

# St.Christophers(Glossop)Limited

# Redcourt

## Inspection report

Redcourt  
Hollincross Lane  
Glossop  
Derbyshire  
SK13 8JH

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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

About the service: Redcourt is a residential care home that was providing personal care for 10 adults with a learning disability and/or autism at the time of the inspection. Accommodation is provided on two floors with communal areas mostly on the ground floor. There is access to an inner courtyard and other outside space.

People's experience of using this service:

People were protected from avoidable harm and abuse. Staff knew what action to take if they suspected abuse. Relevant risk assessments had been completed and actions were taken to reduce risks to people. The environment was monitored and safe for people to live in. We identified some concerns with the management of medicines; however, action was being taken by the registered manager to rectify these. Sufficient staff were available to meet people care and support needs. Staff received the training they required for their roles and received supervision and appraisal.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were encouraged to be as independent as possible and they were supported to be part of the local community.

People were 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. Relevant mental capacity assessments had been completed and care was planned in their best interests when they could not make a decision.

People were relaxed and happy with staff and when they were upset or distressed, they sought the support of staff, who responded quickly to provide reassurance. They were supported to express their views and opinions, which were listened to and acted upon. Staff knew people well and this enabled them to respond effectively and with an understanding of each person's preferences and wishes.

People received responsive care and support from staff who were well trained and demonstrated the principles of person centred care within their work. Care contained relevant information about how to meet people's needs and were regularly reviewed.

The home continued to be well led. The management team provided daily leadership and support. Staff felt able to raise concerns and discuss issues openly. People using the service knew the management team well and showed trust in them. Quality assurance processes were in place and actions were taken to address issues identified in the audits.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Last report published in May 2016)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Redcourt

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was conducted by one inspector and an Expert by Experience with experience of caring for people with a learning disability. 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:

Redcourt is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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:

The inspection was unannounced and took place on 6 March 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the 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. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service to ask about their experience of the

care provided. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We spoke with five members of staff including care staff, the cook and the person responsible for the laundry. We also spoke with the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records and a sample of medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Following the inspection we reviewed additional information the registered manager sent to us.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Processes were in place to safeguard people from the risk of abuse. Staff were aware of the signs of abuse and action they should take to report concerns. The registered manager was aware of their obligations for reporting safeguarding issues.
- A person told us they felt safe at the home. They pointed to the smoke alarms and fire alarms and told us if they went off, they needed to get out of the building. They also showed us their key fob for accessing their room and told us they had a safe for their money.
- Risks to people's health and safety were documented and reviewed to ensure they remained up to date. These included risks associated with accessing activities in the community and using transport. This ensured people were kept safe while not unnecessarily restricting their freedom.
- Staff received training to enable them to respond safely when a person had behaviours that might present a risk to themselves or others. They told us they were proactive where possible, as they recognised the triggers of each individual's behaviour and responded with actions to calm the person and reduce their distress.

Staffing and recruitment

- Staffing levels were set and managed safely. The registered manager set staffing levels based on the number of people using the service and their individual needs. They explained how they had increased the number of staff on duty during the recent building renovations, in order to enable staff to provide additional reassurance to people and increase the time they spent in the community, when the noise levels were increased.
- Staff told us they felt there were sufficient staff rostered to meet peoples' individual needs.

Using medicines safely

- Processes were mostly in place for the safe management of people's medicines and records indicated they received their medicines as prescribed. However, we identified that the temperature of the rooms used to store medicines were not recorded, to ensure they remained within recommended limits. The manager told us they would implement temperature recording immediately and confirmed after the inspection that this had been initiated. Protocols were not in place for medicines that were prescribed to be given only as required, to ensure they were not over used; however, we did not find any evidence of over use. Following the inspection the manager confirmed protocols were in place.
- When medicines errors occurred they were investigated and steps taken to prevent recurrence. Processes were in place for the regular audit and monitoring of medicines.

Preventing and controlling infection

- Processes were in place to prevent the spread of infection. Staff used personal protective clothing and

equipment appropriately and knew of the action to take if a person had an infection that might spread to others. The home was visibly clean at the time of the inspection.

#### Learning lessons when things go wrong

- Staff said they were encouraged to report accidents and incidents and when distressing incidents occurred, they had a de-briefing meeting to enable a full discussion to take place and learning to be identified. They said this enabled them to put forward their own suggestions about how to prevent incidents occurring and how things could be done differently in the future.
- Incident and accident records demonstrated good reporting and investigation of accidents and incidents to identify learning.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed people's needs and choices and provided care based on guidance from specialist professionals. For example, each person had eating and drinking guidelines for staff, developed by a speech and language therapist. This ensured people were supported effectively and safely to eat and drink when they had difficulties in swallowing and in eating independently.
- People were treated equally and without discrimination. The service had been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. People were supported individually as required and received planned and co-ordinated person-centred support, which was appropriate and inclusive for them.

Staff support: induction, training, skills and experience

- Staff supported people effectively and safely. New staff were provided with a comprehensive induction and the registered manager or deputy, assessed their competence at the end of their induction period and prior to them supporting people when they went out of the home.
- Staff received regular training and supervision and were able to request additional training if necessary. Where training was overdue for renewal, refresher training was booked.

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

- People were supported to maintain a nutritious and varied diet. Menus were based on people's preferences and the cook spent time with people, identifying their wishes and preferences using pictures and other prompts. People enjoyed the meals and a person we spoke with gave a 'thumbs up' for the food.
- Staff had a good understanding of people's support needs and preferences. They had adapted the process for serving meals after consultation with people and specialist professionals to optimise people's mealtime experience and maximise the amount they ate.
- We observed people were provided with support and assistance when needed, while encouraging independence where possible.

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

- Staff met with other professionals providing support and specialist advice on a monthly basis in a 'consultancy clinic'. All people using the service were discussed at the meeting, which was attended by the learning disability service, social services, occupational therapists, physiotherapists and a dementia nurse specialist to enable an holistic approach to be taken and referrals made where necessary.

- Prior to a new person being admitted to the service, a pre-meeting was held with all professional groups involved, to ensure care needs were identified and assessed fully and equipment put into place to support the person's needs.

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

- The provider had just completed a complete renovation of the building and environment. Care had been taken to ensure this met the needs of individuals currently living in the service and those who might live there in the future. For example, tracking hoists were installed in some bedrooms and adjoining adapted bathrooms.
- The environment was spacious to allow access for people using wheelchairs and requiring support to mobilise. A new lift had been installed to access all floors for those with mobility difficulties. Bedroom doorways and corridors were wide enough for wheelchair use. Technology was used to improve accessibility and security for people within the service. For example, the type of lock on bedroom doors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were 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.
- People were encouraged and supported to make day to day decisions when they were able and when they were unable to make specific decisions, the principles of the MCA were followed. Staff completed mental capacity assessments and followed guidance to reach best interest decisions with the involvement of other professionals.
- DoLS applications were made as required. None of the authorisations received had associated conditions.
- The provider trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLS. Staff we spoke with demonstrated a good understanding of the principles.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were very caring in their approach and had developed positive relationships with the people they cared for. People were relaxed and happy in the presence of staff and when staff passed by, they reached out to them or engaged with them. People and staff said it was like a family home.
- We observed that when a person was upset, they went to staff and put their head on the arm of the member of staff and the staff reassured them.
- Staff spoke calmly and in a caring way to people. They knew people well and were able to comfort them; they understood people's anxieties when they were unable to explain their feelings verbally. The atmosphere was calm and when people became distressed, staff moved others out of way to give them some quiet space, or they encouraged them to move to a quieter environment.

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

- We observed people being offered choices in relation to how they spent their time, the clothes they wore and what they wanted to eat and drink. We saw staff had individual meetings and discussions with people about holidays, choosing a chair for a person's room and other preferences.
- People were involved where possible in their care planning and pictures were used in addition to words, to make care plans accessible for people who had limited literacy skills. People's health action plans also used pictures and symbols to increase their accessibility.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and maintained their dignity. They told us of steps they took to preserve people's privacy and dignity during personal care, checking with them throughout and encouraging them to be as independent as possible.
- Privacy and dignity care plans were developed that provided general guidance on privacy and dignity and more specific things that were important to individuals.
- People were encouraged to be involved in day to day activities and be as independent as possible. For example, they were given the opportunity to out with the cook on a fortnightly basis to the supermarket, to help with the shopping.
- We observed people were supported to access activities in the local community. In order to do this, some people required transport and others were encouraged to walk with staff support, when they were able. Another person was unable to do their own laundry, however, they were able to put their laundered clothes away and this was encouraged.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support based on their needs and preferences.
- People's care plans and health action plans described people's individual support needs and preferences. These contained a variable amount of detail; however key information was included and they were updated when people's needs changed.
- The registered manager was aware of the accessible information standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in their care plans. Information around the home was presented in words and pictures to aid accessibility. For example, menus were illustrated with pictures and signage for bathrooms and toilets was in picture format. People's care records contained lots of pictures of events and family members who were important to them.
- People were supported to access the local community and engage in a range of activities based on their interests. This included attending a local centre for an arts and crafts session, visits to a nearby town and lunch in a local pub. There were close links with the neighbouring church and people were supported to access services if they wished. They also visited a local coffee shop linked to the church.
- Activities were encouraged within the service including armchair exercises, and events were organised to celebrate occasions such as the Chinese new year, Shrove Tuesday and St Patrick's day.

Improving care quality in response to complaints or concerns

- People were provided with information in accessible formats, including signs and symbols, to explain how to make a complaint. People told us they would speak with staff if they were unhappy.
- The service had not received any complaints within the last year. A policy was in place for the investigation and management of complaints in a timely manner.

End of life care and support

- No one was receiving end of life care at the time of the inspection, however, staff spoke of care they had provided recently to a person who had reached the end of their life. They spoke with compassion about the person and the support they provided. They spoke about the multi-agency approach to decision making in respect of the person's eating and drinking.
- Staff had received training in end of life care and said they worked closely with the community nursing team and Macmillan palliative care nurses.
- The service had developed a family room for occasions when people wanted some quiet time with their relatives and where relatives could stay overnight if necessary, particularly when people were nearing the end of their life.
- Staff worked closely with the local clergy to provide a funeral service or a memorial service when someone from the home passed away. This enabled people using the service to pay their respects with support from

staff and helped them with the grieving process.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a clear vision and a set of values which reflected the principles of high quality person-centred care.
- Processes were in place to monitor the quality of the services provided. This included medicines management, infection prevention and control, house checks, falls audits and person centred planning. Actions were taken to address issues identified in the audits.
- A whistleblowing policy was in place and the registered manager explained how they would support staff who raised concerns.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at Redcourt.
- The registered manager was supported by a team of senior staff. Staff felt supported by the management team and able to raise issues. One member of staff said, "Any issues would be dealt with straight away."

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

- Meetings were held with people using the service to involve them in decision making and discuss new developments. Notes from meetings showed a discussion with a person about a piece of furniture for their bedroom, discussion of where people would like to go on holiday and other activities with the home.
- Staff told us communication was good and they showed their willingness to be flexible to respond to people's needs and wishes.

Continuous learning and improving care

- There was a commitment to continuous improvement of the service and the care provided. Over the previous year, the building and environment had been renovated and adapted to better meet the changing needs of people using the service. The registered manager explained that the next stage was to improve the outside space; plans were in place to develop a sensory garden and refurbish the inner courtyard.
- The registered manager did not have a formal action plan to demonstrate the plans for future development and for addressing issues arising from audits; however, they were able to demonstrate actions taken and there were plans for future developments.

#### Working in partnership with others

- Staff worked in partnership with other professionals to improve the experience of people using the service.
- There were strong links with the local community, in particular the local church and fund raising events were held to which local people and people's family members were invited.