

Our TLC Limited

# Redburn House

## 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 ● |

# Summary of findings

## Overall summary

The inspection took place on 16 and 17 April 2018 and was announced.

At the last inspection in August 2016 we rated the service 'Requires Improvement.' This is because we needed to be assured that improvements made following the February 2016 inspection were sustained. At this inspection we found the service had sustained these improvements and further developed the service.

Redburn House provides personal care and support to people living in their own homes with mental health needs. Until March 2018 Redburn House had been registered as a care home, but was now one of 11 supported living settings where staff provided personal care and support. Supported living settings allow people to live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. In addition, the service provides a domiciliary care service to people. Most people received minimal personal care comprising of prompting with washing, showering and continence. At the time of the inspection, 26 people were receiving personal care from the service including the prompting of personal care.

A registered manager was not in place. The provider had made the decision to become the registered manager for the service and submitted an application which was in the process of being assessed by the Commissions registration team. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said they felt safe using the service. Staff knew how to identify and report any concerns. Risks to people's health and safety were well managed by the service. Following adverse events, action was taken to improve the safety of the service. Medicines were managed safely and people received their medicines as prescribed.

There were enough staff deployed to ensure people received a consistent level of care and support. Staff were recruited safely to ensure they were of suitable character to work with vulnerable people. Staff received a good level of care and support to enable them to meet people's individual needs.

People's nutritional needs were assessed and people were supported to ensure they ate and drank appropriately. The service worked with a range of professionals to help meet people's healthcare needs.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Care was delivered in the least restrictive way possible and people were involved in decisions relating to their care and support.

Staff were kind and caring and treated people well. People spoke positively about the staff that supported them. Staff had developed strong relationships with people and people were cared for by familiar faces. People were encouraged to develop and maintain relationships with other people who used the service. People's views and opinions were sought and used to make improvements to the way care and support was provided.

People's care needs were met. Care and support plans were detailed and demonstrated a thorough assessment of people's needs. We found appropriate care was delivered in line with these plans. People's care needs were subject to regular review.

People were encouraged to maintain links with the local community and undertake a range of activities.

Complaints were recorded, investigated and responded to in a timely way. People said they were happy with the way the service was provided.

People spoke positively about the way the service was managed. They knew the management team and said they were approachable. There was a person-centred culture within the service focused on improving people's independence, confidence and life skills.

A range of checks were undertaken by the management team to provide assurance the service was operating effectively. The service was committed to continuous improvement and had improved significantly over recent years.

## 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.

Risks to people's health and safety were assessed and plans of care put in place for staff to follow. Staff knew people well and how to keep them safe.

There were enough staff deployed to ensure people received consistent care and support. Staff were recruited safely.

Overall medicines were managed safely and people received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received effective care that met their individual needs and improved their outcomes.

Staff received a range of training and support relevant to their role as mental health support workers. Staff felt well supported by the service.

The service worked effectively with a range of health professionals to ensure people's needs were met.

The service was compliant with the requirements of the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring.

Staff treated people well and were caring. Staff knew people well and had developed good relationships with them.

The service was effective at promoting people's independence.

People's views and opinions were listened to and valued.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and good quality care and support provided in line with people's preferences and needs. People's support needs were subject to regular review.

People had access to a range of activities and social opportunities whilst using the service.

People knew how to complain. Complaints were properly recorded, investigated and outcomes used to improve the service.

### **Is the service well-led?**

The service was well led.

People and staff spoke positively about the way the service was managed. People said the management team were friendly and approachable.

We found a good culture within the service focused on improving people's outcomes.

A range of audits and checks were undertaken by the management team. Findings were used to continuously improve the service.

**Good** ●

# Redburn House

## 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.

The inspection took place on the 16 and 17 April 2018 and was announced. We gave the provider a short amount of notice that we would be inspecting, because we wanted to ensure a manager was present in the office and we needed to seek consent before visiting people in their homes. On the 16 March 2018, we visited the provider's offices to look at care related documentation and speak with the manager of the service. On the 16 and 17 April 2018 we visited six homes where people were supported to live. On the 18 and 19 April 2018 we made phone calls to a person who received domiciliary care and two staff who provided this service.

The inspection was carried out by two inspectors. Prior to the inspection we spoke with both the local authority commissioning and safeguarding teams. We reviewed information held on the provider for example notifications sent to us by the provider. We reviewed information the provider sent us in the Provider Information Return. 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.

During the inspection we spoke with 14 people who used the service. We spoke with 13 support workers, the provider, the operations lead, two deputy managers and two service managers. We looked at elements of six people's care records and records relating to the management of the service including staff training records, audits and meeting minutes. We spoke with two health professionals who work with the service.

## Is the service safe?

### Our findings

People told us they felt safe whilst being supported by staff. Comments included, "Feel safe here, when staff are here. They always check on us to make sure we're safe", "it's safe...no worries about living here", "I feel safe, all the lads get on with each other. No conflicts."

Staff understood how to identify and raise safeguarding concerns. Staff all told us they had no concerns and thought people who used the service were safe from abuse. We saw safeguarding incidents had been appropriately identified by the service and liaison taken place with the local safeguarding team and/or the police where appropriate. Investigations showed clear actions had been put in place following incidents including providing additional training to staff and following disciplinary processes where appropriate to improve the safety of the service. In 2017, the service had identified a safeguarding issue and the police had been contacted. The police investigation into whether the two staff involved had committed a criminal offence was still in progress at the time of our inspection. Both these staff members no longer worked at the service following internal disciplinary processes. We did not look at the circumstances surrounding this incident as it was under police investigation, but looked at the how the provider's wider systems and processes protected people from abuse and found no concerns.

The service was responsible for looking after some people's finances. We saw safe processes were in place to mitigate the risk of financial abuse. This included checking with the person each time money was removed from their locked money tin which was kept in a safe in their room. The staff member and the person would sign the transaction sheet and the monetary balance was checked each time this happened. In addition, people's finances were checked by the service manager monthly and any discrepancies noted and investigations made. We checked three people's monies and found the balance documented on the finance transaction sheet matched the money deposited in the person's money tin. One person told us, "Staff monitor my money to keep this under control. I get enough for spending and for food shopping. I don't go short."

Incidents and accidents were recorded and action taken to help ensure improvement of the safety of the service. Each incident was recorded on a tracker to monitor to the number and type of incidents occurring throughout the service to look for any themes and trends. Incidents were discussed at management meetings to help ensure actions were put in place to prevent a recurrence.

Overall risks to people's health and safety were assessed and plans of care put in place to keep them safe. Risk assessment documents were in place which covered risks such as environment, health, medicines, lifestyle and self-harm. We identified one person who required assistance mobilising from two staff, however there was a lack of detailed moving and handling risk assessment stating how this would be done safely. We raised this with the management team who immediately addressed this. The service supported positive risk taking. This helped to ensure people were able to have a much freedom as possible and it supported people to maintain their independence. For example in encouraging people to access the community independently, and reducing staff supervision to help people get used to living independently.

Medicines were safely managed. People said they received consistent and appropriate medicine support from staff. One person said, "The staff make sure I take my medicines, they remind me every day." Staff had received training in the safe management of medicines and their competency had been checked. We looked at a sample of medicines administration records (MARs) and saw these had been consistently completed by staff. This showed us people were receiving their medicines at the right times. We saw where possible staff supported people to take their medicines by prompting them rather than administration, allowing them as much independence as possible. Medicines errors and concerns were discussed at staff meetings and supervisions to mitigate the risk of recurrence and ensure best practice.

Medicines profiles contained clear information about people's medicines, what they were for, why these should be taken and any possible side effects for staff to be aware of. We completed a random check of two people's 'as required' (PRN) boxed medicines and found the amount in the boxes matched the amount documented in the PRN medicines log. In some instances, the protocol for PRN medicines was not present in people's medicines file. However, we saw the provider was introducing standard PRN protocols throughout the services to address this. From our discussions we were confident these would be put in place. Clearer information was also required about the creams staff were applying when people were receiving support in their own homes.

Staff and people told us sufficient staff were deployed to keep people safe across the service properties. A person commented, "Always staff around when I need staff." A staff member told us, "Plenty of staff around. Any problems, we can ring 'on call' or the manager." Rotas' showed that consistent staff support was provided to people. In the homecare part of the service, we saw rota's were well planned with travel time between clients to help ensure staff were able to be in the right place at the right time. Daily logs showed that staff consistently arrived on time and stayed with people for the full call length. However one person told us they thought staff rushed at times. We raised this with the management team to investigate.

The provider had a robust recruitment policy and we saw checks were made to ensure staff were suitable to work with vulnerable people. This included receiving at least two satisfactory references prior to commencement of employment and Disclosure and Baring Services (DBS) checks. Where gaps in employment were seen on candidates' application forms, we saw these were discussed at interview.

Staff had access to disposable aprons and gloves to ensure infection prevention procedures were followed. Audits and checks were undertaken to ensure good hygiene practices were adhered to.

## Is the service effective?

### Our findings

People's care needs were assessed and plans of care put in place to help achieve good outcomes. People, health professionals and staff told us that good outcomes had been achieved and people had positively developed their confidence and independence by using the service. The service kept up-to-date with best practice throughout various means including enhanced training for the management team. Information was cascaded throughout the management team to ensure staff were aware of new developments and legislation, for example the National Institute for Health and Care Excellence (NICE) guidance on managing medicines in the community.

People said staff had the right skills to care for them. One person said, "Staff know what they are doing". Another person said, "Think they are well trained, they do sort problems." A third person said, "The staff are well trained they do training courses, very professional." We saw people received care from a small group of support workers to help improve continuity and ensure staff were aware of people's care and support needs.

A structured training plan was in place for each staff member. Staff received training and updates in a range of subjects including safeguarding, safe handling of medicines, behaviour that challenges, support planning, Mental Capacity Act (MCA), food hygiene, nutrition, drugs and alcohol awareness, fire safety and infection control. New staff were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. As well as mandatory training, staff attended training on mental health awareness and further safe handling of medicines within the first few months of service, as well as being enrolled on National Vocational Qualifications (NVQ) level two or three. We looked at staff training records and saw training was mostly up-to-date. Training was provided using a mixture of DVD training and face to face sessions held internally. Staff told us the training had provided them with the required skills to perform their role safely and effectively.

New staff completed a two week induction programme which included initial training, familiarisation with policies and procedures, and shadowing an experienced staff member for a number of shifts, dependent upon their experience, confidence and skills. Staff confirmed this took place.

A programme of supervision, appraisal and competency checks was in place, including spot checks to assess if staff were providing appropriate care and support to people. We saw supervisions covered topics such as concerns, areas for improvement, staff development and training and staff told us these were a useful tool.

The management told us that nobody using the service was nutritionally at risk. We saw people's nutritional needs were assessed to ensure any risks were promptly identified. We saw people were supported to cook for themselves and encouraged to follow a healthy diet, whilst respecting people's rights to choose what they wanted to eat. People said they received appropriate support at mealtimes.

Both health professionals we spoke with spoke positively about the service and the way it was managed.

One health care professional told us communication was good with the staff team. They said staff worked on liaising with a number of health and social care professional to achieve positive results for people who used the service. For example, they explained how they and one person's psychologist had liaised with the management team to provide extra training and support for staff on how to manage the person's complex behaviours. Records showed that a range of health professionals including community nurses and the crisis team were involved in people's care and staff contacted them appropriately. We saw people had been supported to register with GP practices and dentists when they had moved into supported living homes to help ensure their health was maintained.

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. In the case of Domiciliary Care applications must be made to the Court of Protection. Previous DoLS applications had been made for some people who lived at Redburn House; these were currently being reviewed and re-applied for, now Redburn House was no longer a care home. At the time of the inspection none of these applications had been assessed and there were no DoLS in place. Our discussion with the management team lead us to conclude the service had a good understanding of the requirements in relation to DoLS giving us assurance the correct procedures would continue to be followed.

We saw care was delivered in the least restrictive way possible and people's freedom and independence encouraged. People's capacity to make decisions in relation to their care and support was assessed. We saw people's choices were documented in people's care records and respected by staff throughout our inspection. For example, staff asked one person if they wanted to speak with us during the inspection and they declined. Their wishes were respected by the staff member who told us it would not be possible on this occasion.

## Is the service caring?

### Our findings

People we spoke with praised staff and said they were kind and caring. Comments included, "Best place I've ever lived. Staff are friendly. It's a friendly place," "The atmosphere is good. Staff are good to me...don't talk down to me," "I like the staff, they are really supportive, they give good advice," "my keyworker gives lots of good advice, helping me to move forward" and "staff are beautiful, they know how to respond to things, they are friendly and nice." During observations of care and support we saw staff treated people respectfully, engaging them in conversation. We saw people laughing and smiling in the presence of staff.

Health professionals also shared this opinion of staff and said it was a caring service. One health care professional told us, "I think they make people feel they're part of a family; cared for and valued. So nurturing with my client whilst respecting professional boundaries. They have got a 'can do' attitude about things. They won't turn anyone away, treat people like people."

We saw evidence staff had developed good positive relationships with people. The service tried to keep the staff team supporting each person as small as possible to improve consistency and continuity. Staff we spoke with knew people well and were able to describe in detail how they liked to be supported. Each person had an assigned key worker who conducted monthly reviews with them and provided them with a main contact to discuss any concerns. The service thought carefully about assigning key workers who were compatible with the person. For example one keyworker explained they got on well with one person and had the same musical tastes which led to them becoming the person's keyworker. Where people received homecare we saw rotas were provided to both people and staff two weeks in advance so people knew who would be supporting them.

The service was effective at helping people to maintain relationships with others. We saw people who used the service and who lived separately mixed with each other. This was facilitated through activities such as daytrips, parties and events. During the inspection, we saw a number of people moving between the Supported Living premises to visit their friends. People we spoke with told us they had good friends in the other houses and liked to visit them.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under this legislation. We saw people's different cultures and religions were respected. For example, some people were supported to attend the church of their choice, either independently, with staff or with relatives. Staff had received training in equality and diversity and the service had an equality and diversity policy in place. We saw posters displayed at the services which stated discrimination was not tolerated and did not see any discriminatory behaviour during our inspection.

People's views and opinions were sought and acted on. For example when Redburn House had transitioned from a care home to supported living, people had been extensively consulted. People had house meetings and monthly key workers meetings where they could air their views. We saw people's requests for support and advice were listened to on a daily basis.

We looked to see how the service promoted advocacy for people who did not have anyone to speak on their behalf if required. One of the service managers told us they had considered independent advocates for two people recently. However, although they arranged for the advocates to attend, the people had refused the service. The service manager told us they had supported another person to receive independent debt management advice from the local citizen's advice bureau. This showed staff were committed to helping people make informed choices whilst supporting their independence.

The service was effective in improving people's independence and confidence. People told us how they had improved whilst being supported by staff at Redburn House. We saw people had achieved positive outcomes and become more independent in the community.

Redburn House had been a care home until its recent transition to Supported Living. We did note there were CCTV camera's in the communal areas of Redburn House, installed when the premises was a care home. The management agreed to undertake an immediate review of these now the building was a private residence to ensure people's privacy was not compromised.

## Is the service responsive?

### Our findings

People, staff and health professionals told us people received good care and experienced positive outcomes. One person said, "I get a lot of support here, I have improved really well due to support." A staff member told us how it was very clear the people they supported were settled and had improved their life skills since using the service. A care professional commented, "They stick with it here. I've seen positive improvements (with my client) as a result."

People's needs were assessed and plans of care put in place. Care records were detailed and person centred. Care planning took account of people's individual preferences for examples the gender of staff they wished to be supported by. Each record contained a 'What's important to me' section with individualised information on how they liked to be supported. Care plans were subject to regular review to ensure they remained relevant. Key worker meetings were held monthly where each person reviewed their care and support needs with their key worker. People confirmed that care needs were met and regular meetings took place.

People and staff were able to describe people's goals and how they were going to achieve them. However care records did not always record people's goal setting and achievement making it difficult to track and evaluate people's progress over time. We saw a plan was in place to address this, which would make evidencing people's progress easier.

Where people received care in their own homes, we saw clear records were maintained of staff arrival and departure time. Records showed staff consistently arrived on time and stayed with people for the correct amount of time. This helped ensure consistent and appropriate care.

We saw people participated in a range of activities according to their preferences. For example, some people socialised with friends and people who lived in the nearby service properties, others went out to town or shopping with staff support. During our inspection we saw people and staff from a number of neighbouring services went bowling together. Trips out to local towns and holidays had also taken place. One person said "I have good friends here." Another person enjoyed watching their local football team. Staff had helped them to attend with another person who used the service; demonstrating good relationships were encouraged between people. If the person's friend could not go, staff supported them to the football to ensure they had company.

We saw no evidence of advanced care planning in the records we reviewed. However, the operations lead told us at inspection feedback they were in the process of commencing these conversations with people. This gave us assurance people would be supported to start thinking about and planning their future care.

We looked to see how the service worked within the Accessible Information Standards. The service had a policy entitled, 'Service Users with Communication Difficulties' which was linked to current legislation and the Accessible Information Standard. The policy discussed how the service could achieve outstanding practice. Staff we spoke with told us no-one who used the service currently had any communication

difficulties but were able to give examples of how they would impart information in different ways if this was required.

People told us they knew how to complain if required. One person commented, "I know how to complain. Any concerns I would see the manager and put a complaint in writing. May approach a carer first. Never had to do it." People we spoke with said the service listened to them and any issues they had. We saw complaints were all logged, investigated and subject to proper investigation. A complaints tracker was used to monitor the number and type of complaints received. Compliments were also recorded so the service could assess where it was exceeding expectations.

## Is the service well-led?

### Our findings

People, staff and health professionals spoke positively about the way the service was managed. They said the management team was friendly, approachable and supportive. One person said, "[Provider] is very nice, she comes and sees me regularly." A staff member said, "Very happy here, get on well with everyone, office staff are fantastic." Another staff member said, "Support is good from management, they are approachable and we can take issues to them."

We found a person centred approach to care and support that was focused on providing people with opportunities to build their confidence and develop their independence. People, staff and management all talked of this approach, demonstrating it was well embedded into the organisations values and beliefs.

A clear management structure was in place with each area of the service having an overseeing manager and deputy. There were clear lines of reporting, with information from each area of the service reported to the operations lead on a monthly basis so senior management could ensure the service was operating appropriately. The management team were provided with training and support and encouraged to undertake further qualifications. For example one manager told us they were completing a level 5 qualification in health and social care.

A range of quality checks were made to ensure the service was running smoothly and any improvements were actioned. For example, medicines were checked monthly and actions taken where errors were identified. Care plans were regularly audited to ensure they met the required standard. Spot checks of staff working practice also took place to ensure staff were working to agreed policies and procedures. In the homecare side of the service, daily records of care were brought back to the office on a periodic basis; however it was not always clear whether they had been checked/audited. We saw a plan was in place to address this. The operations lead monitored all the audits and checks and other activities such as meetings undertaken by other managers to ensure they were taking place at the agreed frequency.

Daily logs of people's activity were maintained evidencing the support they had been provided with. In Supported Living, we saw the amount of detail recorded varied dependant on which property people lived in. The management team said they would review how records were kept to ensure care logs consistently evidenced the wide range of care and support people received.

At the last inspection in 2016, we found a number of improvements had been made, and at this inspection we found these had been sustained and built on further. It was clear speaking to the senior management team that they were committed to further improvement of the service. For example, electronic call monitoring and an electronic care plan system was being introduced within homecare to allow better monitoring of staff activity. The management team had also identified that some staff computer skills needed improving so additional training was being provided. The management team were open and honest with us and we saw they took on board our feedback for minor areas of improvement giving us assurance these would be addressed.

The provider used a number of tools to gauge people's perception of the service quality and include people in the running of the service. This included service meetings and the newly formed service user focus meetings where representatives from each area of the service would discuss what was important to them. A person who used the service was responsible for promoting and running these meetings. This meant people were actively involved in the running and quality improvement of the service. We saw results from service user surveys were displayed at the services for people to read. One person told us, "I've had a questionnaire, what we thought about the place, any issues."

Team meetings were held regularly and staff told us they felt able to speak and voice their opinions at these meetings. We saw these were an opportunity to discuss concerns and get key messages to staff. We saw the provider held regular meetings among the management team of the services to discuss updates, areas for improvement and actions to be implemented as a result of these. The meetings were used as a forum for learning and driving improvements within the services as well as sharing best practice.