

Redstones Residential Care Home Limited

Redstones Residential Care Home Limited

Inspection report

8 Surbiton Crescent
Exeter
Devon
EX4 1PB

Tel: 01392421385

Date of inspection visit:
04 April 2018

Date of publication:
23 May 2018

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

Redstones Residential Care Home Limited is a small, family run, residential care home which provides accommodation and personal care for up to six older people. The provider and their family also live in the home. This service did not provide nursing care or waking staff at night. At the time of our inspection there were six people using the service, one person was out for the day.

People in care homes receive accommodation and 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 has a registered manager who was also the provider. 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 and associated Regulations about how the service is run.

People were well cared for, relaxed and comfortable in the home. There was a relaxed, homely atmosphere and everyone spoke of how they felt they were 'living at home'. Everyone we spoke with complimented and praised the provider and the five care staff who supported them.

Staff were able to spend time with people and their relatives chatting and laughing in a supportive environment. People's comments included, "It's the best it's ever been, you can ask anything" and "Oh yes, I love it here." Staff told us "It's a pleasant place to work, it's a small team and there's a very homely and comfortable environment for people" and "I love that this home is run with a very warm feel to it. It's a home from home." A relative told us, "I never have to worry. You couldn't find anywhere better. The hospital said [person's name] wouldn't get any better but she's really come on and had the encouragement to. It wouldn't have happened if she wasn't here."

People continued to be cared for by a close knit, small, motivated and well trained staff team. The provider/registered manager provided effective leadership with people's individual well-being and quality of life as the focus of care provision. People's health needs were well managed and risks were identified and minimised. There were regular reviews of people's health, and staff responded promptly to changes in need. For example, care records showed many examples of staff identifying changes in need and appropriate and timely referrals to health professionals. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs. A health professional visiting the home at the time of the inspection said, "This is the best home I go to. I would definitely put my mum here. There are no problems, it's really lovely. We are visiting someone whose health needs have increased. [Provider's name] is very supportive and gives lots of reassurance."

There were regular residents meetings and individual discussions on an on-going basis which ensured people were involved in the running of the home as well as how they wished to spend their day. People are

supported to have maximum 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.

Care records were up to date and accurately reflected people's care and support needs. The care plans provided staff with sufficient information to enable them to provide care effectively. We observed people were cared for compassionately and with respect. One person had written a note to staff saying, "I enjoy meeting you all. So helpful and obviously competent" and "Thank you for a lovely tea, it really feels like home."

People were actively involved with the local community. The provider/registered manager and staff supported and encouraged people to engage with a wide variety of activities, trips out and entertainments available within the home. This was, in groups and on a one to one basis depending on what people wanted to do. People could express what they wanted to do throughout the day and the staff would do their best to make it happen. For example, one person said they would like to go on a train and the provider immediately began making plans and discussing where the person would like to go.

At our last inspection we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Redstones Residential Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was a routine comprehensive inspection and took place on 4 April 2018 and was unannounced. The inspection team consisted of one adult social care inspector. We reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who used the service, one relative, two members of care staff, a visiting health professional and the registered provider/manager. In addition we observed staff supporting people throughout the home and during the lunchtime meal.

We also inspected a range of records. These included three care plans, two staff files, medication administration records (MAR), training records, staff duty rotas, meeting minutes and the service's audits, policies and procedures.

Is the service safe?

Our findings

The service continues to be safe. People continued to speak very fondly of the provider and staff and told us they felt safe and were consistently positive about the care they received at Redstones. One person said, "It's the best it's ever been, you can ask anything" and the relative said, "I never have to worry. You couldn't find anywhere better."

Policies and procedures in relation to the safeguarding of adults reflected local procedures and included relevant contact information. The service had not had any safeguarding issues since their registration but staff had received training in safeguarding and knew how to report any issues and who to go to should a situation arise.

People had telephones provided in all bedrooms to enable people to keep in touch with their friends and family. This also enabled people to report any concerns they might have to either their relatives or health professionals privately from their rooms.

People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. One person had seen the physiotherapist and was supported to do exercises to maintain their independence mobilising. Another person was supported to regain confidence after a fall at home and included information for staff about how to reassure the person who had become anxious about losing their mobility. One risk assessment informed staff to check the person had turned off the heating as they forgot and got uncomfortable.

People lived in a well maintained, clean and tidy home. Care staff carried out the cleaning as it was a small home. All staff had completed infection control training. There were clear, daily staff duty lists showing which staff carried out which duties including cleaning. Each person's room was thoroughly cleaned on set days and on a regular basis. Cleaning audits were carried out and any issues dealt with promptly.

There were appropriate emergency evacuation procedures in place and regular fire drills had been completed. All equipment within the home was in good condition and had been regularly tested and serviced. The home did not care for any people who required hoisting to mobilise but there was a hydraulic bath hoist which had been regularly serviced. All electrical equipment had been tested to ensure its effective operation.

People were able to easily request support from staff using call bells in their rooms. During the inspection we saw staff were not rushed and responded promptly and compassionately to people's request for support. More often than not staff continued to pre-empt people's needs and offered support. Some people liked to stay in their rooms and others enjoyed chatting in the lounge and dining room.

There were sufficient ample staff available in the home to meet people's current care needs. The registered manager/provider continued to carefully assess whether they could meet the needs of any potential admissions to the home. For example, there were no waking staff at night although the provider and another care worker was always on call within the house. People living at the home needed to be able to ring their call bell. No-one living at the home required two care workers to provide care at one time. People were either independent or required one care worker to assist with personal care. We found two care staff were on duty throughout the day with the registered manager/provider. The statement of purpose and pre-admission assessments were clear to ensure people knew what needs the home could meet.

People were cared for by suitable staff because the registered manager/provider followed robust recruitment procedures. We looked at two staff recruitment files including the newest employee. These contained the appropriate checks to ensure staff were safe to work with vulnerable people, such as disclosure and barring criminal record checks (DBS) and references. These were completed before staff were appointed to positions within the home. There were interview records which demonstrated the prospective staff member's employment histories had been reviewed in detail as part of the recruitment process.

People received their medicines safely, when they needed them. We saw medicines were dispensed to each person directly from named, individual boxes and blister packs. Each medicine had an accompanying information sheet to ensure staff knew what they were giving. Each person had their medication administered separately before staff signed to say it had been administered. Staff were also discreet and asked people where they would like their medication. The medication administration records (MAR) had been correctly completed. All medicines that required stricter controls by law were stored securely and accurately documented. Staff who administered medication had received training from a local pharmacist in the monitored dosage system which the home used. Any verbal changes in medication from the GP had been signed by two staff until the new prescription arrived. Regular medicine audits had been completed and there were robust procedures for the investigation of medicines errors within the home. Each person had an individual medication stock level audit.

Is the service effective?

Our findings

The service continues to be effective. The registered manager/provider and staff knew people well. They spoke warmly of the people they cared for and were readily able to explain people's care needs and individual personalities. A relative told us, "The hospital said [person's name] wouldn't get any better but she's really come on and had the encouragement to. It wouldn't have happened if she wasn't here."

People had access to healthcare as required. Staff ensured they supported people to access health appointments. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Staff had followed expert guidance when provided and had maintained detailed records in relation to the effects of treatment interventions at the request of clinical professionals. There were no pressure sores or wounds at the home. One person had seen the chiropodist when they were admitted from home with a positive result.

People were cared for by well trained staff. All the care staff had achieved a nationally recognised qualification in health and social care. We inspected the home's training matrix used to manage the training needs of the staff team. These records showed staff had completed mandatory training including safeguarding of adults, dementia awareness, manual handling, infection control and food hygiene training. Staff had received additional training in a variety of topics including diabetes care, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and safe handling of medications. The registered manager/provider regularly checked when training was due and a notice board showed which training was coming up.

The registered manager/provider was also aware of the national Care Certificate and kept a folder of information to ensure their training was in line with national guidelines. The Care Certificate is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. Staff told us they felt well supported with access to a wide range of training. There was a robust induction process. Care staff spent time being shown around the service and reviewing the home's policy documents. All staff signed each policy when they had read them. Policies included whistle blowing and equality and diversity. The provider said, "We are committed to creating an environment where individual differences and contributions of people and staff are recognised and valued." Staff then shadowed experienced staff until they felt competent. Staff were also introduced to people before they supported them. For example, one person was known to be nervous with new people.

Staff were very well supported by the registered manager/ provider. Staff received regular supervision on a one to one basis as well as regular staff meetings. The minutes of these meetings demonstrated that issues raised by staff had been addressed and resolved and included caring support around any personal issues. Staff discussed the needs of each person living at the home in detail. One to one supervisions for staff were detailed and included records of practical observations to support staff and monitor staff competency and areas for improvement. Issues were recorded and followed up at the next meeting. Staff said, "The manager works on the floor with us. It's a good team. It's always fair and management are approachable, they've given me so much support."

People's consent to care and treatment was sought in line with legislation. Although everyone in the home had capacity to make decisions for themselves, some people had some memory loss. The registered manager/provider had a good understanding of the requirements of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment. Training records demonstrated that additional staff training in relation to the MCA and DoLS had been completed. There were no restrictive practices within the home and we observed people moving freely around the building.

People were well supported by staff during mealtimes. Meals were served promptly and in the way that people liked. For example, although people were asked what they would like in advance, they could change their mind if they fancied something else at the time. One person had sent staff a note saying, "The chicken curry was delicious" and "Thank you for a lovely tea." Every aspect was personalised. Staff knew how people liked their meals, such as cut up before getting to the table, with or without condiments and where people liked to have their meal. The atmosphere in the dining room was extremely positive and meals were delivered in the style of a good quality restaurant with home cooked food. People were offered a choice of beverages at lunch. We saw drinks were served regularly throughout the day, staff regularly asked people and relatives if they would like another drink and drinks were left available in peoples' rooms overnight.

People lived in a home that was well maintained and decorated in a homely manner in a way that people chose. People again all commented on the homeliness of the service. Communal rooms were light, airy and comfortable. People were able to personalise their rooms and had input into the decoration of communal areas. The home had a secure, accessible garden through patio doors, which people could access at any time. The main home was all on one level with the provider's accommodation upstairs.

Is the service caring?

Our findings

The service continues to be caring. People and staff were happy in the home. We again witnessed numerous examples of staff providing support with compassion and kindness. Staff spent time chatting easily, laughing, and joking with people. Everyone we spoke with complimented and praised the staff who supported them. Staff told us, "I believe the residents are treated with great respect and I enjoy spending time with every one of them" and "I would be happy for a family member to live here. It doesn't feel like work most of the time. People feel like my family too." The home cat was known as a 'fur-apist' and people clearly enjoyed its presence.

During lunch time people were greeted warmly as friends by staff on arrival and supported to where they liked to sit. The provider's relative also still lived at the home and had become friends with people living there. They continued to knitt walking frame bags and knitted poppies for everyone at the home who proudly showed them to us. During the inspection, people were enjoying their favourite music and all singing along.

Staff demonstrated clear concern for people's comfort. Where staff wished to share information with their colleagues this was done discreetly in the kitchen. Throughout the inspection it was notable that staff were not rushed in their interactions with people. We saw that staff spent lots of time chatting with people individually and supporting them to engage with activities. On Sundays the provider ate with everyone. There were lots of examples of individualised care. The provider had driven one person to Dorset for lunch with old friends. One person's relative was met by staff at the bus stop, another relative was given a lift home and people were encouraged to have tea in each others rooms if they wanted to.

We saw that where people requested support it was provided promptly and discreetly by staff. For example, one person had limited literary skills and staff ensured they did not feel embarrassed by this, discreetly reading things out loud for them. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. People in the home were smartly dressed and well cared for with their independence at the heart of their care. People told us that staff respected their wishes, with care plans highlighting what people could do for themselves.

The registered provider/manager and staff knew people very well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. This included supporting people with family dynamics and respecting people's privacy. The provider's spouse had taken one person to a football related dementia workshop on the day of our inspection. They had removed their name badge and acted as a friend rather than a care worker. We heard how much this had been enjoyed by the person, including a drive round their old 'stomping ground' and more outings were planned as male bonding time. One person had been supported to dress up and attend a wedding with staff decorating their wheelchair with ribbons. Another person had been driven to Cornwall to attend a funeral with staff.

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and

relatives to attend the activities and concerts in the home. The visiting hairdresser said they also felt part of the team and joined staff on team outings too. Staff thought about people when they were off duty, bringing gifts from their holidays and sharing stories.

Is the service responsive?

Our findings

The service continues to be responsive. People's care plans were detailed and informative. They included records of initial assessments completed prior to individuals moving into the home. People were encouraged to visit Redstones before moving in. This gave people a chance to meet other residents, get to know staff and gain an understanding of how the service operated.

Once a person decided to move into Redstones the registered manager/provider visited the person at home or hospital to discuss the details of their specific care needs and wishes. During this assessment meeting details of the person's life history, likes, preferences and interests, care needs and medical conditions were discussed, in order to establish that the home was able to meet their care needs. One person had moved in from home having required support. The provider told us how they had worked with the safeguarding team due to the person's situation at home. The person had now put on healthy weight and was enjoying taking up hobbies again. They were looking forward to their birthday lunch in their favourite eatery.

The care plans had been developed into a new care plan format from the information people provided during the assessment process and had been updated regularly to help ensure the information was accurate. The care plans provided staff with clear guidance on each person's individual care needs and contained sufficient information to enable staff to provide care effectively. The care plans included clear instructions for staff to encourage people to be as independent as possible, while providing information on the level of support normally required. For example, "[Person's name] is aware of their dementia and wants to be as active as possible".

The provider ensured people had accessible information in line with the Accessible Information Standard (AIS). Care reflected people's diverse needs and social situations. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated into people's care. (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) This showed the staff team cared about ensuring the service was inclusive.

Staff were able to discuss detailed information about people and clearly knew them and their families well. Daily records were meaningful and clearly monitored issues identified in the care plans. Information about people was shared effectively between staff through regular shift handovers and staff meetings. This meant staff received up to date information about people's needs immediately before the beginning of their shift. Care plans were regularly reviewed with the person receiving care and their named key worker.

People were supported to take part in activities, stimulation and meaningful engagement. We saw there was a detailed calendar of activities available to advise people of what had been planned. Planned activities included, bingo, quizzes, arts and crafts, film nights and popcorn, concerts and visits by external entertainers and community groups such as choirs. In addition we saw the registered manager/provider and staff regularly engaged with people in informal activities including reminiscing, looking at magazines, chatting

and playing a variety of games. People were involved in the planning of activities with support from staff and specific activities had been arranged to meet people's needs. For example, people were able to say if they wanted to go somewhere or needed to go shopping. One person during the inspection spoke about how they would like to go on a train and the provider immediately sat with them planning where they would go.

There was an activities photograph album showing many recent trips out. These included photographs of people living at the home and relatives. People had benefitted from trips to the local beach with an impromptu pub meal on the way home, morning coffee at a local farm shop, garden nurseries, the local theatre and drives out. People had attended a variety of topical events. People continued to come together to knit for a charity. The provider was chatting to people about a trip out to choose bedding plants.

The relative said they felt able to come and visit whenever they could. They felt involved in all the activities and enjoyed spending meaningful time with their relative. They said they could not believe their luck when a vacancy came up. They not only enjoyed seeing their loved one but enjoyed chatting to other people and felt like part of the family too. Although staff encouraged everyone to engage with activities they respected people's wishes when they chose not to join in.

We saw people were involved in the planning and development of new ideas for the home. The regular residents' meetings were well attended. We reviewed the minutes of these meetings and found suggestions people had put forward had been adopted by the home.

People chose how to spend their time. We observed people chatting together and with staff and visitors in the dining room and lounges, spending time in their own rooms and engaged with various activities throughout the home.

Care records showed people's preferences such as what time they liked to get up and go to bed. For example, one person liked to stay up sometimes and watch a film. The registered manager/provider and staff told us how they continued to often all stay up late in their pyjamas to watch films all together. The provider also took photographs of things of interest such as the recent World War 2 art installation in the city if people could not get there.

None of the people we spoke with had any complaints about the quality of care they received at Redstones. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. People told us they would raise any issues or complaints with staff. The service had still not received any formal complaints since their registration. When people reported issues to staff these had been addressed and resolved promptly. Redstones regularly received compliments and letters of thanks from people's friends and relatives which were shared with staff who continued to say they felt appreciated and valued.

Care records showed that people's wishes in relation to their end of life care had been discussed and preferences recorded. One care worker was also trained in verification of death. Future care and specific considerations had been recorded to enable staff to meet people's preferences at this time.

Is the service well-led?

Our findings

The service continues to be well led. People and their relatives again consistently commented on how happy they were with the care provided at Redstones and that they enjoyed living in the home. There were no negative comments. Staff morale continued to be high and the atmosphere within the home was warm, happy and supportive. Staff were all positive about the working environment, support and care that was provided.

The culture of the service was open, honest and caring and fully focused on people's individual needs. The registered manager/provider and their spouse, who was employed as a care worker at Redstones, remained clearly passionate about the work they were doing which was mirrored by the culture within the staff team. People were consistently treated as individuals.

The registered manager/provider and staff all knew people well and demonstrated this through their commitment and evident concern for people's welfare and the service's focus on providing excellent personalised care. They said, "It's our home and theirs. We are lucky to have these people here. Family say it's lovely to see people smile again."

All staff and people living at the home continued to be actively involved in the day to day operation of the service and their contribution was valued. There was on-going discussion on a regular basis about plans for the home, quality assurance and open conversations enabling people to voice their views and to contribute.

The registered manager/provider recognised the vital role of well-motivated staff in ensuring people's care needs were met. The staff team of five were highly motivated and well established. Staff told us they felt valued and the importance of their contribution to the home was recognised and celebrated. The registered manager had sent out an anonymous survey to all staff prior to our inspection in sealed envelopes. Comments from staff included, "It's like a home from home. The management and carers are right with us for family get togethers. Don't change anything" and "I always feel respected and valued and always get support from managers. I'm always positive and proud to work at Redstones" and "The care and needs of the residents comes first. It's a friendly and cheerful place to work and this rubs off on the residents."

Staff had confidence in their own knowledge and experience and were willing to challenge advice from professionals where they believed this was not in the person's best interests. The home's records were well organised and staff were able to access information about how to meet people's needs and daily records showed they covered all details of people's care.

Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively. These included care plan audits, infection control, medication, falls, people's weights, quality assurance and accidents and incidents.

People were encouraged to provide feedback and their views were actively sought by staff before changes were made to the service. Resident's meetings were held regularly and people's relatives were encouraged to attend where possible and to contribute. Minutes of the meeting demonstrated that feedback provided was valued and acted upon so that the service could work to constantly improve. For example, individual fish pies had been served following feedback from the last meeting.

There was a comprehensive complaints process underpinned by a compliments and complaints record which documented any "smaller" issues which could raise patterns of issues or pre-empt a complaint. The registered manager and provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.