

Truecare Group Limited

Redlands

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an unannounced inspection.

The service provides care and support for up to eight people who have a learning disability, a mental health condition or physical disabilities. Some people using the service displayed behaviours that were challenging to others and required interventions from staff to keep them and others safe.

There is a registered manager at Redlands. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The provider monitored incidents where behaviours challenged and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support team and advocacy agencies.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions were made in people's best interests and documented appropriately

Summary of findings

People were not deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used physical intervention as a last resort. The provider had informed the local authority and healthcare professionals when this was applied.

Staff interacted with people and showed respect when they supported them. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

There was an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people. Management audits showed senior staff frequently visited the service to check care and support was delivered to a good standard.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were cared for by staff who knew how to keep them safe by reporting any concerns.

Potential risks to people's health were assessed and care plans put in place to manage any identified risks.

There were arrangements to manage the risks associated with the management and administration of medicines.

Good



Is the service effective?

The service was effective. Staff were supported to develop their knowledge and skills to meet the needs of the people.

Where potential restrictions on people's liberty had been identified, appropriate applications had been made to the local authority under the Deprivation of Liberty Safeguards.

People who were at risk of choking had been appropriately assessed and supported effectively.

Good



Is the service caring?

The service was caring. Staff were caring, patient and kind.

Care staff understood people's different communication needs and interacted effectively with people.

People were supported to make choices and their dignity and independence respected.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and reflected people's needs and choices so staff could meet people's needs in a way they preferred. Care plans were reviewed regularly to ensure they continued to meet people's needs.

The registered manager and the provider were responsive to concerns raised.

Good



Is the service well-led?

The service was well-led. Staff felt supported by the management team.

Staff, relatives and people were provided with regular opportunities to provide feedback.

Staff were knowledgeable about how to raise concerns. Concerns were taken seriously and fully investigated.

Good



Redlands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 19 January 2015 and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR

along with information we held about the service. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the service is required to tell us about by law

The inspection was conducted by two inspectors.

We looked at the care records for five people and reviewed the homes quality assurance audits and documentation. We looked at the policies and general information available for people such as safeguarding incidents and feedback questionnaires completed by relatives and professionals. We looked at six staff personnel records including their recruitment and training details.

We spoke with the deputy manager, the assistant area director, four support workers, two healthcare professionals, two people who use the service and three relatives.

At the last inspection on 23 April 2013 we had not identified any concerns with the service.

Is the service safe?

Our findings

Healthcare professionals and relatives told us people were safe. One relative said: “The staff do a wonderful job, people are looked after really well and I am sure they are safe”. A healthcare professional told us Redlands provided good care and had detailed plans in place to keep people safe.

Staff were knowledgeable about their responsibilities when reporting safeguarding concerns. Staff received training in safeguarding adults and were required to repeat this on an annual basis. Staff were able to recognise and understand abuse, respond appropriately and make the necessary reports to the registered manager and external agencies. The providers safeguarding policy documented the different forms of abuse and provided guidance about how to raise a safeguarding alert. It detailed contact information about the Care Quality Commission, the local authority and the Police. Records showed a recent safeguarding concern had been fully investigated by the assistant area director and required action was taken.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. Documentation stated reasons for the administration and dosage given. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

There were sufficient staff with the right competencies, knowledge and skill mix to meet people’s needs. For example, staff employed had previous experience in supporting people with a learning disability and had received training in supporting people with complex behaviours. Staffing levels had been assessed in accordance with people’s care needs and the registered

manager told us they regularly reviewed staffing levels and when required, additional support workers were employed to ensure people were supported effectively. A relative told us the home had employed an additional member of staff to support their family member during a time of increased anxiety. They said: “The home was brilliant; I know they get paid for it but they got another member of staff in really quickly and it helped”. A member of staff told us the home needed to employ a chef to enable each support worker to focus on providing one to one care. The operations manager told us the requirement for a chef had already been identified through a staffing review. Documentation showed the provider had advertised, recruited a chef and was awaiting their start date.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk

The provider had effective arrangements in place to review risk on a daily basis. Staff told us they communicated with each other during the day to share information about any risks and said they informed the registered manager of any concerns when they arose. Staff completed daily records which provided details of care people received including any incidents of behaviours that challenged. They told us the daily records were used to monitor people’s health and to consider when reviewing their risk assessments. Risk assessments and safeguarding protocols were detailed and contained strategies for staff to follow should behaviours become challenging to others. Staff were knowledgeable about the risks associated with people’s care. One support worker said: “There is a lot of paper work and we have to read everything and sign it to say we will follow it”.

Is the service effective?

Our findings

People and healthcare professionals told us staff were suitably trained and qualified to deliver effective care and support. Relatives said they felt staff were knowledgeable about the care they provided and said their family member's needs were met to a good standard. One relative said: "The staff are patient, they understand people and they know exactly what they are doing, I have no doubt about that". One person said: "They know me really well here and they know what to do".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and relatives told us the food was of good nutritional quality and well balanced. The menu took account of people's preferences, dietary requirements and allergies. Staff were also knowledgeable about people's religious and cultural requirements.

Staff received an effective induction into their role. Staff had regular supervision and appraisal (supervision and appraisal are processes which offer support, assurances and learning to help staff development). Senior staff had conducted competency checks to ensure they were appropriately skilled to meet people's needs. For example, observing moving and handling practice and administering medicines. Records showed staff received training specific to people's needs. This included strategies for crisis intervention and prevention (SCIP). SCIP aims to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions can be used

to prevent a crisis from occurring. Where interventions had been used, staff had completed documentation such as body maps, daily care notes, incident records and reported any concerns to the local authority safeguarding team.

People's views and decisions were respected. Some people were unable to express their views or make decisions about their care and treatment. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about these requirements and records showed people's capacity had been properly assessed and documented. Staff were able to illustrate the principles of the MCA and described the times when a best interest decision may be appropriate. For example, one member of staff said: "We have to assume people have capacity and if we don't think they do then we test it". Another support worker said: "We look at best interest decisions and think of their safety". Relatives told us they were able to express their views about their family members care. Records showed advocacy agencies were involved in helping people to make decisions when they did not have family support.

Staff responded effectively to ensure people's freedom was not unlawfully restricted without authorisation. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were eight people subject to DoLS at the time of our inspection. Staff were knowledgeable about the safeguards people had in place and were able to describe their restrictions. Staff regularly reviewed people's DoLS and considered the least restrictive option.

Is the service caring?

Our findings

People were encouraged to maintain their family relationships. Relatives told us staff contacted them on a regular basis to discuss care. One relative said: “We have a great relationship with the staff, we visit all the time and we are always made to feel welcome. Another relative said: “The staff really care about the people living here, they smile, they laugh and do what is best for people”.

Staff were friendly, supportive and promoted dignity and privacy when providing care. One person told us they were treated with kindness and compassion. They said: “The staff do listen, they take me to the shops and they help me to stay independent, they talk to me nicely especially when I am sad”. We consistently observed positive interactions between staff and people. For example, one support worker sat on a chair and played hand games with someone, the person was laughing, smiling and making loud noises which we were told meant they were happy.

People were treated with respect. The atmosphere was lively, there were many occasions during the day where staff and people engaged in conversation and laughed. We

observed staff speak with people in a friendly and courteous manner, this included communicating by signing and using hand gestures. Staff always got down to the person’s level to ensure eye contact was made. We observed people participating in painting activities and one person was supported to use the swing in the back garden. A support worker said: “The person using the swing came to us hardly being able to walk and now they use the swing and with encouragement they are walking much better”. Staff supported people to access the community regularly. For example, one person was being supported to go shopping whilst another person was being supported to attend a medical appointment.

Staff were knowledgeable about people’s personal interests. Staff told us people’s interests included horse riding, swimming and cooking. People had been supported to take part in or attend their chosen activities. Relatives confirmed this. One person said: “I like the staff here, they take me out when I want and they take me to clubs and out for something to eat”. Relatives told us each time they visited Redlands people were being supported to access the community or taking part in activities such as playing games.

Is the service responsive?

Our findings

Healthcare professionals and relatives told us support workers responded to people's needs effectively. A relative said: "I have been really pleased with how the staff respond to any concerns. They deal with them and they let me know what goes on".

People had their individual needs assessed and consistently met. Care plans were regularly reviewed and provided accurate information. Staff told us reviews of people's care plans took place regularly with input from the assistant psychologist, relatives and social services. A relative told us although they were invited to attend care reviews they said: "We get a lot of phone calls from staff keeping us up to date. If we have any worries or questions about her care we can ask anytime and we get a good response".

Relatives told us support was personalised and changes in care were quickly identified and implemented into their care plans. One relative said: "I know they have care plans because I have seen them and I know they get reviewed because I have seen them doing it". One person told us they were satisfied with the care and support they received and said: "I have meetings with staff to talk about how I am doing and what help I need. They (staff) write everything down in my file".

Each person had an allocated support worker who provided one to one care. Staff told us this helped to build up positive relationships between staff and people and encouraged consistency in the delivery of care. Feedback from relatives showed they were pleased with the relationships between staff and their family members.

People received medical treatment in response to accidents and investigations were conducted appropriately. For example, a recent incident record showed how staff responded effectively after someone had a seizure. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs and the person was supported to attend a GP appointment the next day. A support worker said: "We are taking the persons medication with us to the appointment in case it needs to be reviewed". The person's relative said they were very happy with how the staff looked after their family member.

Records were personalised and documented people's interests, histories, wishes and personal preferences. For example, one person's care plan documented their musical interests and activities they enjoyed whilst another record for a different person documented their accommodation history and wishes for the future.

Relatives told us they knew how to complain. The service had good arrangements in place to deal with complaints. People, relatives and staff consistently told us complaints were taken seriously and investigated thoroughly. Records showed where people had made complaints the complainant was regularly consulted and updated with any progress. A relative told us they had complained about an issue several months ago and found the staff member dealing with the complaint was understanding and committed to dealing with it efficiently. One person said: "I tell them if I am not happy and they change it if I want them to change it"

Is the service well-led?

Our findings

Relatives told us the service was well-led. One relative said: “Each time I come here there is always a manager in the office or out on the floor helping out. The managers are always polite and welcoming; they get involved with everything including looking after people”.

Staff were positive about the leadership and management of the home. They told us they were encouraged to share their views about the home and how it could be improved. They said they were supported in their roles through regular supervision and staff meetings as well as more informally on a day to day basis. Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. One support worker said: “We have team meetings but if I need any advice I can just ask the manager at any time”. A member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey.

As part of the registered manager’s drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans for improvement, when improvements were

required. One audit showed a small number of care plans had not been reviewed. A support worker told us the plans still provided an accurate account of people’s needs but would be prioritised for review.

Staff told us that there was an open culture at the service and they would not hesitate to raise any concerns if they were witness to poor practice taking place. The service had a whistle blowing policy in place which staff confirmed they knew about. All the staff spoken with said they were confident that the manager would deal with any concerns they had and told us they felt able to raise any issues at their team meetings. We read team meeting minutes and these confirmed that staff members contributed to discussions being held.

The assistant area director was able to demonstrate investigations into concerns raised by staff had been appropriately investigated. Records showed the local authority and the Care Quality Commission were informed of safeguarding concerns.

Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary. Staff were knowledgeable about the homes whistleblowing policy and records showed the provider fully investigated any concerns raised.