

Homes Together Limited

3 Red Admiral Court

Gateshead

Inspection report

3 Red Admiral Court
Gateshead
Tyne and Wear
NE11 9TW

Date of inspection visit:
26 April 2022

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25 July 2022

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

About the service

3 Red Admiral Court is a residential care home providing personal care to up to six people. The service provides support to people with visual impairments, who may also have physical and learning disabilities. At the time of our inspection there were five people using the service.

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

People and their relatives were very positive about the care provided. People told us they were able to choose what they did each day and staff supported them in a kind and caring way. Relatives were very happy about the support provided by staff and provided positive examples of how people's lives had improved since moving to the home.

The registered manager had an effective quality and assurance system in place which allowed them to monitor and improve the quality and safety of the care provided. People, relatives and staff were asked for feedback to help improve the care provided. Lessons learned from incidents were also used to improve the service provided.

People and relatives were involved in every stage of their care planning and took part in regular reviews of their support needs. People told us they had key workers and talked through what they needed and what was important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Staff at all levels respected people's preferences and individualities. They took proactive steps to learn about people's past history, goals and ambitions to better enable them to care for people. This led to positive health and wellbeing outcomes for people, particularly reductions in anxiety and the development of new friendships and interests.

All staff ensured people living at the service had extremely engaging sociable lives. The registered manager and staff found ways to ensure people were positively engaged; their independence was promoted, and their passions and interests maintained wherever possible.

Medicines were safely managed and in line with best practice guidance. Risks to people had been fully assessed and mitigated to help keep people safe. People's care plans were individual and included involvement from other healthcare professionals. The environment was safe and homely.

Staff were supported with regular supervisions, team meetings, learning sessions and appraisals. Staff were safely recruited and received a comprehensive induction from the provider. Training was effectively monitored, and refresher training was provided on a rolling basis.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 October 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 7 March 2018.

Why we inspected

This was a planned inspection of a new service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

3 Red Admiral Court Gateshead

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

3 Red Admiral Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 3 Red Admiral Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people were often out. We wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 April 2022 and ended on 27 May 2022. We visited the location on 26 April 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and reviewed the information they provided. We used all of this information to plan our inspection.

During the inspection

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas.

We spoke with three people who used the service, three relatives, and four members of staff including the registered manager and support staff. We received written feedback from four support staff after our site visit. We reviewed the care records for three people, medicine records for four people and the recruitment records for three members of staff.

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow to keep people safe.
- Staff told us what action they would take if they identified any form of abuse. Staff had received training around identifying abuse.

Assessing risk, safety monitoring and management

- Risks were safely managed and assessments in place to keep people safe. People had personalised risk assessments which detailed the steps staff had to follow to mitigate any risk.
- People told us they felt safe living at the home and relatives said they had no concerns around people's safety. One relative commented, "[Person] always seems to feel safe at the home."
- Environmental and COVID-19 risk assessments were in place to help keep all people, staff and visitors safe whilst at the home.

Staffing and recruitment

- Staff were recruited safely by the provider and there was enough staff to safely support people.
- New staff had appropriate pre-employment checks in place which included references and a Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were regularly reviewed against people's support needs. One relative said, "The staffing ratios within the house always appear to be as they should, and the staff never say that they have been unable to do something due to staff shortages."

Using medicines safely

- Medicines were managed safely. The registered manager carried out regular checks on people's medicines to make sure they were being administered in line with national best practice, the provider's policy and prescribing instructions.
- Staff had received training in administering medicines and had their competencies assessed regularly. One staff member told us, "All staff members have regular observations of medicine administration. We also carry out double signatures when distributing medication, which prevents any medication errors. I know the correct procedure and action to use if there was an error with medication."
- People and relatives told us that they did not have any concerns with medicines management.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Professional visitors were required to provide a negative lateral flow test before entering the home and complete a screening questionnaire.
- Relatives were encouraged to visit people at the home and people were support to visit relatives and the local community.

Learning lessons when things go wrong

- Lessons were learned from incidents and learning was shared with the staff team to prevent similar incidents occurring.
- Accidents and incidents were fully investigated and outcomes from these were used to improve the care provided.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had comprehensive and in-depth assessments of their needs which reflected best practice guidance, the law and national standards.
- People, relatives and other healthcare professionals were involved in all aspects of care planning and reviews. One person told us, "I make my choices about what I want with my key worker."

Staff support: induction, training, skills and experience

- Staff were provided with regular training and supervisions. New staff received a comprehensive induction from the provider. Staff felt supported by the registered manager.
- Staff had completed yearly training to keep their knowledge and skills up to date. A staff member commented, "I definitely do get enough training. I also know if I wasn't sure about something, I could ask for extra training."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to maintain a balanced diet. The registered manager had regular meetings with people to talk about menu choices.
- People were supported to prepare the evening meals as part of their life skills. This allowed people to increase their independence and learn new skills. One person told us, "I make food as part of life skills. I made shepherd's pie for everyone."
- Some people required a special diet and care records showed that these were being followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to their needs. People were supported to access their GP and other healthcare professionals. Care plans reflected the guidance provided.
- People were supported to attend appointments at the hospital and other health related settings. One person said, "I'm going to the chiropodists today with [Staff member]."
- Relatives commented that they were always updated when people had seen other healthcare professionals. A relative told us, "[Person] has regular reviews with a number of professionals which I am kept up to date with."

Adapting service, design, decoration to meet people's needs

- The home was appropriately adapted and accessible to meet people's needs. There was a homely

environment throughout the service and people told us they chose the décor or furniture.

- The home was clean.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care was delivered in line with MCA. People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff and had all of their care needs met. Staff treated everyone as an individual and respected their differences and choices. A staff member commented, "Staff always have the services user's best interests at heart."
- People and their relatives praised staff for the high standard of care provided and were very positive about the support provided. One person said, "I love living here. I love them [the staff] and they love me."
- Equality and diversity policies were in place and staff had received training around this.

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff and relatives to express their views and choices about their individual care.
- Relatives confirmed people were asked for choices around their care. A relative commented, "I believe that [Person] feels that they are listened to within the home environment as they often tell me of things that they have requested that the staff have been able to do."
- People said staff listened to them and took their time to understand their individual needs and goals. One person told us, "We spend time together and plan what my needs are together."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and their privacy and dignity respected. During the inspection we saw staff supporting people to make cupcakes and one person offered to make the inspectors a cup of coffee with their new adapted coffee machine.
- People were encouraged to be independent as possible. Each person took their turn at making the evening meal for everyone living at the home. This allowed them to improve on their living skills which helped to increase their independence.
- Staff respected privacy and dignity. A staff member commented, "The services users are looked after well and kindly, always supporting their privacy and dignity. Staff knock on their door before entering and meds are always administered in the privacy of their own rooms. Personal routines are always maintained with dignity and respect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff completed comprehensive assessments of people's needs and used these to create individual care plans in partnership with people, relatives and other healthcare professionals. A staff member commented, "Each service user's plan is built around their needs and abilities, and staff follow the plans to ensure they are providing the care and support that each individual needs."
- People and relatives told us that they were involved in care planning and had regular reviews. One relative discussed how they were involved with reviews and said, "Informed and involved in any care needs. Staff are very open to suggestions and help to support [Person]."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs fully assessed by staff. Strategies were in place to support people with communications.
- All information was available in large print, easy read and audio. Staff talked through all information in a language people understood. One relative told us, "They always speak to [Person] in a way that they understand and at times spend a lot of time explaining to them things that they sometimes don't comprehend straight away."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to attend activities in the local community and maintain relationships that were important to them.
- People told us they attended a range of activities and chose what they wanted to do. One person told us that they enjoyed attending choir and making new friends. Another person told us about a new lunch club they were part of. They said, "I have lunch and a chat. I really like it."
- Relatives were positive about the activities people were part of. A relative commented, "[Person] has a wide range of activities and is always given opportunities to participate in new activities."

Improving care quality in response to complaints or concerns

- People and relatives did not have any concerns about the service and knew how to raise a complaint if

they needed to. A relative said, "If we have any concerns, we just raise them verbally with the [registered] manager, and normally no further action would be required. Should any further action be required I have adequate contact details to take things to a higher level."

- There was a complaints process in place and the registered manager knew what action to take if one was received. Any concerns or complaints raised were used to improve the service and analysis of these were part of the quality and assurance systems.

End of life care and support

- At the time of the inspection no one was receiving end of life care and support. Staff had received training around this and were confident to deliver end of life support if it was needed.

- People and relatives told us that support was provided when people's relatives had passed away. Staff supported people to attend funerals and had purchased a memorial bench and a planter for two people's relatives who had passed away.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive staff culture at the service which supported people to achieve good outcomes. One staff member commented, "It's [the service] caring, homely and kind environment; we always make people feel welcome and it's a pleasure to be part of such a nice service. We have good working relationships with families and other professionals. Staff always have the services user's best interests at heart. We have a good team."
- Relatives and people were extremely complimentary about the positive changes they had seen in people since moving to the home. A relative commented, "It has been a positive experience. [Person] has undoubtedly progressed from that first day, becoming a much more socially adept person. They shoot backwards and forwards between the family home and their home without a moment's concern and seems to enjoy the varied benefits of both equally. I find it difficult to conceive a better situation to see them in."

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; Continuous learning and improving care

- When things did go wrong the registered manager and staff apologised and used learning from these incidents to improve the service.
- Lessons learned from incidents at the service, the wider provider network and other care homes were used by the management team to reflect on their current practice and to improve the care provided at the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- The quality and assurance systems in place had been reviewed and embedded throughout the service and were used to continuously improve the service and quality of care provided to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their views of the service. Staff told us they were listened to by management and their ideas were used to improve the overall service.

- Relatives told us they were always kept in the loop with changes at the service and positively engaged.
- Feedback surveys were given to people, relatives and staff. The results from these were used by the registered manager to see what they were doing well and what needed to be improved.

Working in partnership with others

- Staff worked in partnership with people, relatives and other healthcare professionals.
- Care records showed involvement from other agencies and staff had used the advice/guidance provided to help with people's care planning.