

Gainsborough Care Ltd

Redcote Residential Home

Inspection report

23 Gainsborough Road
Lea
Gainsborough
Lincolnshire
DN21 5HR

Tel: 01427615700

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Redcote Residential Home is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

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

People felt safe using the service and staff understood their responsibilities to protect people from harm. Risks associated with people's care had been identified and mitigated. Measures were in place to reduce the risk of infection. There were enough staff to meet people's needs. People received their prescribed medicines. Accidents and incidents were reviewed.

People told us staff treated them well. Relatives told us staff were kind and caring. People were supported to follow their chosen faith.

There was a robust and clear system in place to monitor the quality of the service. Quality audits were conducted, and the registered manager and provider had oversight of the service. People, staff, relatives and visiting professionals were encouraged to share their feedback regularly. The management team of the service were continually highly commended. People's suggestions were acted upon.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 07 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve relating to safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Caring and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redcote Residential Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Redcote Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period notice of the inspection to ensure risks related to COVID-19 could be mitigated.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, a senior care worker and a care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection we found accidents and incidents were not reviewed and monitored appropriately. However, at this inspection we found there had been improvements.
- Accidents and incidents which took place in the service were reviewed by the registered manager and positive actions were implemented to reduce the risk of further occurrences. For example; where one person had experienced multiple falls, a sensor mat was in place to alert staff to support the person, the falls prevention team had been consulted and an occupational therapist was involved.
- Risks associated with people's care had been identified and mitigated. Information was available for staff to enable them to understand adverse symptoms of health conditions. Such as; Diabetes.
- People had risk assessments in place relating to COVID-19. These assessments identified how people should be supported during the COVID-19 pandemic to reduce the risk of contracting the virus.

Using medicines safely

- At the last inspection we identified shortfalls relating to medicines practices. At this inspection, we found those issues had been addressed and improvements had been made.
- People received their prescribed medicines by trained and competent staff. Staff training and competencies took place on an annual basis. This was to ensure staff were skilled to administer medicines to people.
- Where people were prescribed 'as needed' medicines, information was available to staff to describe the potential circumstances when the medicine could be required. This included; pain relief and medicine which aided regular bowel movements.
- Prescribed creams detailed specific instructions to provide guidance for staff on how and where these were to be administered. Medicines which are administered in the form of a patch which is applied to the skin, were recorded clearly to show safe administration.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood their responsibilities to keep people safe from potential harm.
- People told us they felt safe using the service. One person said, "It's very safe here, it's my home."
- Staff told us they could report any concerns to the management team and they were confident they would be addressed in a timely way.

Staffing and recruitment

- The provider continued to recruit staff safely. Pre-employment checks had been completed to ensure staff

were suitable to work with people using the service.

- Records showed there was enough staff to meet people's needs.
- We observed staff supporting people in a timely way. One person told us, "Staff are always there to help when I need them."

Preventing and controlling infection

- There were areas of the environment which required attention. We discussed this with the registered manager, who told us the provider had made arrangements to address this.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well looked after by staff. One person said, "Oh they [staff] are very good, I am extremely well looked after. I came here before for some respite and when I couldn't manage at home, this is where I wanted to be." A relative told us, "The management and staff are amazing. They really are excellent."
- Staff had developed a wish tree for people and they wrote a special activity they wanted to do and staff supported them to make it happen. One person wished they could go to the beach for the day, which was during the strict lockdown restrictions last year. Staff held a beach day at the service, where they decorated communal areas in a beach theme, had sand pits, paddling pools and an ice cream stand.
- People were supported to continue practicing their chosen faith. The local church had live streamed a religious service and staff made arrangements so people using the service could attend virtually. One person conducted a reading online which was used as part of the service.

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

- Regular resident meetings were held so people could share their feedback and suggestions. Items on the agenda included; catering, activities and support.
- Residents had requested the service purchased a new gazebo for the nice weather. The registered manager told us this had been purchased and was going to be put up in the upcoming days.
- Relatives told us they were kept up to date regarding their loved ones care and were involved in decisions. One relative said, "The registered manager keeps us in the loop. I haven't got a single complaint about the service."

Respecting and promoting people's privacy, dignity and independence

- Staff and managers had received compliments regarding the care they provide. One compliment, from a healthcare professional read, "Residents are treated like family, with dignity and respect. My name will be on the waiting list, if I ever need residential care myself. Their end of life care is excellent."
- We observed staff supporting people in a kind and respectful way. Staff knocked on people's bedrooms doors and waited for a response before entering to promote privacy.
- One person's care plan stated they responded positively to touch when staff were communicating with them. We observed this during the inspection.
- Relatives shared their positive experience of the service and the impact on their loved ones. One relative commented, "My mum has come on leaps and bounds since moving in to Redcote. I couldn't give a higher recommendation for the service."

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 has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, the provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made enough improvement and was no longer in breach.

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

- During the last inspection we found there was an ineffective quality assurance processes in place to monitor quality of the service. At this inspection, we found improvements had been made and there was now a robust process in place.
- Regular audits had taken place to monitor people's care, safety and welfare. Shortfalls had been identified and action had been taken to address these. There was an auditing schedule in place to prompt the management team on which areas of the service required oversight each month.
- The management team was supported by the provider and an external care consultant. Both the registered manager and provider had good oversight of the service and understood their responsibilities to be open and honest.
- The registered manager understood their legal responsibilities to inform the CQC of any events which took place in the service. This included; deaths, injuries and safeguarding concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team and staff strived for the best outcomes for people living in the service. One member of staff told us, "Our residents our like our family, we will do everything we can for them." A relative had provided feedback to the service which read, "Staff provide excellent care, most of the time going above and beyond their duties."
- Staff, people and relatives spoke highly of the registered manager. One relative said, "[registered manager] is amazing." A member of staff told us, "They [registered manager] are just great to work for, they genuinely care about people." A person commented, "The registered manager is lovely."
- We observed staff empowering people to be as independent as possible and encouraging people to live how they prefer. People using the service were continually given choices about their care and daily living activities.
- People were supported to keep in touch with their relatives during the COVID-19 pandemic restrictions. Methods of contact included; video call, telephone calls, social media and an instant messaging service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff received supervision and attended staff meetings. Surveys were completed by staff on a regular basis to obtain their feedback and suggestions regarding working in the service.
- Relatives and healthcare professionals told us they were regularly asked for their feedback. Their feedback was sought through the use of a survey. In the most recent survey's, one healthcare professional had commented, "One of the best care homes."
- Following any feedback sought regarding the quality of the service, action plans were implemented if required to ensure improvements could be made. The registered and deputy manager were both open to feedback during the inspection.

Working in partnership with others

- Staff worked in partnership with other agencies. Such as; Doctors, community nurses and social workers.
- Specific advice had been sought when required, from different authorities. For example, CQC, Lincolnshire County Council, falls prevention team and occupational therapists.