

Hales Group Limited

Redwood Glades

Inspection report

Leads Road
Hull
North Humberside
HU7 0BY

Tel: 01482235402

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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 ●

Summary of findings

Overall summary

Redwood Glades is an extra care housing facility, which has 156 individual flats in one large building. The company commissioned to provide domiciliary care calls to people within Redwood Glades is Hales Group Limited.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This means tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, there were 111 people who were receiving personal care calls.

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

People told us they felt safe with staff and trusted them. Staff were recruited safely, and employment checks were completed before they started working alone with people. Staff knew how to safeguard people from the risk of abuse and poor practice and knew how to raise concerns. Risk assessments were completed to guide staff in how to minimise the risk of incidents and accidents without being overly restrictive.

There were enough staff to complete the care calls. Staff completed a five-day induction followed by updates in training to ensure they had the right skills and felt confident when caring for people. There was a system of supervision, ongoing competency assessment and annual appraisal for staff to monitor their development and support needs.

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. People told us staff looked after them well and respected their privacy and dignity. There were positive comments about staff approach and how they respected people's lifestyle choices and diverse needs.

People who used the service were supported to access health care professionals when required and to maintain a healthy diet when this was part of their care plan. Staff supported people to manage their medicines to make sure they were taken as prescribed.

Care plans were comprehensive and had been completed with people's involvement. They described people's preferred routines and how they would like care to be delivered. Staff told us care plans had improved and guided them to provide person-centred care. There was no-one receiving end of life care at the time of the inspection. However, staff described how care plans would be adjusted to include end of life care and how they would work with health professionals to ensure people could remain in their home.

The provider's quality monitoring system had improved. Audits, surveys and meetings were completed, feedback was listened to and shortfalls addressed. People told us they were confident complaints would be listened to and resolved. Staff said they could raise issues with the registered manager and found them

supportive.

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

Rating at last inspection and update

The last rating and update for this service was Requires Improvement (published 31 May 2018). At the time, there were concerns with safe administration of medicines, risk management, records and ensuring a good quality assurance system.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Redwood Glades

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 team consisted of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider's representative or registered manager would be in the office to support the inspection.

Inspection activity started on 29 May 2019 and ended on 11 June 2019. We visited the office location on 29 May 2019. We spoke with additional staff on 3, 7 and 11 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan and support our inspection.

During the inspection

We spoke with 19 people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the regional manager, registered manager, quality officer, team leaders and care workers.

We reviewed a range of records. This included eight 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 were also reviewed. These included staff training, supervision and appraisal, and quality monitoring.

After the inspection

We spoke with five additional staff and received information by email from five other staff.

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 Requires Improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Risk assessments were completed and kept under review.
- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- In discussions with staff, they were able to describe the actions to take to manage risk and keep people safe from harm.
- People told us they felt safe in the service. Comments included, "I think the staff are very good. I get on well with them and feel very safe. I do fall quite a lot but when I press my buzzer, they come very quickly" and "I know security and safety is very good here."
- Staff had access to personal protective equipment to help prevent the spread of infection.
- The registered manager analysed accidents and incidents to look for patterns and trends to reduce the risk of reoccurrence.

Using medicines safely

At our last inspection, the provider had failed to manage medicines robustly to ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed and were encouraged to manage their own medicines where possible. Comments included, "They are on time with my medication and so my health condition is well-controlled."
- Staff had received additional training and had competency assessments to ensure safe management of

medicines.

- Audits of people's medicine administration records showed there had been a significant reduction in medicines errors. When errors had occurred, appropriate action was taken.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe from the risk of abuse and knew how to raise concerns.
- Staff completed safeguarding training and had policies and procedures to guide their practice.

Staffing and recruitment

- There were enough staff deployed to meet the needs of people who used the service. The amount of staff required for each care call was determined by an assessment completed by the local authority, who commissioned the service. This was kept under review by staff at Redwood Glades who liaised with commissioners when increases in the care package were required.
- The provider had a safe recruitment system, which ensured all employment checks were in place before staff started work with people.

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.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to 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

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People had assessments of their needs completed, which provided information about whether those needs could be met in the service, the level of support people required and how this was to be delivered.

Staff support: induction, training, skills and experience

- There were systems in place to ensure staff had the required training and could develop their skills through supervision and competency assessment.
- New members of staff completed a five-day induction and an additional two days shadowing more experienced staff.
- Staff confirmed the training was good and they received supervision.
- One person who used the service said, "The staff seem to know what they are doing. They prepare my food, help me with budgeting, my bills and GP appointments. My care package covers a lot and is updated regularly."

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

- Staff supported people to prepare meals when this was part of the commissioned care package.
- Most people were independent with eating and drinking but when support was required, this was completed by care staff.

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

- Staff supported people to access health care professionals if required or liaised with relatives if they had concerns about people's health care needs.
- Comments from people included, "My care plan is up to date, and my general health has improved since coming in here" and "Since I came here there have been many times when I have needed a GP, my community psychiatric nurse, consultant or social worker. The carers and team always make this happen."
- Two relatives described situations when staff acted quickly to ensure people's health care needs were met.
- Staff had developed 'patient passports' to accompany people into hospital to provide nursing and medical staff with important information.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- The provider worked within mental capacity legislation.
- Staff had received training in MCA and were aware of the need to gain consent from people before carrying out care tasks.
- People confirmed staff gave explanations and asked their permission before delivering care to them.

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.

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to 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 and their relatives were complimentary about the service. Comments included, "The staff are very nice and let me do things if I can. They always look after me well and are kind", "The regular carers who know me are good. I do feel that the care has improved 100%" and "The staff treat me with dignity and respect my lifestyle choices."
- Staff had completed training in equality, diversity and human rights. Staff were aware of people's diverse needs and described how they supported people to make lifestyle choices irrespective of issues such as age, race, gender or disability.

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

- People's care plans were written following a discussion with them. They included likes, dislikes and preferences for care. The care plans had been signed as agreed by the person.
- People had reviews of their care to enable them to comment on what was working well and what may need adjustment. Comments included, "I'm involved in decision-making. They include me in my care, they don't assume anything. There is two-way communication."
- Relatives told us they had been involved in planning care. Comments included, "They have a care plan which has been updated recently" and "I am a constant part of the care planning team for [Name] because of my important role. The support for them and me is excellent and I know their [staff] response is great."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. In discussions, staff gave examples of how they achieved this.
- People who used the service confirmed their privacy, dignity and independence was promoted. Comments included, "The staff offer help but give me responsibility too. My privacy is respected" and "The staff are very compassionate and caring. I feel respected and they knock before entering my flat."
- A relative said, "I am particularly impressed with the respect and dignity they showed [Name]. For instance, when they are changing their clothes or showering them, they make sure they do it in a courteous way, so they do not feel embarrassed or are left feeling exposed."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to 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

- People received personalised care and contributed to their care plans.
- Comments from people included, "My carer is always responsive" and "If I press the buzzer in the night, a senior carer comes straight away." Another person described how staff had been flexible in changing the time of call to support with their evening meal.
- A relative said, "They accommodated the timing change to 9.50 am so that [Name] could have a lie in."
- There had been a significant improvement in people's care plans. They included good information that reflected people's preferences for how care was to be delivered and guided staff in how this was to be achieved.
- People had assessments of their needs completed by the local authority before they started to receive a service in the extra care facility. The assessments were continued by Redwood Glades senior staff, which included individual and environmental risk assessments.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supplied with information in formats they could understand. For example, the use of large print for people with sight impairment and emails when people had difficulty with hearing.
- People's communication needs were recorded in their care plan. Staff were aware of people's specific communication needs and gave good examples of how they supported them, in some instances with the use of picture cards.

Improving care quality in response to complaints or concerns

- The provider's complaints policy and procedure detailed how to complain and had timescales for acknowledgement, investigation and outcome.
- Records showed complaints had been recorded and addressed effectively.
- People told us they felt able to complain. Comments included, "I have no real complaints but if I did, I would go to the office" and "I know how to complain. if I have any issues I go to the team leaders." One person described how they raised a complaint and it was resolved.

End of life care and support

- The registered manager told us people were able to remain in their own homes for end of life care and they would work with health professionals, and agencies funding the care package, to achieve this. There were no people currently receiving end of life care.
- Since February 2019, end of life training had been included in the five-day induction. The quality officer explained that staff employed before that date were to complete end of life training as part of mandatory training updates. Some staff had already completed the training and other courses were planned. Staff described how care plans would be reviewed to include end of life care when required.

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 Requires Improvement. At this inspection, this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to implement systems, which monitored and ensured a quality service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Senior management completed an assessment of the service and produced a 'Quality Improvement Pathway' document. The regional manager told us they supported the registered manager to complete the actions and monitored progress.
- Since the last inspection, the provider had designated a quality officer to support the registered manager in implementing the system of internal audits.
- The audits were completed on areas such as records of care calls to people, care plans, medicines management and a check of staff training.
- An action plan was produced in response to shortfalls in audits, surveys and previous inspection findings.
- The provider and registered manager understood their responsibilities to notify CQC and other agencies of incidents, which affected the safety and welfare of people who used the service.
- There were systems in place to respond to concerns people raised and to be open about shortfalls and how these were to be addressed.

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

- A person-centred culture was promoted through the registered manager and regional manager listening to people and acting to address issues.
- Several staff had commented that team work and communication could be improved between team leaders and care workers. This was discussed with the registered manager and regional manager. They had already been made aware of the issues and had put in place measures to address them such as a care worker representative to attend specific meetings. Records of team meetings confirmed staff felt improvements had been made.

- Staff told us they were able to approach the registered manager with concerns and had supervision meetings with their line manager. They described the registered manager as supportive.

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

- Surveys were completed with people who used the service and with staff. This enabled people to comment on how care was delivered to them and whether they felt improvements could be made.
- There were tenant's meetings between the registered manager, people who used the service and Riverside (the company who owned the building) to discuss any areas of concern. One person said, "There are managerial surgeries where we can ask questions of Hales staff, Riverside and the catering company (who run the café). We can also book 20-minute slots with [Name of registered manager] if we want a private chat about any concerns."
- The staff team had built up relationships with a range of health and social care professionals, involved in people's care and treatment. The registered manager had also developed a good working relationship with the local authority contracts and commissioning team.
- The registered manager told us they were now invited to attend meetings when initial discussions were held about people applying for tenancy. This enabled them to express their views about the impact specific tenancy applications may have on existing tenants and the level of support available.

Continuous learning and improving care

- The registered manager completed an analysis of complaints and incidents, which included looking at the root cause so lessons could be learned.