

Tamarindo Care Limited

Redwood House

Inspection report

54 Sharpenhoe Road
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Bedfordshire
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Tel: 01582881325

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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?

Requires Improvement ●

Summary of findings

Overall summary

Redwood House is the registered office for a supported living scheme in Hertfordshire which comprises of two blocks of flats. People received support and care in their own flats which they rent from a housing provider. At this service 8 people were being supported with the regulated activity of personal care.

People enjoyed living at the supported living scheme and having the support from staff. People and staff had formed positive relationships and said they enjoyed each-others company. People said that they felt safe and well supported. People were also friendly and familiar with the management team. People were involved in the planning of their care and led staff about what they wanted to do daily. The staff promoted people's choices and set goals with them to help them achieve their aspiration and increase their independence with day to day living.

The service met the characteristics of Good in safe, effective, caring, and responsive. However, the service fell short of this characteristics in well led. There were short falls in safe recruitment checks for new and existing staff. Audits completed by the provider and the management team were not always robust. We found issues which the management teams audits had not identified. More information will be in the full report.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

At the last inspection the service was rated as good overall (this report was published in April 2016).

We inspected Redwood house supported living scheme as this was a planned inspection.
Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Redwood House

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was completed by one Inspector.

The service had a manager registered with the Care Quality Commission. 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. There was also a 'service manager' who looked after the day to day running of the supported living scheme.

We gave the service two days' notice of the inspection site visit to give the registered manager time to seek people's consent for us to contact them and meet with them.

Inspection site visit activity started on 12 February 2019 and ended on 13 February 2019. We visited the office location on 13 February to see the manager, meet with people; and to review care records and policies and procedures.

Before the inspection we looked at the provider information report (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with a local authority who part commissions this service.

During the inspection we spoke with four people who used the service; two relatives; three members of staff and the registered manager. We looked at two people's care records, two staff recruitment files, and competency records. Records of accidents and incidents. Audits and quality assurance reports.

Is the service safe?

Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us and showed us that they felt safe around the staff who supported them. One person pointed to the service manager and said, "His my mate." Another person said, "I really like the staff."
- When we spoke with staff they clearly identified what potential abuse could look like or what the indicators of abuse could be. All the staff said they would speak with the registered manager or the service manager about their concerns. One member of staff was aware they could also report their concerns to the local authority and us at the CQC. However, other staff were unsure of who they could also report their concerns to outside the service. We spoke with the registered manager about this who said they would revisit this part of staff's safeguarding training.
- The staff we spoke with had a clear understanding about what discrimination looked like. Staff gave examples of how they would advocate on a person's behalf if a person experienced discrimination, when they were supporting them when out in town. The registered manager told us how they had challenged a local retailer when they had been told that some people had experienced discrimination when using their service.

Assessing risk, safety monitoring and management

- People had risk assessments in place with plans to show staff how to manage these risks.
- One person had a risk assessment to manage a condition which could cause them an injury when out in the town. This plan identified the risk and gave prompts to staff telling them when this risk was imminent.
- When an incident or accident took place while a person was receiving support, it was documented in a report which was reviewed by the registered manager. We looked at a sample of these which showed what happened and what staff did to promote the person's safety.
- We looked at the emergency plan and found that a sudden reduction of staff or severe weather had not been considered as part of the contingency plan. There were no checks completed that staff were aware of the plan and knew what to do in a certain emergency. However, the registered manager could tell us what should happen in severe weather or a reduction of staffing numbers, but this had not been planned for and shared with all the staff and the provider. We spoke with the registered manager about this, they told us what would happen in this situation. We concluded that this was a records issue. The registered manager said they would review this plan.

Using medicines safely

- Some people told us that they received their medicines safely. One person said, "They [staff] make sure I get all my medication."
- The staff we spoke with talked us through how they supported people to have their medicines. One member of staff told us how they do this, they said, "It's the right person, right time and right medicine." Another member of staff talked us through what they did including signing the medication administration record (MAR).
- People did not have any protocols when staff administered people pain control which was not prescribed. We spoke with one member of staff who told us what they did. They also told us that they recorded this on the person's MAR. When we spoke with the registered manager they were not aware that some people received medicines which were brought over the counter without a prescription.
- Medication audits were taking place to ensure people were receiving their medicines as prescribed.

Staffing and recruitment

- We saw that staff references were asked for. However, we noted on two employment records the registered manager had not evidenced that they had verified these references, as they had done with other employees as part of their recruitment checks. We noted that the registered manager or provider was not requesting full employment histories as part of their safe recruitment checks. Other employment checks were in place such as updated Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- Staff were very clear with how they used good practice to promote hygiene when supporting people with meals and personal care. They gave us examples of what they did to try and prevent the spread of infection.

Learning lessons when things go wrong

- We saw that people's views were obtained to look at making improvements at the service. The registered manager had told us that there had not been issues or events at the service, which required them, to reflect on what had happened and what could be done to prevent it from happening again.

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

Good: 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's needs were assessed with the involvement of other professionals. We saw records when the service manager sought professional advice or shared information with professional bodies, to check they were providing good care to people.

Staff support: induction, training, skills and experience

- The staff we spoke with were positive about their induction and training. They gave examples of what their training consisted of and they told us that they felt supported by the service manager. They added that they felt prepared for their roles when they had completed their training. Staff received training relevant to the needs of people who they supported.

- Staff received regular checks on their work from the service manager and the registered manager. To check that they were competent in their work. Staff had supervision every two months and their knowledge about safeguarding and people's mental capacity was tested within these meetings. We were shown records which showed that staff had been asked about certain people's care needs and staff had been asked if they had looked at certain people's care records to keep up to date about their needs.

- We were also shown a frame work which the service manager and registered manager followed when assessing staff`s competency. Some of the competency assessments we saw lacked detail to record what had been observed and how the assessor had reached their conclusions. We spoke with the registered manager about this and they said that they would ensure that this detail was added in future checks on staff.

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

- The people we spoke with were positive about the support they received with preparing their meals and support to go shopping. One person said, "The food, yeah, pasta, roast dinners. I always help with the food, we (staff and me) plan together."

- Some people had plans about being supported to eat more healthy types of food. Staff told us that they encouraged this, but they were guided by what people wanted to eat.

Supporting people to live healthier lives, access healthcare services and support

- People told us about the activities which they did to keep active and healthy. Staff spoke with one person about playing football with a friend in a park. We saw healthy activities recorded in people's weekly plans, and people told us that this happened.

- People had medical plans with information to pass to a medical professional if this support was needed. With some people with more complex health needs their medical plan went with them when they went out with staff.

- One member of staff told us about a recent event when a person said they were experiencing chest pains. They told us what they did to respond to this emergency. When another person had become unwell we saw recorded in an incident report the action which the staff member took to ensure they were safe and got the medical attention they needed.

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

- Some people spoke positively about their flats. One person said, "I love it". Another person smiled and looked happy when they talked about what their flat looked like. A relative told us how the provider had supported their relative to move from a shared flat to live independently. This relative told how the person now preferred living on their own.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The staff we spoke with had a clear understanding about what mental capacity meant. They talked to us about how some people's understanding or capacity could fluctuate at times. They told us how they were led by what individuals wanted to do. Occasionally staff told us that they had to advise against a course of action to promote a person's safety. One member of staff said they did this by, "Sitting down and having a chat about it." Staff added that they still respected people's choices and they did not infringe on their freedoms.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The people we spoke with spoke positively about the staff and the management team who supported them. One person said, "Friends (pointing to a member of staff), very kind. They say hello, how are you. Any problem you can tell staff. They [staff] talk to me when I get upset." Another person said, "[Staff] are really nice." This person then listed the names of the staff who supported them and added, "Yeah, I like them, we have a good time together." A further person told us, "I am happy, I love it all."
- A person's relative told us how their family member visited them but were excited to go back to their flat and see the staff who supported them. They said, "[Name of person] is always looking forward to going back." They told us that they had often seen how staff interacted with their relative, and added, "Staff are so kind and caring, they [staff] are continuously so." Another person's relative told us that they were happy with how staff supported their family member.
- The staff we spoke with had a good understanding about what equality meant, when they were supporting people from the service.

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

- One person showed us their weekly plan and told us about what they had done and what they were going to do later in the week. This person had clearly led this part of their care. Other people also told us about their daily lives and indicated they were happy with how staff supported them with their daily routines. We found that people were involved in planning their care.

Respecting and promoting people's privacy, dignity and independence

- The staff we spoke with told us how they promoted people's dignity when they supported people with personal care. One member of staff told us how they prepared the bathroom so this person could perform certain tasks themselves. Staff were outside the door and asked when the person was happy for them to enter to assist further. People were asked if they had any preference in regard to the gender of staff who supported them.
- One member of staff told us how they supported a person to increase their confidence when making appointments for themselves and overcoming some of the difficulties they faced due to their communication issues. They said, "Often their relative would take over, but we now support them. We sit next to [person] and they now make their own GP appointments."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We looked at people's care records. We could see that these were individual plans made with the person themselves. People had written their names in these records. They had also told us what they enjoyed doing and how they liked to live their daily lives. This information was clearly captured in the care assessments and weekly plans. We saw what time people liked to get up and what tasks they wanted to achieve that week. These also outlined the level of support people needed from staff.

- People told us what their interests were and what they did with the support of staff to achieve explore and meet these interests. People in discussions with staff identified certain goals and aspirations they had and wanted to achieve. However, there was a lack of accompanying information to show if and how these goals had been or were being achieved. We spoke with the registered manager about this. They gave us some examples where staff supported people to achieve certain goals, but this was not being recorded.

- People had reviews of their care, often alongside the reviews completed by adult social services. However, people did not have a regular evidenced review by the service to discuss their care and how they were being supported. The registered manager told us that when they visited the supported living schemes they spoke with people and asked them how they were and they asked them their views on the care they received. However, these conversations were not being documented in a record to show these conversations and checks on people's experiences were taking place. The registered manager said that moving forward they would record and develop this

- The people we spoke with told us that staff talked to them and involved them in how they wanted to receive their care and support. One person said, "We (the person and a member of staff) do the shopping and budgeting."

- Staff talked about working with people on a regular basis for continuity. Staff said they were introduced to people before they started working with them, and they spent time getting to know them and reading their care records. A relative we spoke with confirmed they also met with a new member of staff before they started supporting their relative.

- We saw people together with staff including the management team, it was clear that they knew each other well and people were familiar and comfortable in staff's company. One member of staff told us, "You build a special bond with people, because you are really seeing the same people all the time."

Improving care quality in response to complaints or concerns

- People attended regular 'tenant's meetings' with staff and the management team, to raise concerns or

make suggestions for improvements to the support they received. One person told us that, "We all get together and change things, or sort each other's problems out." People told us that if they had a problem they would talk to the service manager about it. There had not been any formal complaints made but there was a process to do so. One relative told us that, "When there had been problems [service manager] had sorted it. I spoke with a senior carer about something and got an e-mail about it the next day from them."

End of life care and support

- People did not have end of life plans in place. We spoke with the registered manager about this. They told us that people were, "Young and healthy." We spoke with them about this and suggested they obtained some best practice guidance and support about how to do this, to ensure there was information to support people for this part of their lives, when this became relevant or important to them.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We found shortfalls in safe recruitment processes to ensure people were safe around the staff appointed. The registered manager and provider were not fully adhering to the regulation of fit and proper persons by requesting a full and complete work history. They had been asking for the last five years. When we looked at a sample of these recruitment records, we found gaps in staff's employment histories within the five years requested. When we spoke with the registered manager about this, this had not been identified in the services audits. They told us that they were now asking new staff for a full employment history. When we asked to see the new applications forms we saw these asked for a full ten years of their employment history, again not a full employment history. The registered manager said they would correct this issue.

- We asked the registered manager to see the audits completed by the provider. They told us that they were not given copies of these to reflect on. We asked the registered manager to ask the provider to send us their last audit.

- When we looked at the provider audit which was sent to us, it demonstrated that the provider had spoken with staff and people about their experiences of the service and the support from the management team. However, the management and provider audits had not identified certain short falls which we had found. For example, a lack of evidencing of how and why the management team had reached certain conclusions about staff's competency. How they calculated the risks which people faced. The short comings in staff recruitment checks. The lack of recorded reviews. Plans for staff to follow when people who needed support with over the counter medicines. Gaps in how the management team sought people's consent to share information about them. Lack of audits to check if the emergency plan was complete and potentially effective in dealing with certain emergencies. This meant that the provider's auditing system was not effective in identifying where improvements to the service were needed.

- The registered manager had identified a safeguarding event last year and reported it to the local authority. We had not been notified of this, and we should have been.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People spoke positively about the care they received. People told us how they were supported to live the lives that they wanted to live each day. People's relatives we spoke with confirmed this, one person's relative

said, "[Relative's] life is quite full." The staff we spoke with could tell us in real detail about the people they supported and how they did this to ensure those individuals were in control of their daily lives.

- There was a positive culture at the service. The staff spoke positively about enjoying working with people who lived at the supported living scheme. They also were positive about their involvement with the service manager. We found that the registered manager and service manager were having regular conversations with staff, in competency checks, supervisions and team meetings. We were told by staff and relatives that the service manager was very present and available in the supported living schemes.

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

- The staff and the registered manager were unclear about how they or the person involved could report a 'hate incident' however, they were clear about what discrimination and hate could look like. They gave us real and hypothetical examples of how they would and have responded to situations of people experiencing discrimination and negative or hurtful experiences. We suggested to the manager that the reporting avenues for hate incidents were shared with staff.

- People were being asked about the care and support which they received. The registered manager sought people's and staff's views of the service in yearly survey`s. We saw that results were analysed by the registered manager. We were told about and shown records of meetings where people discussed as a group their views of the service.

Continuous learning and improving care

- The registered manager and the provider could not demonstrate continuous learning and improvements from their work with the service. There was no review completed to look at what could be improved upon and to drive continuous improvement.

Working in partnership with others

- We saw evidence of the management team working with the local authority in terms of sharing specific information about people's needs and changes to these needs. There was no further partnership working with other organisations to support people further or seek input to consider if the service could be improved in some ways.