

Sanctuary Care Limited

Redhill Court Residential Care Home

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

We carried out an unannounced comprehensive inspection of this service on 8 March 2018.

The home is registered to provide accommodation and personal care for adults and who may have a dementia related illness. A maximum of 66 people can live at the home. There were 61 people living at home on the day of the inspection.

There was 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.

At the last inspection, the service was rated Good overall with the rating of Requires Improvement for safe. This was because the provider needed to improve the medication system, which had been made and seen on this inspection.

The registered manager and staff demonstrated their commitment to care for people following best practice. They linked with care provider forums ensured people had access to the local community. The service had a good links with health and social care professionals.

The provider had a programme of audits in place to monitor the quality and safety of people's care and support. The provider continually strived to make things work better so that people benefitted from a home that met their needs. However, further improvements are needed to demonstrate continual improvements and how these would make positive changes to how people were supported to live their lives now and in the future.

People told they felt safe living at the home and that staff supported them with maintaining their safety. Staff told us about how they minimised the risk to people's safety and that they would report any suspected the risk of abuse to the management team. People got the help needed with staff offering guidance or support with their care that reduced their risk of harm.

There were staff available to meet people's care needs or answer any requests for support in a timely way. People told us they received their medicines from senior care staff who managed their medicines in the right way. People also felt that if they needed extra pain relief or other medicines as needed these were provided. Staff wore protective gloves and aprons to reduce the risks of spreading infection within in the home.

People told us staff knew their care and support needs. Staff told us they understood the needs of people and their knowledge was supported by the training they were given. Staff knowledge reflected the needs of people who lived at the home. People told us staff acted on their wishes and their agreement had been sought before staff carried out a task. People were supported to have choice and control of their lives and

staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed their meals, had a choice of the foods they enjoyed and were supported to eat and drink enough to keep them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us they enjoyed spending time with staff, chatting and relaxing with them. We saw people's privacy and dignity was maintained with staff support. People's day to day preferences were listened to by staff and people's choices and decisions were respected. Staff told us it was important to promote a person's independence and ensure people had as much involvement as possible in their care and support.

People were involved in planning their care and if requested their relatives were involved, which include end of life planning. The care plans reflected people's life histories, preferences and their opinions. People told us staff offered encouragement to remain active and try activities on offer. People also told us they enjoyed the social aspect of the home and the activities offered.

People were aware of who they would make a complaint to if needed. People told us they were happy to talk through things with staff or the registered manager if they were not happy with the care.

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's risk had been assessed and recorded. People felt safe and protected from the risk of abuse and there were sufficient staff on duty to meet people's needs. People received their medicines where needed.

The home environment was clean and the provider had systems in place to manage the risk of the spread of infections. Incidents and accidents were monitored and used to make improvements in the service.

Is the service effective?

Good ●

The service was effective.

People were supported to make their own decisions about their care. People's care needs and preferences were supported by trained staff. People's health needs were supported with input and advice from other professionals.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. Staff provided care that was respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People were promoted to make everyday choices and had the opportunity to engage in their personal interests and hobbies.

People and their representatives who used lived at the home were encouraged to raise any comments or concerns with the registered manager.

Is the service well-led?

Good ●

The service was not always well-led.

Improvements were needed to continually identify and mitigate people's safe care.

People and staff were complimentary about the overall service. There was open communication within the staff team and regular health and safety checks were in place

Redhill Court Residential Care Home

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.

Redhill Court Residential Care Home 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.

Inspection site visit activity started and ended on 8 March 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience who had experience of residential care settings. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law. The inspection considered information that was shared from the local authority who are responsible for commissioning some people's care.

During the inspection, we spoke with 11 people who lived at the home and six visiting friends and relatives. We used observations to help us understand the experience of people who could not talk with us.

We also spoke with two senior care staff, four care staff, the deputy manager and the registered manager. There was a provider representative present for part of the inspection. We reviewed the risk assessments and plans of care for five people and their medicine records. We also looked at provider audits for environment and maintenance checks, Deprivation of Liberty Safeguards, two complaints, an overview of

the last two months incident and accident audits, staff meeting minutes and 'residents' meeting minutes.

Is the service safe?

Our findings

At the last inspection in February 2016 the service was rated as Requires Improvement as people's medication required further review. At this inspection we found the provider had made improvements with supporting people with their medication.

The care folders that we reviewed had a history of risk, for example associated risks with swallowing. The risk had been assessed accordingly and documented correctly within the person's folder with guidance from external professionals incorporated into the care plan for staff to follow to provide care safely. As part of this inspection we identified a potential risk in relation to mitigating people's risk of choking. Two care staff on the shift were aware of one person's risk of choking and potentially placed a person at risk of unnecessary harm by providing unsuitable meal choices. The registered manager took immediate action to ensure the person remained safe once the inspection team brought it to their attention. Following the inspection we received further assurance of the action taken and learning that had been raised in relation to all people living at the home.

All people we spoke with felt the home was a safe environment and had no concerns about their well-being. One person told us that, "I have nothing to worry about, no one can just walk in [to the home]". One relative told us, "They [staff] are very good; [person] is safer than they've ever been." Consideration had been given to providing a safe environment for people and fire safety procedures and checks were also in place.

Staff we spoke with described what action they would take if they were concerned about the way a person was being treated. The registered manager demonstrated they had acted upon concerns raised by notifying the local authority and Care Quality Commission (CQC) as needed. The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. One relative told us, "They [staff] check the resident's safety".

Staff had completed reports where a person had been involved in an incident or accident and reported to the management team. The registered manager had then identified how or why the incident may have occurred and whether a referral to other health professionals was needed. The registered manager told us they took learning from any untoward incidents, such as if people were falling regularly in a particular part of the home or at a certain time of day.

People told us about the staffing at the home. One person told us, "There is always someone about". We saw that staff were available in the communal areas and responded to requests when people wanted staff. One person told us, "If need be I press the buzzer and someone comes along". We saw staff assisted people without rushing and making sure nothing further was needed. People's dependency levels were reviewed by the registered manager to ensure there were enough staff to meet people's care needs.

The staff files we looked at had completed application forms and were interviewed to check their suitability before they were employed. Staff had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal

convictions. We looked at one staff file and saw the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People were supported where needed with their mobility and equipment or aids had been put in place. One person told us, "I feel safe here because I have my walking frame" and one person told us, "No, I have never fallen over". Staff we spoke with knew the type and level of assistance each person required to maintain their safety whilst walking or using a hoist. We saw staff were available and knew the support and guidance to offer. For example, we saw one member of staff reminded a person to use their frame and offered guidance and support to maintain the person's safety.

People were supported by senior staff to take their medicines every day. Senior staff who administered medicines told us how they ensured people received their medicines at particular times of the day or when required to manage their health. We saw that people were supported to take their medicines with guidance and encouragement. One person told us, "I am self- medicating and comfortable to do things for myself".

Records were completed for people's routine prescribed medications. When people needed medicines 'when required', there were protocols in place in relation as to why and when the medication should be administered. People's medicine records were checked frequently by the management team to ensure people had their medicines as prescribed.

People we spoke with told us the home environment was clean and their rooms were kept clean. The home environment was free from clutter on the day of the inspection. People's rooms and communal areas were kept clean by staff. People's laundry was collected and washed within a separate laundry area. Staff who prepared food were seen to observe good food hygiene and staff ensured the home's overall cleanliness was of a good standard to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Is the service effective?

Our findings

At the last inspection in February 2016 we rated this question as Good. At this inspection we found the service remained Good.

People we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. One person told us, "They [staff] are experienced". One relative told us, "Yes I think the carers [staff] know what they are doing...because they are trained and have good leadership". Care plans showed that people had been supported to have improved health outcomes such as maintaining a healthy weight and healed wounds as staff had provided care in line with other health professional's recommendations. One person told us, "They [staff] ask me and reassure me, very friendly". Staff also provided care in line with current guidance and took advice that had been given by community health professionals and GP's.

Staff told us about how they understood how to support and respond to people's needs. Staff told us about the courses they had completed and how it had helped them understand people's conditions better. For example medicines administration training and how this supported people to receive their medication safely. All staff we spoke with told us they were supported in their role with structured routine meetings and individual discussions with supervisors to talk about their responsibilities and the care of people living in the home.

People we spoke with told us they enjoyed their meals and had plenty of variety on offer and one person told us, "There is variety, we get menu choices". People had access to drinks during the day or people were able to ask staff for them. People had drinks available and one relative told us, "I am impressed, they always have something to drink that is fantastic". We saw people were asked their choice or shown a choice of meals when they sat down to lunch. One person told us, "The dinners are very good". Staff understood the need for healthy choices of food and knew people's individual likes and dislikes. Where people required assistance and prompts with their meals, staff were seen to sit with people to offer guidance.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. People had seen opticians, dentists, chiropodists and were supported to see their GP when required. Other professionals had been involved to support people with their care needs, for example, hospital appointments. One person told us, "They have continued with my specialist checks I have at the hospital". Staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. Records showed where advice had been sought and implemented to maintain or improve people's health conditions.

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 told us they decided what they did each day and we saw people making these choices. Staff were seen to listen and respond to people's request or decisions. One person told us, "Yes, they [staff] always ask for consent first". People had agreed to their care and support and had signed consent forms where needed. These were recorded in their care plans and showed the person wishes and needs. One relative told us, "They [staff] ask for permission and get consent all the time".

Staff we spoke with understood all people have the right to make their own decisions. Staff also knew they were not able to make decisions for a person and would not do something against their wishes. Where a person had been assessed as needing help or support to make a decision in their best interests this had been recorded to show who had been involved and the decision made.

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. Applications had been made to the local authorities where the management team had identified people's care and support potentially restricted their liberty..

People chose how they spent their time at the home and were supported with communal areas that were accessible along with the outside garden area. We saw people spent their time in the communal lounge or their bedrooms. There were several communal areas to choose from including quiet lounges, sensory spaces and recently added areas to support people living with dementia. This included areas that were linked to people's past lives and interests.

Is the service caring?

Our findings

At the last inspection in February 2016 we rated this question as Good. At this inspection we found the service remained Good.

People we spoke with told us about living at the home and how the staff were kind, caring and attentive to them. One person told us, "They [staff] do really care; the way they speak to me is polite". The atmosphere in the communal lounges varied from quiet and calm to lively with staff and people enjoying their time together. People were comfortable with staff who responded with fondness and spoke with people about their interests. One person told us, "They [staff] always come round and say 'Are you okay' ". Where people were quiet, staff looked for non-verbal signs to see what people preferred or enjoyed.

People told us the staff involved them with the care they wanted daily, such as how much assistance they may have needed or if they wanted to stay in bed or their bedroom. One person told us, "They [staff] are very helpful whenever I need help". Another person told us, "They [staff] care, I can't complain I know 75% of the staff names; obviously they know mine".

People told us their preferences and routines were known and supported. For example, their preferred daily routines were flexible and their choices listened to by staff. One relative told us, "Very well looked after, always well-dressed the way [person] used to like it". Where people stayed in their room they felt staff provided frequent checks and told us they had not felt isolated. People were free to spend time where they wanted. One relative told us, "They [staff] are very caring it shows in their mannerisms".

Staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first before providing any care or assistance. One relative told us, "They [staff] talk to [person's name], they ask what they prefer". Records we saw reflected people were offered choice around personal care, wake up times and how they wanted to spend their time. One person told us that, "They [staff] don't rush, they take their time".

People told us about how much support they needed from staff to maintain their independence within in the home. Two people told us staff offered encouragement and guidance when needed. One person told us, "I am able to do some things for myself". Staff were aware people's independence varied each day and on how they were feeling and one person told us, "I find them [staff] very pleasant and respectful".

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. One person said, "Very respectful, they always knock on the door before entering". When staff were speaking with people they respected people's personal conversations or requests for personal care. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs. One relative told us, "They [staff] are very polite the way they talk to everyone".

Is the service responsive?

Our findings

At the last inspection in February 2016 we rated this question as Good. At this inspection we found the service remained Good.

All people who we spoke with told us they got the care and support they wanted. Where changes to people's health had been recognised and acted on by staff. For example we saw where people were getting medicines to treat short term conditions or provide pain relief. One relative told us, "They [staff] are tactile and show interest".

People had their needs and requests met by staff who responded with kindness and in a timely manner. One person told us that it was nice having staff available to ask for assistance if they had felt unwell or wanted something checked out and said staff were, "Always responsive when you need something". People's health matters were addressed either by staff at the home or other professionals such as the district nurses. One person told us, "I see my doctor whenever I need to".

Staff told us they recorded and reported any changes in people's care needs to management who listened and then followed up any concerns immediately. People's needs were discussed when the staff team shift changed and information was recorded and used by staff on their shift to ensure people got the care needed. The staff member leading the shift would share any changes and helped manage and direct staff. One relative was pleased with how staff and management had responded to their family member's changing condition and felt fully involved and updated about the care and support provided.

We looked at four people's care records which detailed people's current care needs. These had been regularly reviewed and updated as required. People's needs had been assessed prior to them moving to the home. These records showed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, where people's weight had changed and the expected actions or changes to diets.

People told us about their hobbies and interests and the things they could do day to day and how they chose to take part in group activities. One person told us, "I read the newspapers and magazines". They told us they enjoyed singing, puzzles and games. One person told us, "We sometimes have speakers in, they talk about all sorts". People were also supported with religious choices and received visits in support of this. A new member of staff was now working to support people with their chosen interests and hobbies. One person told us they enjoyed painting and wanted this to continue with the new member of staff.

All people we spoke with said they would talk to any of the staff if they had any concerns. One person told us, "Any problems I would speak to the manager she is good". People said the registered manager always asked them how they were or if they wanted to talk about anything. One person told us, "If I had a problem, I would speak to the manager or the senior". All staff and the registered manager said where possible they would deal with issues as they arose. One person told us, "If I have any issues I speak to management".

The registered manager had recorded, investigated and responded to complaints and shared any learning with the staffing team. Examples included replacing missing items and reminders at staff meetings and supervisions to ensure care documents were accurately completed.

We spoke with the registered manager and staff about how people were supported at the end of their life. An end of life care plan had been completed which recorded the wishes of the person in the event of their death in detail. Where completed Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussions had been held and relatives were invited to visit. The showed medical staff the person wishes not to be resuscitated if their heart stops.

Is the service well-led?

Our findings

At the last inspection in February 2016 we rated this question as Good. At this inspection we found the service remained Good.

The provider had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed and included areas such as care planning documentation and people's care needs. Where shortfalls were identified as a result of the audits, an action plan with timescales was put in place to ensure the improvements were made. However, the systems in place had failed to identify a potential risk to one person. On the day of the inspection the registered manager had taken steps to identify and rectify those concerns and provided assurance that people living in the home had been adequately assessed.

Any accidents and incidents were reported on. These were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible and formed part of the auditing process.

People and their relatives were complimentary about the management team at the home and told us positive relationships had been developed. We were told by one person, "I love my home- it's got everything and I can see some views outside". People and their relatives were asked for feedback about the service they received and the way they were looked after. This was done during informal daily discussions, planned care reviews, and 'resident and relative' meetings.

People felt part of the home and one person told us, "Yes, I know the manager, she goes round as well as her deputy". They all found the management team accessible, approachable and supportive. The registered manager welcomed everyone in to the home and chatted with them all about how things were going. Everyone we spoke with said they would recommend the home to friends and family. One relative told us, "I think policies are reflected in the workers and their demeanour. They appear to be motivated".

Staff we spoke with understood the leadership structure and the lines of accountability within the home; they were clear about the arrangements for whom to contact out of hours or in an emergency. Regular staff meetings were held and staff told us they were encouraged to make suggestions. There was a positive atmosphere in the home and we observed that the staff team worked well, effectively communicating with each other to ensure people's needs were met.

The registered manager felt supported by the provider and kept their knowledge current with additional support from the Social Care Institute for Excellence and Skills for Care. They also worked with specialists in the local area to promote positive working relationships, for example, the local authority commissioners and people's social workers.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the provider is required

by law to tell us about. This meant we were able to monitor how the provider managed these events and would be able to take any action where necessary. The rating from our previous inspection was displayed in the entrance porch of the home and on the provider's website.