

Unified Care Limited

# Redlands Care Home

## Inspection report

44-46 Park Road  
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Date of inspection visit:  
09 July 2019  
10 July 2019

Date of publication:  
10 September 2019

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Redlands is a residential care home in an adapted domestic property in St Annes, providing personal care to 18 people at the time of the inspection. The service can support up to 20 people. The service supports people who may have previously lived a transient lifestyle, experienced problems with drugs and alcohol and mental health conditions.

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

The service was safe. The provider had systems to protect people from the risk of abuse and improper treatment. Staff managed people's medicines well and kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences. 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. However, the recording of capacity assessments and best interests decisions needed to be improved. We have made a recommendation about this.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent and to regain life skills. We received very positive feedback about the caring approach of staff.

The service put people at the heart of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. If people were not happy, they were confident they could speak with staff to make improvements. Information for staff to follow to support people in a crisis was not always readily available. The registered manager agreed to address this. The service made sure people were supported to communicate their views and planned activities to enhance people's wellbeing.

The service was led by a registered manager and senior staff who everyone described as approachable, well-organised and caring. The culture at the service was open and inclusive and they worked in partnership with other agencies to ensure people's needs continued to be met. Senior staff understood their responsibilities and monitored the quality of the service using a range of systems. The registered manager had begun to implement a schedule of audits and checks to monitor and improve the service. However, current audits and checks on quality were not always fit for purpose. We have made a recommendation about this.

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 this service was good (published 18 January 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 safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our safe findings below.

# Redlands Care Home

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

#### Service and service type

Redlands 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 all the information we had received about the service and previous inspection reports. We spoke with the local authority to gain feedback about their experience of working 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 this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with

six members of staff including the registered manager, senior carers and the chef. We observed interactions between people who used the service and staff and looked around the building to make sure it was clean and safe.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervisions. We reviewed a variety of records related to the management of the service, including policies and procedures, maintenance records and checks on the quality and safety of the service.

After the inspection

We continued to seek clarification from the registered manager to corroborate evidence we had found and received information from them about staff training.

# 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 has 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 abuse. Everyone we spoke with told us they felt safe. Comments included, "Safe? Oh yes. It's nice and quiet, there's no hassle." And, "I feel safe. People here are nice, and staff are there if you need them." 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.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed. Staff assessed and regularly reviewed risks to people, to manage any risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans.
- The provider ensured the environment and equipment were safe. We saw the premises were generally maintained. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

Staffing and recruitment

- The service was staffed sufficiently. People told us there were always enough staff on duty. One person told us, "There's always enough staff around." Another said, "There's enough staff – always someone around." Staff told us they felt there were enough staff deployed to meet people's needs and to keep them safe.
- The registered manager followed safe recruitment practices and kept all the records, as required by law.

Using medicines safely

- Medicines were managed safely. People told us they received their medicines when they should. One person told us, "They [staff] look after all my medication. They give me what I need when I need it." One person was involved in managing their own medicines and the registered manager was looking at ways to encourage more people to be involved in this aspect of their care.
- Only trained staff administered people's medicines. However, the registered manager had not assessed staff competence with medicines administration. They agreed they would review their processes and introduce regular checks to make sure staff were competent.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had received training related to infection prevention and control and followed good practice in their work, including wearing personal protective equipment, such as disposable gloves and aprons, to help protect people.

- The registered manager had not carried out an infection control audit to assess infection control risks within the home. The premises were generally clean and tidy; people were happy with the level of cleanliness. The registered manager gave us assurances an audit would be implemented and carried out regularly. They had appointed an infection control champion, who had begun to share best practice guidance with the staff team.

#### Learning lessons when things go wrong

- The registered manager used a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the registered manager reviewed on an individual basis, to ensure appropriate action was taken and any learning shared with staff. The registered manager agreed there may be benefit in analysing accidents and incidents on a regular basis, to identify trends or themes in order to reduce risk. They confirmed they would implement this following our inspection.

# 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 has remained good. 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 standards, guidance and the law

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person, those that knew them well and professionals involved in their care to create written plans of care for staff to follow. Staff we spoke with knew people's individual needs and preferences. However, the level of information about people's choices in care plans could be improved and the registered manager agreed to look into this following our inspection.
- People received effective and appropriate care which met their needs and protected their rights. The registered manager referenced good practice guidance and legislation. They had recently appointed champions for various aspects of care, who would attend events and share best practice and learning to keep the staff team up to date.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People we spoke with gave us positive feedback about how staff supported them. Comments we received included, "The staff know what they're doing, they help in any way they can." And, "The staff are brilliant." A staff member told us they had received specific training around one person's condition. They said, "It was useful to understand why [person] can be so challenging." They felt this enabled them to better support the person.
- Staff were well supported by senior staff and the registered manager. Staff told us they felt well supported through day to day contact, regular supervision and annual appraisals of their performance. Supervision sessions provided an opportunity for staff to discuss any concerns, issues, work performance and development.

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids. Staff assessed people's nutritional needs and sought professional guidance where people were at risk.
- People were satisfied with the quality and variety of meals provided by the service. The service catered for people's individual needs and preferences. One person told us, "The food is bang-on, we have a good variety. We get a couple of choices every day." Another person said, "The food is lovely. The chef is brilliant."

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

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met

effectively and consistently. We saw the service worked closely with services such as people's GPs and specialists. Staff incorporated professional guidance into people's care plans.

- The service supported people to live healthier lives with guidance around healthy eating, alcohol and drug cessation and access to healthcare services. Staff worked with people, for example to help reduce their dependency on drugs and alcohol which led to improvements in their health and wellbeing.

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

- The service was adapted to be safe, accessible, comfortable and homely. Corridors were wide enough to accommodate people who used a wheelchair and lift access was available on all floors. Communal areas provided space for people to relax and were homely in character.
- We saw some areas of the home required maintenance. This included loose radiator covers, fire doors which did not close properly and an area of flooring at the top of the fire escape which needed to be replaced. The registered manager acted during the inspection to address these issues, but they had not been identified because the registered manager had not carried out an environmental audit. They told us this would be included in the schedule of audits and checks they had begun to implement.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. However, we saw capacity assessments were not always decision specific and best interests processes were not always recorded in sufficient detail.

We recommend the provider reviews their processes around assessing people's capacity and the best interests decision making process, to ensure it is in line with the principals of the legislation.

- Staff continued to offer people as much choice and control as possible over their care. The registered manager sought legal authorisation where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured any conditions were met.
- Where people had capacity, they had signed to say they consented to the care provided by the service.

# 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 has remained 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 were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds, cultures and life experiences. People spoke very positively about staff who supported them. Comments included, "[Staff member] has really helped me since coming here", "They've taken time to get to know me and what I do and don't like" and, "They are great. They may be busy, but they always find the time for me."

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

- Staff involved people in decisions about their care and how the service was run and invited people to share their views. The registered manager used several methods to gain people's views including daily interaction and meetings between people and their keyworkers to review people's care. However, there was no monitoring of keyworker meetings, or monitoring had failed to ensure they took place regularly and were of good quality. The registered manager told us they would include this in the schedule of checks they planned to introduce.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People gave us positive feedback about the caring approach of staff. One person said, "They really do care, there's no issues with dignity and they treat us all with respect." Another person said, "I can stay in my room if I want and they respect that."
- Staff promoted people's independence as far as possible. We found examples of where staff had supported people to regain life skills and confidence, and to recover from drug and alcohol abuse. This had enabled them to move on to more independent settings, such as sheltered accommodation. One person told us, "It's been great here. They've helped me get drug-free, I was really bad." Another person said, "I'm waiting for my own flat, they're helping with that."

# 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 has remained 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

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people and, where appropriate, others acting on their behalf, in reviews to ensure planned care continued to meet their needs.
- Important information about people, the way they presented and how staff should support them in a crisis, to achieve a positive outcome, was not always readily available in care plans. The registered manager and staff were able to tell us how they supported people in these circumstances, but care plans did not always reflect the action staff should take. The registered manager agreed to review the information included in care plans following our inspection.

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 met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. Staff described how they supported people to communicate, including the use of picture cards and an interpreter for one person whose first language was not English. The registered manager told us the service was currently reviewing how best to meet their obligations under AIS, in terms of sharing information with other services when necessary.

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 provided with and supported to participate in some activities in order to help maintain their social health. The majority of people were independent in choosing how they wished to spend their time, but support was available from staff if they needed it. We saw staff supported people with activities in the home and supported them in the community. The service had a car which they used to take people out to follow their interests.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an

opportunity to learn and to improve the service.

- People knew how to make a complaint or raise concerns. People we spoke with and staff all told us they would have no hesitation in speaking with the registered manager if they had a concern or complaint. They were confident any issues would be resolved swiftly.

#### End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone at the end of their life.
- The service worked with people to plan end of life care when appropriate. The registered manager confirmed discussions would take place with people around their preferences for end of life care, including whether they wished to remain at the home, who they wanted to be in attendance and any cultural preferences. Some of the staff team had received training which enabled them to provide care to people at the end of their life to ensure they were comfortable and received the attention they needed.

# 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 has now deteriorated to requires improvement. This meant some aspects of the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided but these needed to be improved. We saw they used audits, feedback from people, staff and healthcare professionals to identify and address areas for improvement. However, audits and checks were not always fit for purpose. Where shortfalls were identified, actions taken to address them were not always recorded and followed up, to ensure improvements were made. Additionally, the lack of environmental audits, care plan audits and monitoring of keyworker meetings, for example, had not identified the issues earlier in this report.
- The registered manager was reviewing their quality assurance processes and had planned to implement a schedule of audits and checks for every aspect of the service. However, this had not been fully implemented at the time of our inspection.

We recommend the provider reviews their systems for assessing, monitoring and improving the service to ensure they are fit for purpose.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager had created a culture that was open, inclusive, caring and person-centred. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. People we spoke with and staff all told us the registered manager and senior staff were approachable and available when they needed them. One person commented, "[Registered manager] is wonderful. One of the best men I've known, so kind." Another said, "[Deputy manager] is lovely. She runs about like mad making sure we're alright."
- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. People spoke positively about how the service was managed and organised.

- The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. People were positive about the quality of service they received. One person said, "Not really anything they could do better. I'd like to compliment all the workers and [registered manager] for their help."
- The service worked in partnership with a range of healthcare professionals to ensure people's needs continued to be met and their wellbeing enhanced.

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

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings, external professionals' surveys and daily interaction to gain feedback about the service. The registered manager was considering whether surveys could be used to gain feedback from people who used the service and staff.