Review of compliance

Oregon Care Limited Redstone House	
Region:	South East
Location address:	43 Redstone Hill Redhill Surrey RH1 4BG
Type of service:	Care home service without nursing
Date of Publication:	February 2013
Overview of the service:	Redstone House provides accommodation for up to four adults with learning disabilities. Parking is available to the front of the house.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Redstone House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 27 October 2012, observed how people were being cared for, reviewed information from stakeholders and talked to people who use services.

What people told us

People who used the service responded to greetings with smiles and thumbs up.

We saw people confidently making choices and communicating them to staff in their preferred style. For example, we observed one person using sign language to communicate they wanted to a cup of tea to us and a member of staff who then supported them to make one. We also saw another person signing that they wanted to go trampolining and that staff then arranged this with them.

One person told us how they could choose what to do and liked going to college and work experience. They also told us the home was good, they liked the food, their rooms and the garden, and that some staff were nice and the others were alright.

People's relatives told us they looked after their relative very well, and they encourage them to make choices. They told us they felt their relative was safe there.

People's relatives told us they had no worries or complaints but felt they could talk to the manager if they did.

People's relatives told us the staff were good and involved them in decisions about care. They said there were enough staff and the staff knew their relatives' communication needs well.

One person's relative told us they were kept fairly well informed about their relative's care. They were told anything untoward immediately and contacted once a fortnight if they don't ring themselves.

One person's relative suggested safeguarding procedures could be improved if there was a procedure to support staff to identify when they are stressed, so their work can be changed so their feelings don't impact on the people using the service.

Another relative told us that the home had improved a lot since the new manager took over and that there had been a lot of positive changes to keeping people informed, involved and listening to people.

What we found about the standards we reviewed and how well Redstone House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
We saw people confidently making choices and communicating them to staff in their preferred style. For example, we observed one person using sign language to communicate they wanted to a cup of tea to us and a member of staff who then supported them to make one. We also saw another person signing that they wanted to go trampolining and that staff then arranged this with them.

One person told us how they could choose what to do and liked going to college and work experience.

People's relatives told us they look after their relative very well, and they encourage them to make choices.

Another relative told us that the home had improved a lot since the new manager took over and that there had been a lot of positive changes to keeping people informed, involved and listening to people.

Other evidence
People expressed their views and were involved in making decisions about their care and treatment.

We saw that in addition to care plans, there were person centred care plans written from the person's own perspective, describing how they wanted to be supported with their care, their preferences, likes, dislikes, and aspirations.
These had also each been individually adapted to suit the person's preferred communication method, for example, supported with widgets or pictures. We also saw there were house meetings and key-worker meetings to seek the views of people and involve them in the running of the home.

People who use the service make choices about their lives and are treated as individuals.

We saw that people had made choices about the activities, menus and meals, and that people's rooms also demonstrated choice by being individually personalised. We also saw that choices were often supported with more accessible information, for example, pictorial menus and care plans.

People were supported in promoting their independence and community involvement.

We saw that people were involved in food preparation, shopping and household tasks to the extent of their ability and choice and that this was recorded. We also saw that people accessed the community in various ways, for example, horse riding, swimming, shopping, eating out and accessing adult education, work experience and clubs.

People's diversity, values and human rights were respected.

We saw that care plans included sections for cultural and religious needs, and recorded religious needs and choices where appropriate.

Our judgement
People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People's relatives told us the staff kept them informed and involved them in decisions about care,

One person's relative told us they were kept fairly well informed about their relative's care. They were told anything untoward immediately and contacted once a fortnight if they don't ring themselves.

One person told us how they liked going to college and work experience.

Other evidence
People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at three care plans and saw that the home had acquired existing assessments, undertaken their own assessments and risk assessment, and sought other professionals' input. We saw that people's individual care plan was drawn up from these and with the person's input and choices recorded. For example, we saw staff responding to people with their preferred communication method.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We looked at three people's person centred care planning documents. They were made up of three files: a file for records, a person centred plan and a main care plan file.

The person centred plan was written from the persons own perspective, describing how they wanted to be supported with their care, their preferences, likes, dislikes, and aspirations.

The main care planning file contained people's health records, health care consultations and appointment records, medical correspondence, annual health checks, risk assessments, behavioural management plans, and specific individual records like epilepsy charts where needed.

There were arrangements in place to deal with foreseeable emergencies.

We saw that the home has emergency procedures in place to facilitate continuing to provide care in foreseeable emergencies, for example, fire, medical emergencies, hospital admission, electricity power cuts, heating, and adverse weather conditions which included for example, access to a four by four car and temporary portable heating.

Our judgement
People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The provider was meeting this standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
One person told us that some staff were nice and the others were alright.

People's relatives told us they felt their relative was safe.

One person's relative suggested safeguarding procedures could be improved if there was a procedure to support staff to identify when they are stressed, so their work can be changed so their feelings don't impact on the people using the service.

Other evidence
We saw that the provider minimised risk and the likelihood of abuse by making sure all the policies and procedures to promote safeguarding were in place.

The service had safeguarding and whistle blowing procedures and policies in place.

We spoke to three members of staff, who were aware of safeguarding procedures, had attended training in this area and were able to demonstrate knowledge of those procedures when asked. This included their responsibilities in reporting any incidents to the appropriate person should they witness or be made aware of any incident where the safety of person using the service may be compromised.

Staff were also aware of other connected policies, such as the whistle blowing policy and deprivation of liberty safeguards when it was in the best interest of the person who used the service.

Our judgement
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
One person told us that some staff were nice and the others were alright and that some people were out horse riding.

People's relatives told us the staff were good, involved them in decisions about care, there were enough staff and the staff knew their relives communication needs well.

Other evidence
There were enough qualified, skilled and experienced staff to meet people's needs.

Staff were seen to offer support in an unrushed and pleasant way, and with a knowledge of people's preferred communication methods and preferences.

We spoke to staff members who said they felt the staffing levels were ok.

We spoke to staff who told us they had an induction into their role, regular supervision and appraisals.

Nine out of ten care staff members had the National Vocational Qualification in Care, level 2.
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We observed staff spending time and interacting with people throughout this visit. For example, some people were being supported in activities in the community whilst others were being supported in the home. We saw that staff were able to offer support without

delay when needed.

We saw staffing rotas which confirmed that there were two care staff on duty in the day and one in the night on waking duty. There were also additional staff during the day to ensure enough staff when people's activity choices took staff out of the home.

Our judgement
There were enough qualified, skilled and experienced staff to meet people's needs.

The provider was meeting this standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People's relatives told us they had no worries or complaints but felt they could talk to the manager if they did.

One relative told us that the home had improved a lot since the new manager took over and that there had been a lot of positive changes to keeping people informed, involved and listening to people.

Other evidence
We saw that the health and safety of people was constantly promoted, reviewed and audited.
Systems were in place to monitor quality assurance.

The provider had sent out feedback questionnaires to the relatives of people using the service and health care professionals to gain their views and experiences in the way the service was provided.

We saw that audits of complaints, incidents, and medication occurred, and reviews of care plans and health and safety audits took place which formed part of the quality assurance process. Information about risks was gathered, analysed and reviewed. Any changes required that arose from reviewing these were implemented and recorded.

We saw that the manager was responsible for monitoring quality at the home, with all the directors having overall responsibility. A named director also had specific

responsibility for visiting the home and making their own checks on a monthly basis. Monitoring is passed up and continued throughout the organisation.

Our judgement
The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Author	Care Quality Commission
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