

Redstacks Residential Home Limited

Redstacks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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

Redstacks is a residential care home providing accommodation and personal care to up to 14 people in one adapted building. The service provides support to older people, including those with dementia related conditions. At the time of our inspection there were 12 people using the service.

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

A system was in place to monitor the quality and safety of the service, however this was not always effective in identifying and addressing issues.

Safety checks of the premises and equipment were not routinely carried out.

There were shortfalls in training to enable staff to carry out their roles effectively in line with people's individual assessed needs. We have made a recommendation in relation to specialist training.

Systems in place did not always support safe recruitment. We have made a recommendation in relation to recruitment practices.

People's care plans included risk assessments for known risks and staff followed support plans to help keep people safe.

Staff knew how to keep people safe from abuse and were confident to raise concerns with external agencies. When required, notifications had been completed to inform us of events and incidents.

There was a positive, caring culture within the service and we observed people were treated with dignity and respect.

Medicines were managed safely to ensure people received their medicines as prescribed and in line with national guidance.

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

This service was registered with us on 12 February 2021, under a new provider and this is the first inspection.

The last rating for the service under the previous provider was good, published on 10 August 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes breaches in relation to safe care and treatment, environment safety and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Redstacks

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 Health and Social Care Act 2008.

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 was completed by one inspector, a specialist advisor in dementia and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Redstacks is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redstacks is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who use the service about their experience of the care provided. We spoke with four members of staff including the manager, deputy manager, a senior care worker and administration assistant.

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

After the inspection

Following our visit, we spoke by telephone with the relatives of four people who used the service and two additional people who use the service about their experience of the care provided. We also spoke with one health professional. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Learning lessons when things go wrong

- The provider had not ensured people lived in a safe environment. Risks associated with the premises and equipment were not managed through regular safety checks and maintenance at the service.
- Fire safety was not robust. There was inconsistent evidence of regular fire alarm testing. There was no evidence of staff being trained in the usage of fire evacuation equipment.
- Hoist servicing certificates had expired. This meant the safety of people who required a hoist were not protected if using this equipment.
- There was minimal evidence to support learning lessons from accidents, incidents or falls which had occurred at the service.
- The lack of oversight in relation to the monitoring and analysing of accidents, incidents or falls has resulted in people being exposed to the risk of harm.

The provider had failed to appropriately assess and manage risks to people's health and safety. This was breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment systems were not always robust. The provider was unable to evidence they had interviewed prospective staff to check the accuracy of applications and explore any gaps in their employment history.

We recommend the provider reviews their systems and processes for recruitment and updates their practices accordingly.

- The provider carried out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People we spoke with were happy with the staffing levels. On the day of our inspection, there were enough staff on duty to care for and support people.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, "I feel safe and happy living here."
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility

to raise concerns and information available in the office supported them to raise concerns with external agencies.

- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed if they were no longer required.
- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Where people were prescribed pain relieving medicines, on an 'as required' basis, clear guidance was in place to ensure staff had information about when these medicines should be given.
- Where people were unable to communicate, staff used comprehensive information to assess and manage signs of pain.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

The provider supported visits to the home in accordance with government guidance. The provider had a visiting policy to support people to receive visits safely.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received training in key areas to ensure they were suitably skilled to care for people. For example, staff had not received training in the use of oxygen therapy.

We recommend the provider reviews their systems and processes for the delivery of specialist staff training and updates its practices accordingly.

- Despite the lack of staff training in the administration of oxygen therapy, a detailed risk assessment and care plan was in place for staff to follow.
- Staff received an induction, and regular opportunities through supervision to discuss their work, training, and development needs.
- Staff were positive about the support they received. A staff member said, "I get supervisions regularly, and these are completed to a high quality."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People's needs, preferences and wishes were effectively assessed, and care and support regularly reviewed.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life.
- People were provided with a varied, nutritious and balanced diet based on their preferences.
- People praised the quality of the meals and food provided. One person said, "We get really good, homecooked food."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.

- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The MCA and DoLS procedures followed best practice guidance and legislative requirements. Mental capacity assessments had been completed where people lacked mental capacity to make certain decisions.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care and support that was respectful and met their individual and diverse needs.
- Staff knew and understood people's individual care and support needs and routines. Staff gave good examples of how care was person centred, they had a positive and caring approach. One person told us, "The people who work here are kind and caring, I can't grumble about anything. They look after me well and treat me well too. I feel very comfortable with this staff."
- We observed positive interactions between people and staff.

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

- People were supported to participate in the planning and reviewing of their care and support if they were able to and wished to.
- People were encouraged to express their views. They chose how they spent their day and where they went. We observed staff involving people, asking their views and offering choices.
- Staff were kind, compassionate and shared positive relationships with people. Staff and people were engaged in a meaningful way.

Respecting and promoting people's privacy, dignity and independence

- The provider demonstrated a clear commitment to supporting people in a dignified and respectful manner. For example, we observed staff address people by their first name or more formally if this was their chosen preference, and knocked on people's doors before entering.
- People were supported by staff to maintain important relationships with their relatives and friends.
- Staff supported people to maintain contact with their loved ones through telephone calls and through using electronic devices that enabled people to simultaneously speak and see each other.
- Staff promoted people's independence and supported them in a dignified way. Staff had a good knowledge of people, their needs and abilities.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff knew people they cared for well and used this knowledge to provide personalised care. They were able to give a detailed history of each person, including likes, dislikes and the best way to approach and support the person.
- Support plans were in place for people, showing some of their needs and things they could do for themselves. They contained personalised information. People were involved in developing and reviewing their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and took them into account when planning care.
- Care plans included detailed guidance for staff to help them communicate with people.
- Staff produced accessible information that people could understand. There were a wide range of documents in easy-read formats such as care plans, weekly schedules and service user guides. Staff also produced accessible information to support policies and procedures, for example, to describe the complaints procedure.

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 were offered opportunities to engage in social activities.
- People were encouraged to develop activities that interested them. The provider was in the process of developing an adapted activity programme to include people's new interests.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place.
- People told us they would speak with the manager or support staff if they had any concerns or wanted to raise a complaint.
- Relatives knew how to make a complaint and told us the provider was approachable.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- People's care plans provided evidence that people were encouraged to discuss their futures and end of life care wishes if they wanted to. Some people had chosen not to which had been respected. This information was used to provide staff with guidance of how a person may wish to be cared for at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor the quality and safety of the service were not effective. They had not identified and addressed the issues we found at this inspection. This provider had failed to monitor and improve the quality and safety of the service.
- Audits and monitoring arrangements were in place for a range of area's including care plans, medicines and infection control. However, we found monitoring documentation had not been completed in line with the providers procedures.
- Handover records where not consistently completed and did not contain relevant information to support staff with people's changing needs.
- An effective system to learn from accidents and incidents and prevent any reoccurrence and improve people's care was not in place.
- Systems and processes to assess risk and monitor quality were insufficient and ineffective in driving improvements.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People experienced a positive and inclusive culture at the service. The provider promoted a positive culture focused on person-centred care. Staff we spoke with described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- Morale within the service was good and the culture was open and relaxed.

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

- The provider appropriately notified agencies of all incidents.
- The provider had a complaints procedure and although the service had not received any formal complaints, the provider understood the importance of ensuring this was followed.

- Staff told us they felt listened to and that the manager was approachable. A staff member said, "There is an open door approach and [manager's name] is always there to speak to."

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

- There were no systems in place to evidence feedback from people, relatives and staff. However, family members did feel they were kept up to date with people's health and medical needs.
- Staff told us they felt supported by the provider. Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.

Working in partnership with others

- Professional visit records evidenced staff worked collaboratively with other agencies, for example, social workers, local authorities and district nurses.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The providers had failed to do all that is reasonably practicable to mitigate risks to people. 12(2) (a)(b)(c)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(e)(f)