said, "My whole experience was positive I loved working with the service users at Redlands. I just had bad relations with abusive staff."
- We asked staff about improvements that could be made. One staff member said, "Maybe just improve on taking reports of abuse with more investigation as I believe these people were the wrong people to have power over the house because it was hard to be the good working person when all your hard work is undone by a few abusive individuals."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We received mixed feedback about management. One relative told us, "It is difficult to say if staff understand their roles or to make any comments about training, but we assume some has been going on despite COVID. Obviously, a change in manager and deputy has implications for both staff and residents. Communications with the last manager were not great and we look forward to establishing a good relationship with the new manager."
- The management notified CQC of significant events and was aware of their responsibilities in line with the requirements of the provider's registration. However, records showed a serious injury involving a head injury which we were not informed about. Due to concerns raised by staff we could not be assured that all safeguarding and incidents were reported to us as part of the providers legal requirement.
- We spoke with a health professional about their view of the service. They informed us that they were concerned about timely reporting and making sure they're following incident reporting methods and processes so that it gives the local authority confidence that they are acting appropriately on any concerns and informing the relevant parties as well. As an example, they mentioned that often things are reported

almost casually such as in passing in an email to an individual social worker rather than following a consistent reporting process.

- Most of the staff we spoke with did not feel supported by previous management or involved in the service. One staff member told us, "Previous manager never gave feedback." Another staff member said, "We are currently awaiting the appointment of a new Home Manager, time will tell. However, I would just to mention that the recently appointed Deputy Manager has certainly made efforts to listen and understand any concerns."
- We spoke with the assistant regional director who assured us appropriate action has now been taken involving staff not following safeguarding procedures. The provider has carried out their own internal investigation and are working with the appropriate authorities and professionals to keep people safe from harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives we spoke with felt happy with the service and the staff at Redlands. One relative told us, "We are 100% happy with the service as a whole it is fantastic." Another relative said, "Our daughter generally seems happy at Redlands. Staff appear caring and conversant with what is going on with the residents." Another relative told us, "The care the staff provide is outstanding. The care is very person centred and delivered in a very caring way. Nothing has gone wrong, but I am confident that the manager/deputy manager would contact us to update us if this was the case."
- Other feedback included, "We are always made to feel welcome when we ring up or visit and there seems to be a pleasant atmosphere in the home. Due to COVID and lack of driver's residents are not able to access the community as they used to. Better use could be made of the garden and summer house which has been out of commission for some time."
- Relatives felt that the service kept them in touch. One relative told us, "The communication with us has been excellent and with other members of the family. They have listened to all our comments about our daughter's care and have incorporated them into her care plan. They have then followed this care plan so ensuring continuity of care. I am sure this has helped our daughter settle into her new home much quicker than expected and it is evident that she is very happy having fun and having all her needs met. Nothing has been too much trouble for the staff, and they have done everything possible to make our daughter's transition go as smoothly as possible for herself and us as a family."
- Regular communications had been sent to relatives to keep them informed of the latest guidance and procedures during the COVID-19 situation.
- The service also sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. One relative told us, "I have done a survey before. I'm always quite happy to do that because it helps systems, but I think at the time I gave them 10 out of 10 because I think they're great."
- We were provided copies of staff meetings minutes for January, March, April and May 2020. However most the staff we spoke with told us they had never attended a staff meeting. One staff member said, "Team meetings aren't held that often in all honesty. I feel like they need to be held more as they are really useful to speak up about anything." Staff meetings are an open forum amongst staff and are usually held to discuss concerns about people who used the service and to share best practice. Meetings can also be used to reinforce the values, vision and purpose of the service.

- The service worked in partnership with health and social professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Failure to protect service users from abuse and improper treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were either not in place or robust enough to demonstrate safety was effectively managed.