Fairoze Limited

Redclyffe 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

Redclyffe House is a 12 bedded care home without nursing providing 24 hour care for people living with a learning disability. The home is situated in Gosport Hampshire and at the time of our inspection there were 12 people living at the home

There was not a registered manager in post. 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.
The person currently managing the home had not yet registered with the Care Quality Commission (CQC). They have submitted an application applying for registration and this is currently being processed. We have referred to this person as 'The manager' throughout the report.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely.

Staff had received training to enable them to carry out their duties and there were opportunities for them to study for additional qualifications. All staff training was up-to-date. Team meetings were held and staff had regular communication with each other at handover meetings which took place each day.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the manager understood when an application should be made and how to submit one. We found the provider to be meeting the requirements of DoLS. The registered manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA).

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health checks with GPs, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with health care professionals.

Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff in a variety of ways – verbally, through physical gestures or body language. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Each person had a plan of care which provided the information staff needed to provide effective support to people. The manager and staff were in the process of updating all of the care plans at the home.

The manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable and staff understood their role and responsibilities. The registered manager demonstrated a 'hands-on' approach, knew people well and was committed to providing a high standard of care to people. They had implemented a range of audit processes to measure the overall quality of the service provided to people.

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.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date. There were opportunities for staff to take additional qualifications.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them.

People were consulted about their care and were able to exercise choice in how they spent their time.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans provided information so that staff could support people in a person-centred way.

People had access to a range of activities. Some people went out to a day centre while others enjoyed activities at the home and in the local community.

There was a clear complaints procedure and complaints were acted upon in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, positive and friendly. The staff team cared about the quality of the care they provided and understood their role and responsibilities.

People and relatives knew the management and staff team well and felt confident in approaching them.

Staff spoke positively about how the service was managed.

A range of audit processes were in place to measure the overall quality of the service provided to people.

Redclyffe 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.

This inspection took place on 22 November 2016. One inspector undertook this inspection.

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 PIR and other information we held about the service. This included statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with a learning disability not all people were able to share their experiences of life at Redclyffe House with us. We did however talk with people and obtain their views as much as possible.

We spoke with three people and three relatives to ask them their views of the service provided. We also spoke to the manager, three members of staff, the director of care and a representative of the provider.

During our inspection we observed how staff interacted with people who used the service. We looked at how people were supported in the communal areas of the home. We also looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, staff training and recruitment records, and records relating to the management of the service such as audits and policies.

The service was last inspected in July 2014 and there were no concerns identified.

Good

Is the service safe?

Our findings

People were supported by staff to be safe and people told us they felt safe at Redclyffe House. One person said "I have lived here since the home opened and I have always felt safe and secure. Relatives told us they were confident their loved ones were kept safe.

The manager had an up to date copy of the local authority safeguarding adults procedure and understood their responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board in the office. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people. Staff new they could contact the local safeguarding team or CQC if they had any concerns.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding transport, going out into the local community, mobility, choking and bathing. One person had a risk assessment regarding the use of a lap belt when mobilising in their wheel chair. The risk assessment detailed the risks involved to the person and to others, it went on to explain why the lap belt needed to be used, how it should be put in place and who had been consulted. This information helped keep the person safe.

The home had a fire risk assessment for the building and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. The manager told us that regular maintenance checks of the building were carried out. There was a maintenance team employed by the provider and they carried out day to day maintenance tasks. If staff identified any defects they were recorded in a log and reported to the maintenance team who signed these off as each defect was rectified. The manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Between 7am to 2pm there were five care staff on duty. From 2pm to 4pm there were seven staff on duty. From 4pm to 10pm there were four staff on duty and from 10pm to 7am there were two staff on duty who were awake throughout the night. In addition the manager worked flexibly for 40 hours per week and was available to provide additional cover if required. The provider also employed a housekeeper and a cook who worked flexibly throughout the week. The homes staffing rota for the previous two weeks confirmed these staffing levels were maintained. The manager told us staffing levels were determined by the needs of the people they supported and additional staff were organised as and when required to support people with appointments or for social events. Staff said there were enough staff on duty to meet people's needs. Relatives said whenever they visited the home there were always enough staff on duty.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff

from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with staff who told us their recruitment had been thorough.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines. Storage arrangements for medicines were secure. Medicines were managed so that people received them safely. All staff who were authorised had completed training in the safe administration of medicines and staff confirmed they had been trained and that their training was regularly updated. Medication Administration Records (MAR) sheets showed when people had received their medicines and staff had signed the MAR to confirm this. There was a clear protocol for administering any PRN (when required) medicines. A local pharmacy provided medicines to the home in a monitored dose system and medicines were ordered, received, administered and disposed of safely.

Good

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. People were well cared for and they could see the GP and healthcare professionals whenever they needed to. Relatives said people were supported by staff who knew what they were doing. One relative told us, "Staff know my relative very well and provide the care and support they need". Another said, "I have no concerns about the care and support provided at Redclyffe House". People told us the food was good and there was always enough to eat.

Staff told us about the training provided at Redclyffe House. They said that training was through a variety of sources including distance learning, on line training, in house training and face to face training courses. Staff said the training was good and that if they asked for any specific training this would be provided for them. The manager kept a training plan on the computer and a hard copy was available in the office for staff to check when any training was required. Training records showed that all staff were up to date with training which included: Fire safety, safeguarding, risk assessment, health and safety, first aid, mental capacity awareness, care practices, infection control, managing challenging behaviour, epilepsy and medicine training. This training helped staff to develop their skills and helped them to give people the support they needed.

Supervision was provided to the staff team by the manager and a senior care worker. Supervision records confirmed staff were encouraged to demonstrate how they carried out their individual roles and responsibilities. The manager told us they had developed a 'safe to practice' worksheet. This covered a range of subjects such as; Nutrition, care planning, daily support, activities, working with multi-disciplinary teams, communication, personal care and daily progress recording. These were topics for discussion at supervision so the manager and staff could identify any training needs and for the manager to understand the skill mix of staff. One staff member said supervision was a good way to share information about people, discuss any concerns they had and to put forward any ideas on the development of the home. The manager recognised that supervision was an important tool in monitoring staff skills and knowledge.

All new staff started with a three day induction at the providers head office. This induction included terms and conditions of employment, policies and procedures and code of conduct. It also included moving and handling training and training in care practices. New staff worked a six month probation period where they spent some time shadowing experienced staff until the manager and staff member were confident in their role. New staff were expected to complete the Care Certificate. This covers 15 standards of health and social care topics, which is a national qualification. Their progress was reviewed formally every month by the manager who offered advice and support.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 20 care staff. Records showed that of the 20 people 13 had completed additional qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have

the ability to carry out their job to the required standard. The manager said they regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs.

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. The application procedures for this in 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. The manager told us that although all people at Redclyffe House were living with differing degrees of learning disability, people were able to make day to day choices and decisions for themselves. The manager and staff understood their responsibilities in this area. The provider had made applications under (DoLS) for all of the people at Redclyffe House. To date two had been approved by the local authority and the others were being dealt with on a priority basis. The manager and staff understood their responsibilities in this area and had received training on the MCA and DoLS. The manager was clear on the action to take if a person lacked capacity to make a specific decision and had exercised this responsibility in the past when she arranged for an independent advocate to work with a person who had an application for DoLS made on their behalf.

We spoke to people and staff about the meals provided at the home. Staff said that breakfast was normally cereals and toast but people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was normally a snack type meal such as sandwiches, or a hot meal. On the day of our visit people were having quiche for lunch and this was also down to individual choice. The main meal of the day was in the evening and there was a four week rolling menu which reflected people's own preferences and choices. Menus were planned so that everyone could eat similar food. Some people were supported by a speech and language therapist who had advised they eat a fork mashable diet. There were clear instructions in the kitchen of what this meant for each individual so staff could make sure meals were suitable. Staff also supported people to eat out and people said they enjoyed this. Staff told us that there was always a range of food in the fridge so that they could make people a snack or sandwich at any time if they wanted this. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

People's healthcare needs were met. Each person was registered with a local GP and had a health file. This contained a health assessment with information about the person's learning disability and any other medical conditions. There were contact details for the person's GP, dentist optician, and there were details about the support available from the local learning disability team. Appointments with any other health care professionals were through GP referrals. The manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support. We saw the daily handover sheet provided details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

During the inspection, we undertook a tour of the home. The manager told us that people were involved in the choice of furnishing for their rooms and were able to choose their favourite colours and personalise their

rooms with photos and items of their choice.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said "The staff look after me well and are always nice and kind". Relatives said they were very happy with the care and support provided to people and were complimentary about how the staff cared for their family member. One relative said "I really can't fault the staff, the support they provide is first class. The staff really care about the people who live at Redclyffe House".

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. A staff member told us, "It is about respecting people for who they are, respecting their choices. You don't just suddenly walk into their room, I wouldn't like it. If it's not good enough for me it's not good enough for them". When staff approached people, they would always engage with them and check if they needed any support. One member of staff told us, "We all get on pretty well, I know it's a cliché but we really are like a family".

Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. We observed frequent, positive interactions between staff and they engaged with people throughout our time at the home, showing people patience and understanding. People were confident and comfortable with the staff who supported them.

Everyone was dressed appropriately for the time of year. We observed that staff spent time listening and engaging with people and responding to them appropriately. For example one person was sitting at the dining table in an apron, staff asked the person if they wanted to sit in one of the lounge chairs but the person declined. Staff then asked if they would like them to remove the apron and again the person declined. Staff did not press this they let the person take their time and provided support when the person was ready. Staff explained to us that not everyone could communicate verbally but they had developed an understanding with them and knew their body language, gestures and facial expressions. One staff member said "They may not have verbal communication but they can make themselves quite clear if they do not wish to be involved in things". We saw that staff always explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a handover sheet where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff and there were also house meetings to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was

delivered.

Good

Is the service responsive?

Our findings

People said they were well looked after and if they wanted anything all they had to do was ask. One person said "If I want something I will ask the staff and they will sort things out for me" Relatives said staff knew their relatives well and were aware of their needs. They said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life was kept in their care plan file.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans identified the support people needed but did not always explain how the support should be given. We spoke to the manager about this and they showed us a new care plan format they were introducing. Staff had worked with the manager to develop new care plans to make them more person centred and these were being introduced in the next few weeks. We saw people had care plans for the following: Daily routine, personal care, washing and dressing, choice of clothes, continence, physical health, dental hygiene and foot care. The new care plan format detailed what people could do for themselves and what support was required from staff and had space for more in depth information to be provided

Care plans were regularly reviewed monthly by the person's keyworker and the manager. A key worker is a person who has responsibility for working with certain individuals so they could build up a relationship with them. This helped to support them in their day to day lives and give reassurance to feel safe and cared for. Currently reviews did not always provide an evaluation of how the care plan was working for the person. We spoke with the manager about this who told us that the new care plans would help ensure that recordings reflected the effectiveness of the care plan and to highlight if any changes were needed. Staff told us that the care plans reflected the current support people needed.

We also saw that formal reviews were carried out to discuss people's care needs, future goals and aspirations. The person concerned, staff, the persons care manager and relatives were invited to these reviews so that they could have input into the review process.

Staff said that people could express their wishes and preferences and these would always be respected. People were encouraged to express their views and these were communicated to staff in a variety of ways verbally, through physical gestures or body language. Staff said each person needed different levels of support and staff gave individual support to people whenever it was needed. One staff member said "We all

work together and know what support people need. We always talk with people and explain as much as possible what we are doing and why". Staff said if a person refused support at a particular time they would respect their decision and go back later and offer the support again.

The manager explained that some people had been allocated an advocate to help them with particular decisions. For example one person's relative had expressed a wish for their relative to move to a downstairs room due to their mobility. The manager said they had spoken to the person concerned who confirmed they would like to move downstairs. The manager explained that currently there were no downstairs rooms available but they were contacting an independent advocate to help the person explore other alternatives. This meant that the home was responsive to the persons needs and was providing the person concerned with the options available to them so they could make an informed choice.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs.

Daily records compiled by staff detailed the support people had received throughout the day and night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people's needs were met.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held each day. During the handover staff were updated on each person and this included any information they needed to be aware of. Information was also placed in a handover file if people's care needs had changed. This ensured staff provided care that reflected people's current needs.

Daytime activities were organised for everyone, according to their preferences and there was a range of activities provided for people. On the day of our visit two people were out at a local day service. Three people went out with staff for a walk and other people were engaged in activities at the home such as watching TV. One person spent time in their room and a member of staff was reading a story to another person in the lounge. Activities available for people included; trips to local cafes, trips into the local community, games, trips to local pubs, swimming and local social clubs. A record of activities that people took part in were recorded in people's daily records sheet.

The manager told us that people were supported to go on holidays and two people had recently been to Butlins. On return they stated they did not wish to go again and next year would like to go to a country bungalow. The manager said they would be looking into this for them for next year. One person told us they liked to go to see their sister who lived locally and she was going to stay with her for Christmas. This meant that people were supported to take part in a range of leisure activities which provided them with the stimulation they needed.

The provider and manager routinely listened and learned from people's experiences, concerns and complaints. People were encouraged to discuss any concerns they had with their keyworker or with any member of staff who was providing support. Staff told us they would explain the complaints procedure and help people to make a complaint if they so wished. The manager said that they had received one verbal complaint from a member of the public. This was with regard to a person's behaviour when out in the community. The manager said they had spoken to the person concerned and explained the situation and

this was resolved to the satisfaction of all concerned. The manager said no formal complaints had been received by the service since the last inspection. They said if any complaints were received they would be discussed at staff meetings so that the provider and staff could learn from these and try to ensure they did not happen again.

Good

Is the service well-led?

Our findings

People and staff said the manager was good and they could talk with them at any time. Relatives confirmed the manager was approachable and said they could raise any issues with them or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said "The manager is easy to talk to and always keeps me up to date with any issues regarding my relative and I can speak to them on the phone or meet with them whenever I want".

The manager although not yet registered with the CQC had submitted an appropriate application which, at the time of the inspection was being processed. They acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. The manager told us they operated an open door policy and welcomed feedback on any aspect of the service. They encouraged open communication and supported staff to question practice and bring their attention to any problems. The manager said they would not hesitate to make changes if necessary to benefit people. All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the manager was approachable and had good communication skills and that they were open and transparent and worked well with them.

The manager was able to demonstrate good management and leadership. There were regular management meetings with other managers from the providers other homes in the local area. Regular meetings took place with senior staff and these enabled them to influence the running of the service and make comments and suggestions about any changes. The manager said that they regularly worked alongside other staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

The manager showed a commitment to improving the service that people received by ensuring their own personal knowledge and skills were up to date. The manager said they attended the same training as staff and also attended other management training provided to them. They had just completed advanced safeguarding training and were in the process of completing the Health and Social care diploma level 5. The manager said they monitored professional websites to keep up to date with best practice. The manager said that If appropriate they would pass on any knowledge and information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service.

We asked the manager about the provider's philosophy. They said "This is people's home we are privileged to work here and it is a pleasure to work and support people to maximise their potential". It was clear from speaking to the manager and staff that they all embraced this philosophy and were passionate about the job they did.

The provider had a policy and procedure for quality assurance. The manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of medicines, audits of accidents or incidents and concerns or complaints. The audits were sent to head office together with details of any notifications sent to CQC. This enabled the provider to scrutinise the audits to see if any patterns were emerging. They also helped to identify areas where the service could be improved. This meant that the provider and manager took steps to ensure the service they provided was of a good standard.

The provider also employed a quality auditing manager who carried out a visit annually they produced a report for the manager and highlighted any areas that needed improvement. The manager showed us an action plan from a visit that was carried out earlier in the year and we saw that the quality assurance manager had revisited the home twice to check that the improvements were being made and sustained.

People, relatives, staff and outside professionals were supported to question practice and asked for their views about Redclyffe House through a survey organised by the provider. These were sent out twice a year and responses were co-ordinated by the provider. The manager said they were given feedback on the responses received together with an action plan should any areas need to be improved.

Records were kept securely. All care records for people were held in individual files which were stored in a locked cabinet. Records in relation to medicines were stored securely. Records we requested were accessed quickly and were consistently maintained, accurate and fit for purpose.