Welmede Housing Association Limited

Red Houses

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

Overall summary

The inspection of Red Houses took place on 19 October 2015 and was unannounced.

Red Houses is a residential home which provides accommodation and personal care for up to six people, who are living with a learning disability and have complex needs. At the time of our inspection there were six people living there. Whilst people were unable to take part in full discussions, we were able to speak with and observe how they interacted with staff. The premises consisted of a detached bungalow with communal lounge, sensory room, kitchen and bathroom facilities which people used. There was also a spacious and secure garden for people to use.

At the time of our visit, Red Houses had 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 and associated Regulations about how the service is run.

Summary of findings

People were safe at Red Houses. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There was sufficient numbers of staff deployed to meet people's needs. People were supported by staff that had the necessary skills and knowledge to meet their needs. Recruitment practices were safe and relevant checks had been completed before staff started work. Staff worked within best practice guidelines to ensure people's care and support promoted well-being and independence.

Medicines were managed safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Staff were up to date with current guidance to support people to make decisions. Information about the home was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The home worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. Relatives and friends were able to visit. People's privacy and dignity were respected and promoted for example when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs. People who wanted to move into the home would come on a trial period, so they could ascertain whether the home could meet their needs.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the home had in place. We found there were a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Management liaised with and obtained guidance and best practice techniques from external agencies and professional bodies.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

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 safe.

People were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

There were effective recruitment procedures in place and being followed.

People were cared for and supported by a consistent staff team to keep people safe and meet their individual needs.

People had risk assessments based on their individual care and support needs which were reviewed on a regular basis.

Medicines were administered stored and disposed of safely.

Good

Is the service effective?
The service was effective.

People's care and support promoted a good quality of life based on good practice guidance.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Good

Is the service caring?
The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

People's privacy and dignity were respected and promoted.

Good

Is the service responsive?
The service was responsive.

The home was organised to meet people's changing needs.

Good

Summary of findings

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Good

The service was well- led.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. The management and leadership of the home were described as good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of the home provided.

Red Houses

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 home, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 October 2015, was unannounced and conducted by one inspector.

We reviewed records which included notifications, previous inspection reports, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. 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 home, what the home does well and improvements they plan to make.

We contacted the local authority to get their feedback on what they thought about the home. We also contacted two social care professionals who visited the home regularly to get their views on the care that was provided.

Whilst people were unable to take part in full discussions, we were able to speak with people and observe how they interacted with staff. We observed how staff cared for people and worked together throughout the day to gain an understanding of the care provided. We briefly spoke with four people, three staff, and the registered manager. We observed care and support in communal areas. We looked at some of the bedrooms with people's agreement, reviewed two records about people's care and support, three staff files and the provider's quality assurance and monitoring systems. We also reviewed feedback provided by relatives about the care and support provided. After the inspection, we spoke to three relatives to get their views on the care and support provided.

The home was last inspected in September 2013 and there were no concerns identified.

Good

Is the service safe?

Our findings

People were safe and were provided with guidance in a picture format about what to do if they suspected abuse was taking place. Relatives told us they felt their family members were very safe at the home and with the staff who provided care and support.

Staff knew what to do if they suspected any abuse. A member of staff told us, "We know them, so if there was anything wrong we would know by the sounds they make or their body language. That is if I suspected anything, I would report it to the manager, I know she would contact social services, safeguarding and the police if need be." The home held the most recent local authority multi-agency safeguarding policy as well as current company policies on safeguarding adults. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Information on identifying abuse and the action that should be taken was also freely available for people to look at through posters on display throughout the home.

There were arrangements in place to safely store people's money. We saw each person had their financial income and expenditure recorded and verified. All monies were kept secure, in a locked room. The provider had systems in place to reduce the risk of financial abuse.

Risk assessments and any healthcare issues that arose were discussed with the involvement of a relative, social or health care professionals such as psychiatrist, community psychiatric nurse, GP or speech and language therapist. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. For example, where a person bounced up and down in their wheelchair, when sitting in the padded area in the lounge or in bed. Staff put measures in place to ensure that the person was safe and minimised any potential harm.

There was information which identified where people were at risk of injuries due to various conditions such as epilepsy, or exhibited behaviour that challenged. This was detailed and provided information and guidelines for to staff to follow when people were at risk. Action plans were put in place in accordance with people's care and support needs.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. There was a business contingency plan in place; staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts and flooding. The provider had identified alternative locations which would be used if the home was unable to be used. This would minimise the impact to people if emergencies occurred.

Entry to the home was through a bell system managed by staff. We saw a book that recorded all visitors to the home. The entrance to the garden was secure through a locked gate. There were arrangements in place for the security of the home and people who lived there.

There were sufficient numbers of staff to keep people safe. The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs. The staffing rotas were based on the individual needs of people. This included, supporting people to attend appointments and activities in the local community. Staff confirmed that with certain activities such as swimming there was always an additional member of staff allocated to accompany staff for safety reasons. For example if two people living at the home went swimming, three members of staff would accompany them. We noted on the day of our visit, that people's needs were met promptly and they were given one to one support when required.

There was a staff recruitment and selection policy in place and this had been followed, to ensure that people were supported by staff who were suitable. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provide proof of identification and contact details for references. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained. Staff also confirmed that they attended induction training and shadowed an experienced member of staff until they were competent to carry out their role.

Good

Is the service safe?

There were appropriate arrangements in place for the storage and recording of medicines. Medicines were stored securely. All medicines coming into the home and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded.

Only staff who had attended training in the safe management of medicines were authorised to give medicines. Staff attended regular refresher training in this area. Once they had attended this training, managers observed staff administering medicines to assess their competency before they were authorised to do this without supervision. We saw staff administered medicines to one person; they explained the medicine and waited patiently until the person had taken the medicine.

We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines recorded. The medicines administration records we checked were accurate. Any changes to people's medicines were prescribed by the person's GP.

The home was clean. A relative told us, 'The house is always clean and smells fresh." There were procedures in place for staff to follow cleaning schedules and record cleaning tasks performed. There were instructions to staff and visitors on how to wash your hands effectively.

Good

Is the service effective?

Our findings

A relative told us, “This home is better for X, she gets all that she needs. I am very pleased with the service here.” Another relative told us, “My family member loves the activities here, especially the guitarist as they love anything to do with music.” They went on to say, “The activities are so varied as well, which is great.” Staff told us, “We are a big happy family, we support and care for everyone.”

There was sufficient qualified, skilled and experienced staff to meet people's needs. The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. Staff confirmed that a staff induction programme was in place. The registered manager confirmed that they would only use agency staff as a last resort and would require the same agency member of staff to attend throughout to ensure consistency and reduce the disruption to the home. Additional duties were covered by existing staff within the home or other local homes managed by the provider that were knowledgeable about people and understood their individual needs.

Conversations with staff and further observations confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively.

Staff provided us with guidelines of how to approach people during our visit to ensure we did not cause them anxiety. We saw information recorded in people’s care plans that corroborated what staff had told us.

The provider promoted good practice by developing the knowledge and skills staff required by the Care Certificate to meet people’s needs. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff received induction training relating to the Care Certificate that consists of understanding your role; duty of care; equality and diversity communication; privacy and dignity; fluids and nutrition; safeguarding adults; health and safety and infection prevention and control.

All staff had received mandatory training and in areas relevant to their role such as: boundaries and best practice; Non-Abusive Psychological and Physical intervention (NAPPI), epilepsy awareness Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported by staff that had the necessary training to meet their needs.

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff said, “I have regular supervision which is great. I feel so supported in my role. If I needed any further training I would ask for it.” The registered manager confirmed that monthly supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider’s records which reflected what staff had told us. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

Staff obtained consent before carrying out any tasks for people. We heard staff ask people if they would like to come with them so they could help them. Staff had a clear understanding for the need to obtain consent and the protection the Mental Capacity Act (MCA) 2005 provides. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. We noted that an advocate had been used for people who did not have family or when people required additional support during the decision making process.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that the registered manager had completed and submitted DoLS applications in line with the latest Supreme Court judgement to the local authority for people living at the home.

People had their needs assessed and specific care plans had been developed in relation to their individual needs. For example, where people had specific dietary needs relating to their condition, guidelines were in place to monitor and review their needs, as well having safety

Good

Is the service effective?

measures in place to minimise the risk of harm to themselves. Staff monitored people throughout the day to ensure that people's physical and mental health needs were supported.

Staff prepared and cooked all of the meals in the home. People were involved in the consultation about the choice of menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. Staff confirmed that a dietician was involved with people who had special dietary requirements.

People were supported to have their nutrition and hydration needs met. Detailed information about people's food likes and dislikes and preferences such as religious or cultural needs was available. Guidance was provided to staff about how to approach people about their food likes and dislikes as this could trigger people's anxiety levels.

People had access to healthcare professionals such as GP, district nurse, occupational therapist, dietician, behavioural therapist, speech and language therapist and social care professionals. People had access to a learning disability nurse at a local hospital, who liaised with people to ensure they had a smooth transition should they require admission to hospital. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People had access to specialist dentists who were experienced with people living with complex needs. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. This meant staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

People's bedrooms were personalised with pictures, photographs or items of personal interest. Communal areas of the home was painted in the same colour scheme, however people's rooms were painted in different pastel colours. The floorings throughout the communal areas enabled easy manoeuvrability for staff with people's wheelchairs.

Good

Is the service caring?

Our findings

Staff were kind and caring. The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being with staff. One relative told us, "I am over the moon with the care X receives. I can't fault the place." They went on to say, "Staff are excellent." Another relative told us, "The staff here are very good. They really do care."

People are able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in, so they could maintain their independence. People were able to personalise their room with their own furniture and personal items so that they are surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations. For example, when people refused to attend dental treatment, staff discussed the reasons behind the refusal and involved and obtained guidance from a specialist dentist who was experienced with people living with complex needs to ease the transition from refusal to having treatment.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was detailed information in care records that highlighted people's personal preferences, and also what constituted as a good or bad day for people, so that staff would know what people needed from them. "We have people who have behaviour that is challenging, so we make sure that we use the right techniques such as taking them for a walk or a drive, or talking to them." Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example, if I am laughing, I am happy; if I am screaming means I am unhappy. During the inspection we observed this behaviour and how staff responded to help them calm down. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

Information about people's care and support was also provided if a person require hospitalisation. This enabled hospital staff to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe.

Staff approached people with kindness and compassion. A relative wrote, "They always cheerful and helpful." We saw that staff treated people with dignity and respect. Staff called people by their preferred names. Staff interacted with people throughout the day, for example when attending activities in the home, helping them eat and drink, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or going out to the shops. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

Relatives and friends were encouraged to visit and maintain relationships with people. Each person had a detailed relationship map recorded on their file, this identified people who were important in their lives. People were able to attend various activities outside in the community in addition to their regular ones. For example attending the theatre, pantomime, swimming 'Pets as Therapy' and Rainbow club. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests in the local community.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that visitors and other people who were involved in people's care could not gain access to their private information without staff being present.

Good

Is the service responsive?

Our findings

There were positive examples of how staff knew and responded to people's needs. For example, a person was anxious due to our presence, so staff made sure they were reassured and made them a drink, this alleviated their anxiety, as they knew this would help. A person living at the home liked to bounce all the time, so staff suggested that a padded seating area was installed along with a ceiling hoist to provide a smooth transition from the person's wheelchair to the seating area in the lounge. We observed how happy the person was in this area.

There were detailed care records which outlined individual's care and support. For example, personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care record and ensured that staff had up to date information.

Care given was based on individual's care and support needs. Pre-admission and admission assessments provided information about people's needs and support. Where people displayed behaviour that was challenging, guidelines were provided to staff to minimise risk, whilst ensuring the person was safe. Staff were quick to respond to people's needs. They told us by having a consistent staff team they were able to build up a rapport with people and staff knew people well and understood their needs.

The service also had a sensory room that was equipped with items which created sensations that could assist relaxation, or stimulate people's senses. A member of staff told us, "This room works well for the residents. They love it. They find it calming and relaxing." We saw people enjoying themselves in the room, each person had favourite items they liked and used.

Needs assessments recorded individual's personal details and whether they had capacity to make decisions for themselves were reviewed on a regular basis. Details of health and social care professionals, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were documented. This information was reviewed before a care plan was developed and care and support given. Staff were able to build a picture of the person's support needs based on the information provided.

Staff told us that they completed a handover sheet after each shift which outlined changes to people's needs. We looked at these sheets and saw that the information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. The staff had up to date information relating to peoples care needs.

People attended a lot of activities throughout the week in the home and outside in their community. This information was displayed under each person's photograph with a photograph or picture of the activity. This enabled people to identify what activities they would be attending. Activities included attending a day centre, reflexology, swimming, going for walks with staff, and music therapy. They were also able to attend a club on a monthly basis in their community. We also saw photographs of outings people had attended. The home had their own vehicle to drive people to their activities and places of interest.

People were provided with the necessary equipment, care and support to assist with their care and support needs. For example, different types of wheelchairs for use inside and outside of the home, specialist baths and bathrooms adapted to people's needs. People had access to healthcare professionals who had specialist experience with people who had specific needs. Information regarding people's individual needs and treatment was recorded in their care records; and staff were knowledgeable about their needs.

Relatives told us they had no reason to make a complaint about the home. Peoples' feedback was obtained in a variety of ways such as survey, discussions with people and their relatives. We looked at the provider's complaints policy and procedure to review their processes. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The registered manager maintained a complaints log. We reviewed the complaints log and noted there were no complaints about the home in the last twelve months. The manager told us that when people any concerns they tried to resolve the situation before it escalated. The manager told us what they would do if they received a formal complaint.

Good

Is the service well-led?

Our findings

A relative told us, "X is so happy here, it is a lovely home." Another relative told us, "We have never had a problem with Red Houses." A third relative told us, "I am very pleased with the service, there is nothing I would change."

People were involved in how the home was run in a number of ways. There were 'service user' meetings for people to provide feedback about the home. We saw minutes of the meeting that included information about each person who attended the meeting, a summary of their activities and any issues during that month.

The provider had conducted a family questionnaire in 2015. People's feedback was positive and stated that they were well looked after and encouraged to form positive relationships between healthcare professionals, staff and people. People were able to have access to specialists with specific knowledge to meet their needs and ease their anxieties. People were encouraged to be as independent as possible and participate in activities that were of interest to them.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. For example, staff made a suggestion to change the carpet to hard flooring in the home which assisted staff when moving people around in their wheelchairs. Staff were able to contribute through a variety of methods such as staff meetings, supervisions and team briefings; this information that was cascaded to head office. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs.

The registered manager told us that managers from the provider's other homes attended team management meetings so they could discuss issues about the homes or share best practice examples with colleagues. The registered manager told us to ensure best practice the safeguarding lead of the local authority attended their management meeting to discuss the changes in the Care Act and what that entailed for providers.

The provider had a system to manage and report incidents, accidents and safeguarding. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding had been raised and dealt with where relevant notifications had been received by the Care Quality Commission. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its delivery of care. Various audits were carried out such as health and safety, room maintenance, housekeeping, care plans, and an external medicines audit conducted in August 2015, where no concerns were identified.

Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs. We noted that fire, electrical, and safety equipment was inspected on a regular basis. We also noted that equipment such as wheelchairs, baths and the home's transportation was also checked on a weekly or monthly basis.

A relative told us, "The staff and manager are approachable, they make sure we are told of any concerns they have." The registered manager had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them. People felt the registered manager was approachable and would discuss issues with them.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. This ensured that people continued to receive care and support safely.