

Community Homes of Intensive Care and Education Limited

Redlands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection and took place on the 01 June 2017.

The service provides care and support for people who may have a learning disability, a mental health condition or physical disabilities. Some people living at the home displayed behaviours that were challenging to others and required interventions from staff to keep them and others safe. Some people could not speak with us due to their difficulty in communicating effectively.

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.

This inspection was carried out in response to concerns raised by healthcare professionals and the general public. They told us they had concerns about staff deployment and safeguarding.

We received conflicting information about the deployment of staff and could not be assured people's needs were consistently met at all times.

Systems and processes were in place to drive improvement and arrangements were in place to obtain feedback from relatives, however staff working in the home and healthcare professionals told us improvements were needed.

Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

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 made in people's best interests were reached and documented appropriately

People were not unlawfully 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.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care.

Staff interacted with people and showed respect when they delivered care. People's records documented

their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed 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.

The registered manager responded appropriately to any complaints.

Staff were complimentary about the registered manager and told us they could access support when needed.

Records showed care reviews took place on a regular basis or when someone's needs changed.

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 not always safe.

Staff were not always appropriately deployed to meet people's needs.

Concerns about safeguarding were not consistently reported to the local authority for investigation.

People received their medicines safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received appropriate induction into their role and were supervised effectively.

Staff understood and followed the principles of The Mental Capacity Act 2005

People were referred to healthcare professionals for support when needed.

Good ●

Is the service caring?

The service was caring.

The service remains caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good ●

Is the service responsive?

The service was responsive.

Staff responded to behaviours that challenged appropriately.

Good ●

Care plans contained useful information about people's likes, dislikes and preferences.

The provider had good systems in place to investigate and respond to complaints.

Is the service well-led?

The service was not always well led.

Systems to drive improvement were not always effective.

The provider had good arrangements in place to obtain feedback from relatives.

Staff were complimentary about the registered manager and could access support and advice when needed.

Requires Improvement ●

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 checked 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 1 June 2017 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the assistant regional director, four members of staff and one healthcare professional. After the inspection we obtained feedback from three healthcare professionals. We also spoke with one person.

We pathway tracked three people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from people.

Is the service safe?

Our findings

We received feedback from healthcare professionals and the general public telling us they were concerned about the number of staff deployed to meet people's needs at all times.

We received conflicting information about the number of staff deployed to meet people's needs at all times. During our inspection visit we told the assistant regional director and the registered manager we were concerned about the deployment of staff. Staff told us there were not always enough of them deployed to consistently meet people's social and emotional needs at all times. A member of staff said, "I have worked shifts in here when people have not had one to one support and they are meant to". Another member of staff told us they had worked an additional shift due to staff sickness and said: "I had to tell (Staff member) to do the medication because I was worried I was going to get it wrong because I was so tired". A professional said: "There is a concern that there is not enough staff to cover the 1:1 hours along with medication rounds and support for the other service users". However, since the inspection visit the service has provided evidence that there is a system in place to assess staff deployed to cover medication rounds and there have been no recorded incidents where the medicines round has not been properly completed in line with providers policy. Other staff comments included, "There have been times when we have been staff down and it is dangerous because if someone starts to get aggressive it means we can't always keep an eye on everyone else". The provider was in the process of recruiting additional staff members and undertook regular risk assessments and dependency calculations to monitor staff levels. Staff rotas showed that there were sufficient staff on shift to meet people's needs in line with those assessments and that arrangements were made on occasions where staffing was an issue. A professional told us some improvements had been made but felt staffing was still an issue.

Staff were knowledgeable about how to report abuse and told us they would not hesitate to contact CQC if it was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place.

Safe recruitment processes were in place. Staff records contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, two employment references and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

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. 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. Any medication errors had been appropriately investigated with additional training provided. Medication competency checks were

conducted and staff told us they had confidence and the required skills to administer medicine safely.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.

Is the service effective?

Our findings

Staff consistently told us they had received effective induction and training. One member of staff said: "We have all had training in the areas we need it" and "I have done training in challenging behaviour, medication and I done an induction".

All new staff employed by the service had undergone an induction which embraced the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Records showed an induction programme for new staff which included health and safety, fire awareness, emergency first aid, infection control, safeguarding, food hygiene. Each member of staff had undertaken and completed a training programme before they provided care unsupervised. Staff also received training specific to people's diagnosed conditions and communication needs. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Staff had received training in how to support people when their behaviour became challenging. We spoke with staff about how they supported people whose behaviour challenged. They told us that they were aware of people's individual behaviours and triggers and were familiar with the management plans that had been put in place to reduce the risk of harm to the person or others. We observed that the home environment was calm and that people appeared happy and relaxed in the care of staff. When people became distressed or agitated for any reason, staff quickly diffused situations and alleviated any anxiety.

Care records showed people were supported to access a wide range of healthcare professionals and specialists to meet their specific health needs. For example, speech and language therapists, learning disability specialists, dieticians and occupational therapists, all of whom worked with the service to support people to maintain their health and wellbeing. Feedback detailed in reviews told us that the service was good at getting people the help they needed and communicating with them and including them in any decisions about their health needs.

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. Nutritional risk assessments were carried out and where appropriate food and fluid intake was monitored and recorded. Any risks identified such as weight loss or significant weight gain was shared with relevant professionals such as their GP or a dietician. People were provided with choice about what they wanted to eat and people told us the food was of good nutritional quality and well balanced. Care records had documented people's food and drink preferences, dietary requirements and allergies.

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 people 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's rights were protected because staff acted in accordance with the Mental Capacity Act

2005. There was an assumption that a person had mental capacity to make decisions unless there were clear indications to the contrary, and took what steps it could to support people in maintaining their decision-making capacity. Staff told us they were frequently involved in the assessments of people's mental capacity. Where it had been decided a person lacked capacity to make an informed decision, staff were involved in working out what measures would best support their interests, whilst minimising any necessary restrictions of their liberty.

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. The application procedures for care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out with the support of relatives and healthcare professionals. DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside of the home. Staff acted in accordance with any restrictions which were put in place and tried to apply the least restrictive option. At the time of our inspection a healthcare professional was in the home and was in the process of assessing three people for DoLS.

Is the service caring?

Our findings

Feedback from healthcare professionals, our observations and comments from care reviews showed staff were compassionate and supported people in a caring manner. One healthcare professional said: "All the staff have been very caring and attentive towards people's needs whilst I have been here. They have given people space and supported them when it has been needed".

When possible, meetings were held with people who lived at the service, with notes of the meetings available for relatives and people who wanted them, where appropriate. People were encouraged and empowered to express their views and were consulted with to make sure their views were taken into account. For example, resident meetings were held to discuss, activities and menu options. Information about local advocacy services were detailed and provided in various records for staff and relatives so that people were able to access this type of service if they required it. An advocacy service can be used when people want support and advice from someone other than staff, friends or family members.

Staff were polite and respectful when they talked with people. Staff understood and gave us examples that showed how they protected people's privacy and dignity. One staff member said, "It's about knowing their communication methods and I think we all know when they want space and time". Staff understood how to promote and respect people's privacy and dignity, and why this was important. Staff responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people up to protect their modesty when providing personal care and providing any personal support in private. Throughout the day people had unrestricted access to their personal rooms, the living rooms areas and the kitchen. A support worker said: "People can go in there (The kitchen) when they need to but we have a code for safety because there are sharp objects in the kitchen".

People had care records which provided staff with guidance about their individual communication needs and methods of expressing themselves. The guidance included information on the words and signs that people used and understood. Staff used this information to help people make choices about their care and support and make decisions in their everyday lives. For example, we saw staff using signs and symbols with one person to encourage them to ask for things they wanted.

Bedrooms were personalised with people's belongings such as photographs of family and posters of them participating in their chosen activities. We observed staff speaking with people about their personal interests and taking time to encourage them in a positive manner, to eat, drink and play games. People responded positively and were relaxed during engagements with staff.

Is the service responsive?

Our findings

We received conflicting information and feedback about staff availability to support people to participate in activities. However, since the inspection visit the provider has shown us evidence that people are engaged in meaningful activities in line with their personal preferences and that trips out into the community are organised on a regular basis. They also showed us an audit conducted by the manager, which showed that they were monitoring the levels of activities provided to people to ensure that they had sufficient levels of activities they enjoyed to support their well-being. During our visit we did observe one person using the sensory room. Another person was also engaged with a member of staff playing games in the lounge.

There was a multi-disciplinary team of professionals who contributed to the planning and reviewing of people's care. Care plans gave detailed information about the needs and preferences of the people who used the service. Care plans also recorded where people had specific behaviours and how staff should respond. For example, one document listed punching, kicking, biting, throwing objects and shouting as behaviours that challenged others. There were robust strategies in place to identify the possibility of these behaviours happening, support techniques to be used and guidance on what should be recorded and reported once interventions had been used. An incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs.

Care files also detailed people's likes/dislikes and interests which the home then attempted to accommodate. Any changes to people's care was updated in their review record which assisted with care planning and support, this system alerted staff to any changes made, so that staff had up to date information in regards to people's needs and care. An incident record showed how staff responded effectively after someone displayed behaviours that challenged. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs.

The registered manager kept a record of any complaints received. Each complaint had been appropriately investigated and resolved. The registered manager was open with us about one complaint which was currently being investigated. Staff told us complaints were taken seriously and they told us the registered manager acted promptly when any issues were raised.

Is the service well-led?

Our findings

The provider did have systems and processes in place to drive improvement, however the deployment of staff and some aspects of recording did not support a consistently well led service. The registered manager had highlighted gaps in record keeping in the last two team meetings stating, "Obs (Observation) notes need to be completed properly and make sure all service users (People) paperwork is completed", "Senior staff need to make sure the weekly checks are completed and make sure it is all documented" and "Senior staff need to make sure they are checking all service user records before they leave shift. As this will then make sure all service users notes are fully filled out". The recording of people's weight and "Money balance checks" were noted as "Still inconsistent".

One healthcare professional said: "We had concerns in the past and they either have or are being investigated. Some areas have got better but the home still needs to improve". Staff told us they felt the service provided to people required improvement and said they were working hard to develop the home. The registered manager told us they felt the service needed to make improvements and said: "We are doing some really good work and the staff are working hard but there is a lot more that needs to be done". At the time of the inspection the registered manager was not able to tell us how they obtained feedback from healthcare professionals to assist them in driving improvements within the home. After the inspection we were provided with evidence of this which showed that there was regular contact with the professional team outside of the home and that the feedback had been acted upon." The registered manager and the assistant regional director were proactive in sending us additional information after the inspection visit.

The registered manager was able to demonstrate their understanding of people's individual needs knew their relatives and were familiar with the strengths and needs of the staff team. One healthcare professional said: "The home manager seems to be really caring and would often cover shifts. He seems to be doing a lot of "hands on support" at times". The provider and the registered manager worked proactively and in cooperation with the local authority and other health and social care organisations. Records sent us after the inspection visit showed relatives were happy with the care and support provided to people.

Staff were complimentary about the registered manager and told us they could access support when needed. One support worker said: "He really is brilliant; he has worked here for a long time so he has so much knowledge about the guys (People). Staff go to him for advice all the time, he helps out with shifts and doesn't just sit in the office".

People were not able to tell us their views about how well led and organised the service was. However during our observations we saw the registered manager and senior staff interacted effectively with people. People were comfortable with the registered manager and senior staff team and responded to them in the same way as they did with other staff. We saw the registered manager communicate with one person through the use of sign language and were knowledgeable about how the person should be supported when they were anxious.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would

tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been managed. This demonstrated the registered managers understood their legal obligations. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service. Accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people.