

Surrey and Borders Partnership NHS Foundation Trust

Redstone 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

About the service:

Redstone House is a residential care home providing care for people with learning disabilities. Redstone House is registered for eight people. Redstone House was providing personal care to six people aged between 50 and 80 years at the time of the inspection.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

People's experience of using this service:

The people at Redstone House were unable to verbally communicate how they felt about the service. People did appear happy and relaxed in their home and in the company of staff. Their relatives and advocates told us people felt safe living at Redstone House. Risks to people's safety had been assessed and measures implemented to keep them safe. A positive approach to risk taking was followed to ensure people's independence was maintained.

Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

Staff had received training and support from healthcare professionals with regards to people's individual health needs. This had enabled staff to provide people with individualised support in these areas. People's family and advocates told us they enjoyed their food and were offered choices in how they spent their time.

People's relatives and advocates told us that staff were caring and treated them with respect. Staff had worked at the service for many years and positive relationships had developed between people. There was a warm and homely atmosphere and people were clearly comfortable living at Redstone House.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home.

There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service. Quality assurance systems were in place which ensured high standards were maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection:

The rating at the last inspection was Good. The report of the last inspection was published on 16 December 2016.

Why we inspected: This was a planned comprehensive inspection to confirm the service remained Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Redstone House

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

Inspection team:

The inspection was carried out by one inspector and one inspection manager.

Service and service type:

Redstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was unannounced.

What we did:

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we observed staff interactions with four people who lived at the home and observed the care and support provided to people. We also spoke with the registered manager and one staff member. We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, staff files and appraisals, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that.

Following the inspection, we spoke with one relative, an advocate and two further members of staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe within the home and were seen to be comfortable and happy moving around their home and in the company of staff.
- One person's advocate said, "It's so nice to know that [person] is completely safe and well. The people that work there are so kind and considerate towards everyone."
- Information was displayed making staff aware of the safeguarding reporting pathway in the main office that everyone had access to. Staff showed good knowledge of this and confirmed they were confident to voice their concerns and report correctly if necessary. Staff were also knowledgeable in the different types of abuse to be aware of.
- Records showed contact between the home and the local authority when safeguarding concerns had been raised in the past. This showed that investigations had been carried out and records had been kept of the actions taken to protect people.

Assessing risk, safety monitoring and management

- Risk assessments were clear and thorough and individualised in each person's care record. Staff had the guidance they needed to minimise risks and they understood what support each person required.
- Regular reviews were completed to ensure safe practice and up to date care needs with risk assessments were all present in each person's care plans.
- The fire safety policy was kept up to date and regularly reviewed. Alongside this each person had an individual personal emergency evacuation plan, which detailed what support each person would need to be evacuated safely in the case of an emergency. One staff member stated that there had been an incident where the house had to be evacuated and the people had to stay at alternative accommodation for a short period of time. They said, "The evacuation worked so well because of all the training and drills we had experienced previously. The alternative accommodation also went smoothly because it was so well organised. The concern was some of the people would become distressed about leaving their home for a few days, but this didn't happen as it was managed so well with the plan and how it was executed by staff."

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. When care needs changed, staffing levels were reviewed and amended accordingly. An example of this was one member of staff was dedicated to a person in the home that required one to one care.
- Recruitment was thorough, and this was through reviews of references provided, interviews and various checks completed to confirm a person's suitability for the role. The whole recruitment process and files were managed through the NHS Trust centralised system.
- Staff said they never felt rushed and always had time to speak to people. A relative said, "They never seem

short staffed, they have a tough job to do and always do it with a smile and make a challenging job look easy."

Using medicines safely

- There were up to date medicine administration records (MAR) and all reviews were completed in a timely fashion. Medicines were managed well and securely stored.
- Guidance was in place for where people were prescribed PRN medicines (as and when required) to guide staff on when and how they should be administered. Staff knew people well enough to understand when they may need PRN if they were unable to verbally request this.
- Medication that was being administered covertly, without the knowledge of the person, had been authorised correctly and was being administered in lines with recommendations made by the doctor.
- Medicines were only being administered by staff who had completed the correct training and had been assessed as competent in this area.

Preventing and controlling infection

- The home was clean, and staff were employed to maintain the standards of cleanliness.
- All staff were trained in infection control and were knowledgeable in how to prevent the spread of infection.
- There was hand wash and sanitiser available at every sink as well as hand washing reminder posters on the walls next to the sinks.
- People's laundry was washed in a designated laundry room that was clean and well maintained.
- There were audits in place to check that this standard continued.

Learning lessons when things go wrong

- Accidents and incidents were recorded on a central online system. This allowed the senior management to identify any trends or patterns and set actions to try to prevent future incidents.
- There had been a medication error notification sent through to CQC this year and action had been taken as a result. The member of staff had received refresher training and had to be passed as competent again before returning to administering medication.

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

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

- All assessments in support plans were thorough, informative and up to date with regular reviews. People's needs had also been assessed prior to them moving in.
- There were clear communication systems in place to update staff on any developments or changes to people's routines. Examples of these were clear handovers both verbal and in the daily communication book and regular emails sent by management to staff. As a result, everyone was updated in a timely fashion about people's ongoing and changing needs.
- A positive approach to risk taking was followed to ensure people's independence was maintained. An example of this was with day to day activities that had been risk assessed such as people making their own drinks and small meals where possible to remain as independent as possible.

Staff support: induction, training, skills and experience

- Staff stated they were well supported by the provider and felt confident that they had received all role-specific training, such as a thorough induction to ensure all staff were aware of all individual needs. Staff also stated that they often asked for other training and this was always arranged as well as their regular refresher training, this ensured that staff had specialised training to meet the individual needs of the people living in the home. Some examples of this were behaviour and non verbal communication training.
- Staff communicated with people in a way that best suited them. This included some use of hand signing, repeating back phrases to one person and using known phrases which reduced one person's anxiety.
- A lot of the staff that were working at Redstone House had worked there for a considerable amount of years, this assisted them to have experience in not only their roles but also the people who lived in the home.
- The service's training matrix computer system identified when a staff member's refresher training was due for renewal.

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

- Careful consideration was given to menu planning and choices to ensure meals contained the correct nutritional value as well as giving people choice. An example of the choice given to people in the house were pictorial aids to assist people in giving their menu choice for the week.
- Staff were seen to support people to eat and drink throughout the day, not just at main meal times. People had told their family members and advocates that they enjoyed the food at the home.
- Support plans contained detailed information regarding people's dietary needs and preferences.

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

- Staff explained that they were all key workers for certain people within the home. This responsibility included ensuring that partnership working was consistent and effective.
- One staff member explained, "It is important we liaise with the advocacy company that were instructed through social services. This ensures that all best interest meetings are up to date. It is also important for us to chase all health appointments and referrals to ensure they are seeing medical professionals as soon as they need them."
- There were lots of examples of good links that had been made with various health care professionals, such as annual health checks completed in a visit to the home by the GP, further regular GP appointments throughout the year and various other specialist health care professionals. Examples of these were SALT (Speech and Language Therapist) referrals as well as epilepsy assessments.
- Staff, relatives and advocates all confirmed that communication was good, and this was through telephone calls, emails and for staff on their internal internet page. An advocate said, "In some homes you feel like they are holding information back and not telling you everything, but at Redstone I'm confident I get all the information I need, they're so helpful and it makes working together so much more effective."

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

- Throughout the home there were many communal areas that met a range of individual needs. Examples of these were the sensory room that had been recently decorated, the quiet room for one person in particular who liked computers and his own space, and a craft room. From these examples it was obvious that care had been taken to ensure that every person living in the home had an area of the service that they would enjoy and was designed to their personal preferences.
- One member of staff said, "[Person 1] enjoys gardening so you will often see him in the garden, whereas [person 2] enjoys a quiet space all to himself, so the quiet room is perfect for him so he is not restricted to his bedroom and [person 3] loves arts and crafts so the craft room is great for him."
- People had a large garden that was suitable to their needs. An example of this was a padded hand rail taking into consideration the falls risk assessments on the access ramp that led to the garden where there was a newly surfaced area free of trip hazards.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where required DoLS applications had been submitted to the local authority. People's capacity was assessed around specific decisions and best interest decisions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process, as well as family members and advocates. These were all monitored and regularly updated by each person's key worker to ensure the best outcomes were found for each person living at the home.
- Staff showed good knowledge of this legislation with one staff member saying, "You should always assume someone has capacity. It's about supporting the people here to make safe decisions and give them the independence to still have an element of control of decisions being made on their behalf."

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

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

- Throughout the inspection, respectful exchanges were seen between people and staff. One person liked to walk around the home alone without being watched. It was clear that the staff regularly were checking on this person's well-being, respecting his space by just saying, "How are you, are you ok?" It was also noticed that as soon as this person wanted support, staff were available straight away.
- People who lived at Redstone House had been looked after by the same staff for several years and this could be seen through exchanges of genuine affection between people and staff.
- None of the people living in the home used verbal communication. The staff's knowledge and experience in the way they understood each person's individual communication needs was obvious. They knew when people were distressed and how to comfort them quickly and used pictorial prompts when necessary to ensure full understanding and clear communication.

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

- Care plans had thorough documentation to evidence that people were as involved as possible in their care. Family and advocates also commented that they were always involved and updated with decisions around the person's care.
- A relative said, "Staff make sure that [my relative] can make decisions whenever possible. They are always so encouraging and spend the time to really ensure they have understood [my relative] as it is difficult a lot of the time because he can't verbally communicate."
- Staff stated that they encouraged people to make decisions about their day to day care. Staff explained that due to the complex needs of all of the people living in the home, "Having control over the small details can really ensure someone's good mood and happiness throughout the day, from making the choice of what to wear in the morning after their personal care to whether they want a tea or coffee or what they want to eat today."
- One staff member said, "The people that live here are like an extension of my family, I would want my family to have choices, so of course I want the people living here to have as many choices and to make as many decisions as possible."

Respecting and promoting people's privacy, dignity and independence

- Throughout the day examples were seen on staff respecting people's privacy and dignity. An example of this was when staff were always seen to knock on doors, and this included of communal rooms to ensure the people were comfortable with them entering the room.
- The registered manager was respectful of people's privacy when discussing each person's care and all care plans were secure in the main office.
- One person liked to know exactly who was coming in and leaving the home and this was written on his

activities sheet as he understood this as his role and responsibility in the home to ensure he knew who was present. This not only made this person feel more independent, it made him feel happy as he was helping in the running of the home.

- There were lots of examples of how staff were seen to constantly encourage and support people to be independent, these included small day to day choices of what to wear and what to eat, ranging to involvement in decision making about their activities.

Is the service responsive?

Our findings

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

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

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

- All support plans were person-centred, identifying people's needs, preferences and interests. The support plans also gave clear guidance to staff on how people liked their support to be provided. The staff knew people well enough to use this personalised information when offering people support. Reviews were regularly completed, and any changes were communicated to the staff team.
- People were supported to take part in activities they enjoyed. During inspection a lot of the people were out on individual activities of their choosing for a large part of the day. Some people were going for long walks in the local area and others were taking part in a day trip to a National Trust property. People had frequent opportunities to go out, take part in their hobbies or interests and spend time in their local community shopping or eating out.
- One staff member said, "It is so important to understand each and every person living in this home is completely different. You have to ensure that you are aware of everyone's preferences and needs. Although we are allocated to people as key workers, all staff ensure they know everyone's details within everyone's care plans. It is so important to know as much detail about everyone in case of an emergency or a high level need when the key worker isn't available."
- There was a walled garden to the side of the home that was an ongoing project involving a staff member and one of the people living at Redstone House. The staff said, "It will be a great activity throughout the summer and really involve all the people living in the home, predominantly [person] who loves gardening, it's great to watch [person] thrive when he is doing something he loves."

Improving care quality in response to complaints or concerns

- There was a thorough complaints procedure with clear guidance on how this was used. All complaints were documented and processed on a centralised computer system. This meant that all complaints were analysed and appropriate action taken where needed. Copies of these complaints were also kept at the home and had detailed results sections, actions and changes in procedure that various complaints had triggered.
- Staff explained that as part of the resident meeting, an easy to read document was used frequently to ensure all people living in the home knew how to make a formal complaint.
- Staff showed knowledge in how to respond to complaints or concerns raised by people in the home, family members or advocates.

End of life care and support

- At the time of inspection no one was receiving end of life care.
- The care plans contained adequate instructions as to what people's choices were when they approached the end of their lives. However, the registered manager was working on implementing thorough end of life care and support plans.

- All staff stated that they had upcoming training booked within the next month in end of life care and were looking forward to this training. They also explained that they would then be taking on the responsibility of updating the care plans for the people whom they were key workers for.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives, staff and advocates told us the registered manager was approachable and responsive to any ideas or concerns.
- A relative said, "The manager and the deputy are a really good team and seem to have really settled in to a home where all the people and staff have been there for years. They've bought in some new ideas and seem to be working well at the home."
- There were detailed minutes of meetings and action taken. It was obvious from the minutes that all staff wanted to ensure the people living in the home were all considered and their individual needs met.

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

- The registered manager demonstrated knowledge of their legal obligations and role within the home. The registered manager also stated that he felt supported by the provider.
- The registered manager and deputy manager showed evidence of different means of communication to effectively make staff aware of any changes to legislation that may affect their roles through texts, emails, telephone calls and staff meetings.
- There were quality assurance processes in place that identified issues that were then resolved quickly. An example of this was that communication issues between staff and people living in the home had been identified. This had been resolved by the introduction of the pictorial aids.
- The registered manager and deputy manager held regular supervisions of all staff. These were recorded and showed any issues addressed and any ideas documented and implemented where possible.
- One member of staff said, "I like our regular supervision because I can bring any issues, concerns or ideas to the table and I know they will all be considered and acted on if need be. I am also comfortable to approach my manager or deputy manager at any time if I feel things can't wait until my supervision. It really is an open door policy here and I'm confident to speak to the managers whenever I need to and have confidence they will speak to me if they need to."

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

- Regular staff meetings were documented and action taken when necessary. All staff were encouraged to attend, if they were unable to attend they were updated via email of all subjects discussed and actions set. Actions completed from the previous meeting would also be covered and this update would also be through verbal communication with the manager.

- There were regular, well documented residents' meetings where menu choices were discussed and individual activities. There were records to show how the best means of communication were achieved through pictorial aids and behaviour responses noted in the minutes.
- Families told us that they were always kept updated with regular communication from the home, this came in different forms, sometimes from the registered manager and sometimes through their relative's key worker. They also stated that they were comfortable to make suggestions to the registered manager whenever they felt it was needed.

Continuous learning and improving care; Working in partnership with others

- There were good examples of partnership working through viewing the health referrals. These referrals were only made if they were directly relevant to each individual person's needs, such as speech and language therapist referrals as well as behavioural management referrals and regular dental appointments. There were also some people living at Redstone House that did not have any relatives and the home had worked with Surrey County Council to ensure regular attendance of advocates.
- The home showed good links with community engagement. An example of this was a weekly coffee morning at the local Church parish. One advocate we spoke with stated, "[Person] has struck up a lovely friendship with one of the ladies from the community and this has been encouraged and only made possible by the home."