

# Community Integrated Care Redmayne House

## Inspection report

Redmayne Close  
off Station Road  
Wigton  
Cumbria  
CA7 9AF

Tel: 01697349313  
Website: [www.c-i-c.co.uk](http://www.c-i-c.co.uk)

Date of inspection visit:  
24 February 2020  
03 March 2020

Date of publication:  
27 March 2020

## 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:

Redmayne House is a residential care home providing personal care and accommodation to five people with a learning disability. The home is a bungalow in a community setting and designed to promote people's inclusion and independence.

The service has been developed and designed 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. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

People received a consistently good service and were kept safe with the support received from the staff. People were safeguarded against the risks of abuse and harm by the systems and by the staff training in place. Risk was managed well so that people could be as independent as possible. Staff were appropriately recruited and staffing levels met people's assessed needs. People were supported to take their medicines safely.

There was a strong, visible person-centred culture. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were very well integrated into the local community and were encouraged and supported to engage in activities and hobbies of their choice.

People were well cared for by staff who had the right skills, knowledge and training to meet their needs. People had access to external health professionals to help promote good health and well-being. They were encouraged to maintain a healthy diet and lifestyle. People's changing needs were identified and responded to quickly.

Staff displayed a caring attitude. They had developed caring and trusting relationships with people, some staff being employed in the home for many years. They spoke about people in a respectful and empathic way. People responded warmly to the staff team and their relatives told us they were very well supported.

The home was well-run by an experienced registered manager and team leader. The provider ensured oversight and support to ensure the home was effectively managed. People's views about the quality of care were being used to make improvements.

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:

The last rating for the service was good (published 27 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service 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.

# Redmayne House

## 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 carried out by one inspector.

#### Service and service type

Redmayne House 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.

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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spent time with the five people who lived at the home. We spent time observing the daily life in the home and we looked around the building to check the service was safe and clean. We spoke with four members of

staff including the supervisor, support workers and two registered manager's of nearby homes. We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. People looked relaxed and responded well to staff.
- The provider's ethos ensured harassment, discrimination and bullying were challenged. Safeguarding was built into working practice.

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

- Staff managed risks to people's safety. Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were very well supported to take positive risks to ensure they were able to access the community and live fulfilling lives safely.
- The registered manager promoted an open and transparent culture in relation to accidents, incidents and near misses. Where they identified any areas of concern these were shared with the staff team to ensure lessons were learnt to improve the service.

Staffing and recruitment

- People were well supported as staffing levels were carefully monitored to ensure people received prompt care and support to achieve their goals. Staff said that staffing levels were maintained at a good level and they had time to meet people's needs.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

- Medicines were obtained, stored, administered and disposed of safely by staff who had received training and had their competency regularly assessed.
- People's medication was regularly reviewed. Staff had worked in consultation with healthcare professionals and medicines had been reduced or changed to achieve positive outcomes for people.
- People were protected against the risk of infection. Staff received training in infection prevention and control and followed good practice in their work. The home had achieved a five star rating from the national food hygiene standard rating scheme. This is the highest rating and meant the hygiene standards were very good.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The senior team thoroughly assessed potential new referrals to ensure people's health and care needs could be met by the service. Staff gave careful consideration to ensure people were compatible with each other. Staff knew people's behaviour and communication needs well and used this knowledge to develop support plans and develop goals for people.
- The registered manager and provider kept up to date with new research, guidance and legislation and used this to train staff and help drive improvement. For example, they were introducing a positive behaviour support model (PBS) of care into the service. PBS is an enabling model of working and positive risk-taking with people with a learning disability. This had resulted in people being able to access more community activities.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations: Supporting people to eat and drink enough to maintain a balanced diet

- The service was effective in supporting people to access healthcare services to promote their health and well-being. Staff worked well with healthcare professionals and incorporated professional guidance into people's care plans. Staff shared information when people moved between services, such as admission to hospital or attendance at health appointments.
- People's care plans contained detailed information to support people to have enough to eat and drink. The registered manager ensured all staff received training on nutrition, malnutrition and hydration.
- We received positive feedback from external professionals about how the service works to ensure good outcomes for people they supported.

Staff support: induction, training, skills and experience

- Staff received a comprehensive training programme to equip them for the specific needs of people they were supporting. The registered manager had arranged additional training to support people with more specialist health care needs by linking with specialist nurses.
- Staff told us they were well-supported by the new registered manager and received regular supervision.

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

- The home had been adapted to meet the needs of people in the home. The home was in the process of having a major refurbishment to increase people's independence and to increase communal space. People would be given direct access from bedrooms into the garden by adding patio doors to each room and ramps, and a conservatory was to be added onto the lounge.

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 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.

- People's rights were protected and their capacity to make decisions was assessed. Where a person was found to lack capacity to make a decision best interest decision-making processes were followed. The registered manager completed DoLS applications and imposed conditions were being adhered to and included in how care was planned and delivered.
- Staff had completed training in the MCA and had a good understanding of the principles of the legislation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff consistently treated people in a very kind and compassionate manner. We saw lots of laughter and warm interactions between people and staff. A number of staff had worked in the home for over twenty years. They had formed strong supportive bonds and relationships with people and their families; and with the wider community.
- Each person had their life history recorded within their care records which helped new staff to get to know people to build positive and caring relationships with them. A staff member told us, "We try to make everyday a good day for people we support. We really focus on them getting out and doing things, being part of the community. This really boosts people's self-esteem and well-being."
- The registered manager and staff documented people's diverse needs and assisted them to maintain their different protected characteristics. These are set out by the Human Rights Act. Key values of kindness, respect, compassion, dignity and empowerment were embedded throughout the recruitment and training and staff support process. All staff had training in human rights and equality and diversity awareness.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was always respected. Staff had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's dignity and promoting self-esteem.
- People had made considerable progress towards becoming more independent with the support of a skilled staff team. Staff were very positive about people achieving and succeeding at new activities and skills. The staff team were knowledgeable about accessing services, so people could have equipment and adaptations to keep them both safe and promote their independence.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

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

- The service cared about and valued the views of people who used the service. Staff recognised people's communication needs and what was important to people. Care records detailed how people had been involved in developing their care plans and detailed any communication support needs. For example, staff had been trained to understand the communication needs of people with autism.
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important

to them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.
- Staff supported people to set achievable goals and celebrate their successes. People's care plans were personalised and were written with their input as much as possible. The plans documented their choices, needs and preferences and were reviewed when a person's needs changed. People's relatives made very positive comments about the support provided and were keen to tell us of the progress towards independence people had made.

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 leading fulfilling and active lives and were supported to engage as full citizens within the local and wider community. They were able to be flexible and chose what they wanted to do on a day to day basis. People followed their own hobbies and interests. They regularly chose to go shopping, go to pubs, cafes and to use public transport. Some people were supported to go to concerts and away on holidays.
- People were supported to maintain and develop relationships with friends and family. Staff told us, "People are a massive part of the community and they know a lot of people in the town. They take part in all sorts of groups and events."

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. This was available in an easy read version. There had been no complaints in the past year. The registered manager told us that any complaints would be taken seriously, learned from and improvements made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. We saw an easy to read information about going to the dentist had been used with one person who was anxious about this.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection but people's future preferences and choices in relation to end of life care had been explored where possible. In the past the service had worked with a range of external healthcare professionals to provide compassionate end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and the registered manager ensured people had good outcomes because the care was person centred, inclusive and empowering. People's wishes were highly respected and care was arranged around people's preferences and requirements. Staff knew people's ways of communicating and used these to find out their wishes.
- Health and social care professionals spoke positively about the service and how it made a positive difference to people's well-being and lives.
- The registered manager and provider used relevant legislation and best practice guidelines to drive improvement. For example, using current good practice in healthcare for people with learning disability from the National Institute for Health and Care Excellence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was well-led. People, relatives and staff all spoke highly of the registered manager and team leader and how well the home was managed. Everyone we spoke with said the management team was approachable and open to ideas and suggestions.
- The registered manager and staff were clear about their roles and responsibilities. The provider and registered manager regularly reviewed the quality of care people received. They carried out various audits which included care files and medicines records. We saw action had been taken where inconsistencies were identified.
- The provider had developed policies and procedures and training around the duty of candour responsibility if something was to go wrong. We saw they contacted families and other professionals and had notified CQC of any incidents they were required to tell us about.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with other organisations which ensured they followed current practice, provided a quality service and to ensure people they supported were safe.
- The service supported and encouraged staff to promote equality in how people were treated by the service and the community at large. We saw examples where they had worked to ensure people had equal

access to healthcare.

- The registered manager listened and responded to the views of the people they supported and their family members through annual satisfaction surveys. People were also actively encouraged to comment on care plans and feedback to the management team through regular review meetings.
- Staff spoke positively about the support they received. One member of staff told us, "There's great trust within the team. We do things like look at what's gone well and how we can improve. There's definitely a no blame culture, everybody is very open and supportive."