

C.T.C.H. Limited

Redlands Acre

Inspection report

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Date of inspection visit:
10 July 2019
11 July 2019

Date of publication:
15 August 2019

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

About the service

Redlands Acre is a residential home which provides personal care to 33 older people and people living with dementia. The home consists of a home containing 25 bedrooms, a large conservatory area, and eight self-contained care suites at the rear of the home. At the time of our inspection 29 people were living in Redlands Acre.

People's experience of using this service and what we found

People could not be assured that they would be safe if an emergency evacuation was required. Fire evacuation practices had not taken place regularly and people's personal evacuation plans were out of date. Improvements had been made to the management of people's medicines, however care staff were not always following systems set by the provider in relation to the management of people's prescribed medicines.

While quality monitoring systems had improved, further improvement and time were needed to ensure systems were effective in identifying shortfalls and driving improvement. Where incidents and accidents had occurred, the service had taken appropriate action, however systems in relation to the people's care plans and the management of people's prescribed medicines had not always been operated effectively.

People and their relatives felt Redlands was a safe place. People's relatives had peace of mind received appropriate care and treatment. People's risks were known by care staff. Care staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

People and their relatives felt staff were well trained and had the skills to meet people's needs. Staff had access to training, support and continued professional development. People received effective care and treatment. The service worked alongside healthcare professionals to ensure people's health and wellbeing were maintained. A GP who covered the home spoke positively about the care people received.

People told us care staff were kind, caring and compassionate. Staff knew people and their needs well. People were treated with dignity and respect. Where possible, people were involved in their care and their individuality was promoted.

People received care which was personalised to their needs. Where people's needs changed or their health deteriorated, care staff took appropriate and effective action to ensure their health and wellbeing. People enjoyed their life at Redlands Acre. The provider ensured people's views were acted upon.

People and their relatives told us Redlands Acre was well led. During the inspection there was a change of management in the home, a new manager who was registered with CQC at another home operated by the provider was actively in post during the inspection. The provider and new manager had clear plans to

further improve the service and increase the pace of these improvements. Staff spoke proudly about working at the home and were looking forward to working under the new manager.

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

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

Rating at last inspection

The last rating for this service was requires improvement (published 6 March 2019) and we identified multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvements. Please see the 'Is the service Safe?' and 'Is the service Well-led?' key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Redlands Acre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Redlands Acre 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. The registered managers last day was during the inspection process, a new manager was in post and had worked alongside the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the 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. We took this into account when we inspected the service and made the judgements in this report.

The provider had sent us regular updates regarding the actions they had taken following the last inspection, including improvements they had made and lessons they had learnt.

During the inspection-

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including a representative of the provider, the registered manager, the new manager and five care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records; this included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We spoke with one healthcare professional who routinely visits the service. We also reviewed feedback received from local authority commissioners.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating of this key question remained the same.

Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; preventing and controlling infection

- People could not always be assured that staff would know what to do in the event of a fire to keep them safe. The provider and registered manager had carried out a number of fire safety checks, including checking fire exits and fire extinguisher equipment. Staff carried out a weekly fire alarm test to ensure the system was effectively working. Whilst, these tests were recorded, there was no evidence that fire evacuation tests had been carried out to check whether staff knew how to evacuate people safely from the building.
- We asked care staff what actions they would take in the event of a fire alarm, or if they had taken part in a random fire evacuation test. Comments included: "We haven't done a fire drill. People's PEEPs (Personalised Emergency Evacuation Plans) are dotted around the building"; "We all meet at the fire panel, we haven't done one for a while" and "I'm not sure what we'd do, I do not think we have any records we need to pick up."
- We found people's PEEPs were stored in a fire safety box. A number of these PEEPs had not been updated since 2018 and were not current of people's needs, which room they lived in or the support they required. In the event of a fire, people might not receive the support they needed to keep them safe.
- We discussed these concerns with the manager and a representative of the provider. They informed us they would take immediate action to ensure people's PEEPs were current. They would also ensure that staff would receive training and support (including fire evacuation tests) so they have the knowledge they needed in the event of an unplanned fire alarm.
- People's risks were identified and assessed by the registered manager and care staff in Redlands Acre. Staff completed risk and care assessments in relation to people's health and wellbeing as well as the actions needed to be taken to reduce these risks. For one person, the new manager had made immediate changes to show the support they needed to maintain their skin integrity and protect them from the risk of choking following discussions with the person's relative. One person had a pressure ulcer which they had acquired before they moved to Redlands Acre. Staff had clear guidance on how often the person required to be supported with repositioning to promote healing and help protect their skin integrity. Additionally, the person was cared for on pressure relieving equipment and was supported with the application of topical cream to maintain their skin integrity. Staff recorded when they had assisted the person with repositioning. Care staff worked alongside district nurses who monitored the wound and kept clear records of how they were treating the wound.
- Risks assessments had been completed in relation to people's mobility needs and falls prevention. One person required the use of moving and handling equipment, the equipment they required had been clearly documented, alongside the support they required from care staff and the risks staff needed to be aware of.

Another person enjoyed walking around the home and grounds, staff and the person were aware of the risks and had identified clear actions to ensure the possibility of falls were reduced.

- The manager informed us they were planning to review and rewrite people's care plans in line with a new format the provider had implemented. Their aim was to ensure all records were current and accurate.
- Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- People could be assured equipment used to assist people with their mobility was safe and routinely service and maintained. Moving and handling equipment was maintained and serviced as per recognised best practice.

Using medicines safely

At our last inspection the provider had failed to ensure people's prescribed medicines were stored securely and that people's topical creams had not been dated when opened. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made to the storage of people's prescribed medicines and when topical creams had been opened, however there was further room for improvement.

- Care staff received training to be able to administer people's prescribed medicines. The registered manager and provider had assessed the competency of care staff regarding medicines to ensure they had the relevant skills to administer people's prescribed medicines.
- People spoke positively about the support they received with their prescribed medicines. We observed that people were supported to take their medicines in a calm and patient manner. Care staff ensured people received their medicines when required or if possible at a time suitable to their preferences.
- There were clear guidelines on how staff could support people with their medicines. For example, one person had their medicines with a yoghurt as they struggled to swallow their medicines. Staff explained how they placed the tablets on top of the yoghurt and ensured the person was fully aware their actions. Where people had 'as required' medicines, such as pain relief, there were clear protocols in place, which documented the support people required.
- Since our last inspection, the service had implemented new systems to record when people had been supported with their topical creams, which included when topical creams had been opened. A record of the application of creams demonstrated the support people had received.
- A senior member of staff did a weekly stock count of people's prescribed medicines to check that the medicine corresponded with people's medicine administration records. When we completed this check we saw people had received their medicines as prescribed. However, we found that care staff were not always dating people's medicine boxes when they had been opened to show when they started to be used but were dating them as soon as they had placed them on the trolley. There was a risk that medicine errors could occur because potential errors around medicine stocks and misadministration of people's prescribed medicines could not be easily identified.
- People's medicines were stored securely, however we identified that the temperature of the room in which people's medicines were kept exceeded the manufacturers guidelines in the afternoon on both days of our inspection. We discussed this concern with the manager and representative of the provider. They informed us the medicines were due to be moved to another area of the home, where they would be able to regulate the temperature. In the interim the manager agreed to contact their pharmacy for guidance on this matter.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

At our last inspection the provider had failed to ensure accidents and incidents were reported. Additionally,

investigations into incidents had not always highlighted what action could be taken to prevent a reoccurrence. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken appropriate action.

- People felt safe living at Redlands Acre. Comments included: "I feel very safe"; "I feel safe here, the staff make me feel safe" and "I'm safe here, the staff look after me." People's relatives told us they had peace of mind that their loved ones were safe. One relative told us, "We have peace of mind. This (Redlands Acre) was the right choice."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the manager or provider and knew which organisations to contact outside the home if required.
- The provider reported and shared appropriate information with relevant agencies to safeguard people. The registered manager and provider ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.
- Incidents and accidents were now reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learning identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- Incident and accident audits carried out by the registered manager showed there were no trends when or where accidents had occurred. Action had been taken to protect people from a repeat of any incidents. For example, for one person an improvement had been identified around their seating arrangements and support was provided to protect them from harm.

Staffing and recruitment

- There were enough staff, at any given time, to meet people's needs. The service used agency staff while they were in the process of recruiting more permanent staff. Where possible, the same agency staff were used to maintain continuity of care for people living at Redlands Acre.
- People and their relatives told us there was enough staff to meet their needs and their requests for assistance were responded to promptly. Comments included: "If I press the button they come quickly"; "I have a press button. If I need staff they do come, sometimes they're busy, however they explain what's happening" and "It depends how busy they are, if there is an emergency then they let you know, normally they come quite quickly."
- Staff told us that there were enough staff to meet people's needs, however they were looking forward to more permanent staff being recruited. Comments included: "Staffing levels mean we can meet people's needs, it would nice to have more time to engage with people"; "There is enough staff in the home daily, we use lots of agency, we want our own staff" and "We have enough staff to get everything done."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, staff had not received training deemed mandatory by the provider. Additionally, the provider and registered manager did not have a system to ensure when outstanding or late training would be completed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the training and support they needed to meet people's needs. People and their relatives spoke positively about the care staff that supported them or their relatives and felt staff had the skills to meet their needs. Comments included: "The staff are very good here"; "The staff trained me well, I think they're well trained" and "The staff give me confidence."
- Staff spoke positively about the training and support they received and felt they had the skills required to meet people's needs. Staff comments included: "I have all the training and development I need"; "They are very good with training, I did four days training, it was very useful" and "The training was good, it helped me get used to a different type of home."
- Staff had opportunities for professional development, including completing qualifications in health and social care. One member of staff told us, "I've done a team leader diploma and [qualifications] here." Another member of staff said, "I haven't asked for any special training; however, I have no doubt that if I was to ask I would get this."
- The registered manager, new manager and provider had a clear overview of the training needs of all staff working in Redlands Acre. A spreadsheet had been implemented which detailed the training staff had received, where training was due and where training had been completed. The manager and representative of the provider was aware of when action was required, for example they were aware of one member of staff required some training when they returned from their maternity leave.
- Staff had access to supervision and support, including regularly one to one meeting with their line manager. Staff told us they had the support they needed. One member of staff said, "(registered manager) and (representative of provider) have been very supportive. I am looking forward to (new manager) working here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.

- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people.
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- People's independence was promoted through the use of technology. This included assistive technology which alerted staff when people who were at risk of falls required assistance. For example, one person had call alarms situated in their bungalow. The person told us that if they fell, they could pull a cord to summon staff support.

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

- People spoke positively about the food they received. Comments included: "There is always something to eat or drink"; "There is definitely enough food and we have lots of choice" and "The food is wonderful, can't grumble about it."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets. Care and catering staff were aware of people who required a textured diet, including pureed food or thickened fluids. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration. The new manager was aware of people's risk and was reviewing appropriate care plans and refreshing staff's knowledge on the needs of specific people during handover meetings.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required was clearly documented and readily available for staff. This ensured that people who had been assessed at risk, received additional support including snacks and fortified food.
- Snacks were available in lounges for people to enjoy at their pleasure. This included biscuits, crisps and fresh fruit. We observed staff prompting and encouraging people to enjoy a glass of water or squash during our inspection and offered people ice creams to support them to keep cool during the warm weather.

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

- Care and nursing staff worked alongside a GP (who was allocated to the home as part of the agreed local clinical commission group arrangements) and other healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. One relative told us, "We [family and staff] reached out to local community Parkinson's team."
- Advice from health care professionals informed people's care plans to enable staff to meet people's needs. For example, one person was living with a condition which affected their eyesight. Where support had been sought from opticians and optometrist, any guidance had been acted upon.
- We spoke with the GP who spoke positively about the home, and felt the staff acted appropriately. They told us, "I think it's really good. I would rate them highly. It doesn't matter which staff are on, they all know the people. We've encouraged them to use finger oxygen meters, which they're now doing."

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

- The provider and manager had a plan of refurbishment for Redlands Acre. This included plans to change the manager's office and medicine storage room and implement a new wet room, as more people now enjoyed a shower.
- Where appropriate, people could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. Some people also accessed the gardens independently. We observed people enjoying the home's large conservatory area and enjoying the communal areas available

to them.

- Some people lived in care suites which were located at the rear of the home. People enjoyed their own self-contained bungalow. One person explained how it promoted their sense of independence and made the transition into a care home easier.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us their choices or their relatives' choices were respected. Comments included: "They give me choice. If you want anything they will help you" and "They never make me do something I don't want to do."
- Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. One member of staff told us how they supported one person to make simple decisions, such as what they would like to eat, drink or wear. They said "One person can be supported with a choice. They can say yes and no and they'll let you know their choice." Another member of staff said, "I always promote choice, show people clothes, and food, ask them what they'd like."
- No one living at Redland Acre was being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). 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 DoLS.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

- People and their relatives spoke positively about how kind caring and compassionate the care staff were. Comments included: "The staff are very nice here", "They're pretty good. All are friendly, they use my Christian name, they are very kind" and "[Relative] has always been treated really well."
- People responded to staff positively. We observed that people were comfortable with staff and enjoyed spending time with them. Staff took opportunities to engage with people and ensure they were comfortable. For example, one member of staff was assisting people with cold drinks in the home's lounge. They took the time to talk to people and engage with them and ensure they were comfortable.
- People were encouraged to do as much as they were able to. For example, one member of care staff explained how they supported one person to do as much for themselves as possible, respecting their choice. One member of staff told us, "[Person] has dementia, however they can do a lot for themselves, they don't like us to do personal care, we prompt and encourage, which works. They like to help the other residents. We support this, it promotes their independence and wellbeing." The person told us, "I like to help."
- People told us their independence and wellbeing were promoted. One person said, "Staff definitely support me to do as much for myself as possible." Another person told us, "They do encourage me. I am having some difficulties dressing and having a shower. They help me to do as much by myself as I can and support me with the rest."
- People and their relatives told us people's dignity was always respected by care staff. One relative told us, "I can safely say staff treat [relative] with dignity and respect." One person said, "I definitely feel I'm treated with dignity."
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering (even if they knew the person was not in the room) and by talking and engaging with people before assisting them, whether with their meals or their mobility. One member of staff said, "I always like to make sure people are comfortable. When assisting with washing, I focus on one area at the time, and then make sure they're covered."
- Staff spoke positively of the people they cared for and understood their needs, preferences and life experiences. Staff told us how they took time to engage with people and promote their personal wellbeing.
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making. Where people could not communicate their views or concerns, staff would observe their facial expressions and body language to gauge their views, needs or if someone was in pain or discomfort.
- People were at the centre of their care and where possible were supported to make decisions. One person responded positively when asked if their decisions were supported. They said, "I had two periods of respite to get me used to the service."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. Comments included: "The care is tailored for me, they help me"; "I get the support I need, they make sure I'm happy and comfortable" and "The support they have given to [relative] has been fantastic."
- Each person's care plans contained information about their life, including their relationships, occupations and hobbies and their preferences. People and their relatives were involved in creating their care plans and reviewing them. One relative told us, "We are involved all the time."
- Staff had skills and experience to identify when people's health was deteriorating, and their support needs were changing. Staff discussed how they supported people and made referrals to people's GP with their permission or in their best interests. One member of staff told us how they took immediate action to support one person to stay in the home with support from healthcare professionals rather than be admitted to hospital. They explained, "We acted quickly to get Rapid Response when we identified they weren't well, this kept him in the home, which is best."
- People told us they enjoyed spending their day as they wished, including accessing activities which interested them. Comments included: "There are things to do, however we do keep ourselves entertained"; "I don't feel bored, we had a lovely party last night" and "I enjoy spending time with my friends and watching the birds. I have enough to do." Each month people received an activities diary of upcoming activities and events.
- People enjoyed accessing the home's gardens, spending time with their relatives as well as enjoying ad hoc activities provided by care staff. We observed people enjoying a party in honour of the registered manager's last day at Redlands Acre. People were excited for the party as a big highlight and their chance to say goodbye to the registered manager. During the party people listened to a singer, sang along and danced and engaged with care staff. One person told us the following day, "We had a lovely time."
- There was a focus from staff on supporting people as individuals. Staff spoke positively about how they engaged with people, understanding their needs and preferences. Staff spoke confidently about the positive relationships people had formed with each other in Redlands Acre, which helped create a positive and homely feel. We observed people on both days people enjoying time talking to each other. People spoke positively about the friendships they had formed. One person said, "This definitely feels like home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which advised people and their relatives what to do regarding concerns and complaints and if they were not satisfied with any outcome. People and their relatives told us they knew how to raise a concern. Comments included: "If there are issues they're addressed properly and thoroughly"; "If I had a complaint I know who to go to" and "I have no complaints, I'd tell the management if I did."
- The registered manager kept a record of all compliments and complaints. In the last 12 months, the registered manager had received three complaints since our last inspection and a number of compliments including thank you cards. All concerns were acknowledged and acted upon. Where lessons could be learnt these were clearly documented.

End of life care and support

- People were supported at the end of their life by care staff and other healthcare professionals where required. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available for people to maintain their comfort at the end of their life.
- Where appropriate, people's end of life wishes had been explored with people and their representatives. These included preferences in their end of life care and support and identifying any specific religious or cultural needs. One relative told us how they had received support from Parkinson's community nurse to discuss their loved one's end of life care and the support they required from care staff employed at Redlands Acre. This had been documented in the person's care records.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had remained Requires Improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider and registered manager did not always operate effective systems to monitor and improve the quality of care people received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider and registered manager with a warning notice asking them to ensure the regulation was met by 31 May 2019, we also met with representatives with the provider to discuss the actions they planned to take.

At this inspection we found the provider had made some improvements. However further work was required to ensure quality monitoring systems were sufficiently comprehensive to always identify shortfalls in the service and drive improvement. At this time the provider was still not meeting the legal requirements.

- The registered manager and provider had reviewed their quality and risk monitoring systems following our January 2019 inspection. Changes had been made to these systems to enable the registered manager and provider to identify any concerns or shortfalls and take appropriate action. The provider and management team had clear systems to identify staff training needs, nutrition and diet audits, infection control, incident and accidents. The registered manager had implemented a system to monitor when equipment and maintenance tasks were required and had been completed. Management, which included a monthly random spot check of people's prescribed medicines.
- We found some improvement was still needed to some medicine practices that had not been identified by the provider's audits prior to our inspection. Senior care staff also carried out weekly stock records of people's boxed medicines. However, they carried these out separately from reviewing people's medicine administration records. We identified that care staff had not always followed the providers expectations (and recommended good practice) in relation to the recording of people's prescribed medicines. For example, staff did not always date people's medicine boxes when they had been opened, often recording when they had been placed in the trolley. Additionally, one person was prescribed 'as required' pain relief. Staff were recording this person was having this medicine daily, however medicine stocks identified this had not been the case. We discussed these issues with a representative of the provider and the new manager. Following the inspection, they informed us of the action they had taken with care staff and the actions they would take to improve their audits.

- The registered manager and senior care staff carried out care plan audits on a monthly basis to ensure people's records were current and reflective of their needs. These audits had not always identified where changes were required to people's care plans, for example in relation to people's PEEPS. The new manager and the provider were aware of this and had plans to implement a new care planning system, which was already operational in other homes operated by the provider. They had decided to postpone using this system due to the management change.
- The provider's systems had not identified issues or shortfalls in relation to fire safety issues. For example, staff had not received a fire drill and did not have the information they required in the event of an emergency.

Systems to monitor quality and risk in the service had not always been operated effectively. This was an ongoing breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated an action plan for the service. This plan considered any shortfalls or concerns identified through the provider's quality assurance processes, health and safety concerns and CQC inspections. Once an action had been completed this would be signed off by the registered manager or a representative of the provider. The provider had taken every opportunity to learn lesson from the last inspection and spread this learning to other homes they operated. This included new ways of working and promoting sustainability.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider and registered manager did not always notify us of significant incidents within the home. This was a breach of regulation 18 (Notifications of other incidents) of the Registration Regulations 2009. The provider had now met this regulation.

- The registered manager, new manager and provider understood their duty of candour responsibilities to be open and honest with people and their family when something had gone wrong. The provider had ensured CQC had been notified as per the regulation.
- People and their relatives spoke positively about the registered manager and told us they had met the new manager. They felt the home had improved since the last inspection and were looking forward to further improvements under the new manager. Comments included "We'll miss [registered manager], they're lovely"; "I've met the new manager, they're praised immensely where they've come from. The deputy manager is also coming back, I think they've chosen wisely, we're in good hands" and "The new manager has introduced themselves and has hit the ground running."
- Staff spoke positively about working at Redlands Acre, they spoke positively about the support they had received from the registered manager and provider. They also spoke confidently about the new manager and were looking forward to working with them. Comments included: "Already you can see the new manager out on the floor, talking to residents and asking if we're okay. She's helping out"; "I think the change will be good. New manager is listening and taking notice. [Deputy manager] coming back is good as well. [Representative of the provider] has been so supportive" and "I'm looking forward to the change."

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

- Staff were kept informed of changes and adjustments to what was required of them. The registered manager and provider had arranged for meetings to ensure staff were kept up to date with information,

including management changes within the home. These meetings were used to discuss agency usage and changes which could be made to maintain the continuity of people's care. Staff spoke positively about the communication they received. One member of staff said, "They give me the information I need."

- People and their representatives were also kept abreast of changes and improvements to the service through resident and relative meetings. People's relatives spoke positively about the communication they received from the registered manager and provider. Relatives felt they were involved and included in the service. One relative told us, "I want to get involved in the service, they respect that and they've supported me." Resident and relative meetings discussed changes in the home, their views and ideas. For example, at the last meeting activities and dietary options were discussed. The registered manager explained how they used people's views and comments to ensure the meal options met their needs and preferences.

Working in partnership with others

- The service worked alongside healthcare professionals to ensure people's needs were maintained. They had acted on their GP's advice to enable them to be better prepared to identify when people's health and wellbeing was deteriorating. The service also sought and acted upon the guidance of other healthcare professionals to enable them to meet people's changing needs.
- The home worked closely alongside other care homes also operated by the provider. This way of working promoted communication and ensured lessons were learnt across both homes. It also acted as a way to provide support between the homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were not always effective systems in place to monitor, assess and improve the quality of service people received. Systems had not identified concerns in relation to fire safety procedures and medicine management concerns. Regulation 17 (1) (2) (a) (b).</p>