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Redstacks

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Redstacks took place on 14 January 2016 and was unannounced. At the last inspection on 22 May 2014 the service met all of the regulations we assessed under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Redstacks is a residential care home that provides accommodation and support to a maximum of 14 older people who may be living with dementia. The service is in the residential town of Hessle within the boundary of East Yorkshire. The property is a detached house in its own grounds. There is car parking for seven vehicles and on extra parking is found on-street. People that use the service also have access in and out of Hull via public transport.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager that had been registered and in post for the last three and a half years. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager also managed a separate service under a separately registered company, which was part of a family group of businesses. They were not present for the whole of the inspection, but we were assisted by a person that was to be the next registered manager. This person was in the process of completing a Diploma in Management and had made an application to the CQC to become the new registered manager. There was also a deputy manager who had been assisting with managing the service for several years.

We found that people were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury of harm at all costs.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. We saw that recruitment policies, procedures and practices were carefully followed to ensure staff were 'fit' to care for and support vulnerable people. We found that the management of medication was safely carried out.

We saw that people were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal regarding their personal performance. Communication was effective,

people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to older people and while there were no adverse effects to people living with dementia, the environment was not quite as conducive to their needs as it could have been in terms of floor covering and signage. We made a recommendation to the provider about this.

We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

We saw that people were supported according to their person-centred care plans, which reflected their needs well and which were regularly reviewed. People had the opportunity to engage in some pastimes and activities if they wished to in order to relieve any moments of tedium or inactivity, as usually activities were to stimulate the brain or to keep skills going. People had very good family connections and support networks.

We found that there was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships together by frequent visits, telephone calls and sharing each other's news.

We saw that the service was well-led and people had the benefit of this because the culture and the management style of the service were positive. There was an effective system in place for checking the quality of the service through the use of audits, satisfaction surveys, meetings and good communication.

People had opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely in the premises.

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.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury wherever possible.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed. All of this meant that people felt safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to older people and while there were no adverse effects to people living with dementia, the environment was not quite as conducive to their needs as it could have been in terms of floor covering and signage.

Is the service caring?

Good

The service was caring.

People received compassionate care from kind staff. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

This meant people felt that they mattered.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had the opportunity to engage in some pastimes and activities to relieve any inactivity.

People were able to have any complaints investigated without bias and they were encouraged to maintain health relationships.

This meant that people felt they were in control of their lives.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive and the checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely in the premises.

This meant people felt they were valued.

Redstacks

Detailed findings

Background to this inspection

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

The inspection of Redstacks took place on 14 January 2016 and was unannounced. The inspection was carried out by one Adult Social Care inspector. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Redstacks and from people who had contacted CQC, since the last inspection, to make their views known about the service. We had also received a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people that used the service, four relatives and the person that was to be the next registered manager. We spoke with two staff that worked at Redstacks. We looked at electronically held care files belonging to three people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and we observed the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Redstacks. They explained to us that they found staff to be "Very helpful and kind." People said, "The place is comfortable, warm and safe, oh yes" and "I can keep my bedroom door locked if I wish." Relatives we spoke with said, "Mum is safe here, I just know she is" and "It is fantastic, I don't have to worry because I know mum is safe."

We found that the service had systems in place to manage safeguarding incidents and that staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. Staff said, "Any abuse situation has to be reported to the manager or deputy" and "The types of abuse include physical, sexual, financial, emotional, institutional, neglect and discrimination. The symptoms can be similar across some of them: bruises, wounds, cowering, and anxiety, being withdrawn, tearful or fearful."

We saw evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. These corresponded with what we had been informed about by the service through formal notifications to us, which numbered three safeguarding referrals in the last two years. Staff being trained in this area, systems being in place to manage safeguarding and practices followed to reduce risks ensured that people that used the service were protected from the risk of harm and abuse.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We were told that some people had religious needs but these were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against.

People had risk assessments in place to reduce their risk of harm from, for example, falls, poor positioning, moving around the premises, inadequate nutritional intake and the use of bed safety rails. We also saw people's individual 'personal emergency evacuation plans' (PEEPs) for evacuating people quickly in the event of a fire. These were clearly written to show the action staff should take to assist people to leave the building. These ensured that risks to people were reduced wherever possible.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, portable appliance testing, lifting equipment and the passenger lift. However, we saw that two fire doors to bedrooms required easing so that they fitted tightly into the rebate. This information was passed to the handyperson to attend to, which they did. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times. These safety measures and checks meant that people were kept safe from the risks of harm or injury from inadequately maintained premises.

We found that the service had accident and incident policies and records in place should anyone living or working there have an accident or be involved in an incident. Records showed that these had been recorded thoroughly. There were details of the accidents as well as body maps to show where injuries had been sustained and we saw details of the action that had been taken to treat injured persons. These events had been analysed on a monthly basis to check for trends and prevent accidents re-occurring. We saw that the service recorded lessons learnt from incidents in order to prevent the same happening again. This meant that wherever possible people were not at risk of harm from repeated accidents or incidents.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. People and their relatives told us they thought there were enough staff to support people with their needs. One relative said, "There are enough staff around, though sometimes it can be a little quiet at weekends." One person that lived at Redstacks said, "There is always someone here to assist us and sometimes the owner calls in to help supervise."

Staff told us they covered shifts when necessary and found they had sufficient time to carry out their responsibilities as well as spend time chatting to people and assisting them with pastimes or activities. One staff said, "There is usually two care staff per shift, a deputy and the proposed manager, plus a cook here in the week. At weekends we sometimes just have two staff and a cook." We saw there was a dependency tool on the service's computer, which was used to determine the number of care hours needed each day. We saw that there were sufficient staff on duty to meet people's needs on the day we visited.

The person that was to be the next registered manager told us they used thorough recruitment procedures to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all three staff recruitment files we looked at.

We also saw that recruitment files contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time, recorded correctly and disposed of appropriately. There was a good audit trail of all medication that was brought onto the premises. We saw that there were no controlled drugs being used in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001). However, two people had medicines in place in case they required them at the end of their lives.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when. We were told that no one in the service self-medicated. We were also told that there were no people that were dependent upon insulin injections for their diabetes.

When we asked people about handling their medication they said, "Medicines handling by the staff is very good, I get mine at 7:00am, 11:00 am and then four hourly as required" and "The staff look after medication as they seem to know about it better than I do. I am happy for them to be in charge of it."

When we spoke with relatives about medication they said, "Medicines are dealt with well here. Mum has a condition that requires a nebuliser and staff are always quick to put it in use" and "I have no concerns about how medication is managed for [Name], I know they get it when they should." They said generally about the service that, "The home is clean and there are no smells" and "I consider Redstacks to be a nice place to live."

Requires Improvement

Is the service effective?

Our findings

People we spoke with felt the staff at Redstacks understood them well and had the knowledge to care for them. They said, "While the girls are all very capable, I sometimes feel a little sorry for them, because they do all the cleaning as well as caring. They do most at night" and "The girls look after me very well and always seen to have a job to do, but they do it well."

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The training record was up-to-date and clearly showed the last date when staff had completed their courses. It showed when training in safeguarding adults from abuse, moving and handling, health & safety, mental capacity act and infection control training had been updated by staff. While fifteen of the seventeen staff listed on the record had completed safeguarding training in the last two years, there were two staff that had not completed safeguarding training since June 2012 and so refreshers were due. The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. We were told that staff had achieved National Vocational Qualifications at level II and level III and some were working towards achieving certificates and diplomas in care. One staff said, "I have just finished my NVQ level III. I've completed training in moving and handling, fire safety, infection control and dementia care in the last two years."

We saw three staff files that confirmed the training completed by those three staff and the qualifications they had achieved. We saw that staff had received supervision regularly and that appraisal scheme meetings with staff were recorded. One staff told us, "At my last review we discussed rosters and now they are produced with a little more advanced notice so that we know when we are expected on shift." There was an employee of the month award, where staff were recognised for their efforts and achievement.

We saw that communication within the service was good between the management team, the staff, people that used the service and their relatives. Methods used included daily diary notes, memos, telephone conversations, meetings, notices and face-to-face discussions. People that used the service and their visitors were seen to ask staff for information and exchanged details, for example, about people's health and their arrangements for the day or about their nutritional needs, so that staff were aware of people's immediate needs.

Relatives of people that used the service told us, "Mum is always assisted to keep clean and she is well fed and well cared for. She says she wants to go home sometimes, but really we cannot fault the place, as it is small and personable" and "The staff do a very good job."

The service told us in its 'provider information return' (PIR) that staff at Redstacks took part in the local authority provider meetings and forums to ensure staff kept up-to-date with trends and changes taking place in the care sector, as well as forging links with other care provider staff.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. We were told by staff that there was one DoLS in place which we saw had been appropriately requested and approved. Another was being considered, once the decision of an independent capacity assessment had been completed. Staff told us they had completed training in the MCA and DoLS and the management team demonstrated an understanding of their responsibilities to use the legislation correctly.

We saw that people gave staff their consent to receive care and support by either saying so or by agreeing to accompany them and agreeing to accept the support offered. We saw, for example, people receiving support to walk to the dining room for their meals or agreeing to be assisted to the bathroom. We heard people accepting the food offered to them. There were some documents in people's files that had been signed by people or relatives to give permission, for example, for photographs to be taken, care plans to be implemented or medication to be handled on their behalf.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of a Speech And Language Therapist (SALT) when needed. The service also provided three nutritional meals a day plus snacks and drinks for anyone that requested them, particularly at supper time. There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink. Two people that stayed in bed most of the day were assisted with their meals by staff or relatives. Their nutritional care was effectively planned for and delivered.

Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "Though we don't really get to say what goes on the menus, staff know my likes, all our meals are home cooked and we get a very good lunch. There are biscuits when we want them and I am putting on weight in fact" and "The food is quite adequate. We can always ask for more." A relative we spoke with said, "Mum is happy with the food, though I don't see it. She said the portions are just right for her, as she sees another person with a larger portion but she says she is quite alright with that." Another relative said, "[Name] is fine with the food and eats well. They have a choice of sandwiches, beans on toast or crumpets for tea and have a hot meal at midday."

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. For example, we saw that one person had deteriorated physically due to their dementia and was now spending a lot of time being cared for in bed. This was agreed in a meeting with family members

and was recorded in their care plan. We were told by staff that people could see their GP on request and that the services of the District Nurse, chiropodist, dentist and optician were obtained whenever necessary. One relative confirmed, "Mum can see the GP whenever she wants or needs to," while another said, "Health needs are monitored and the GP is called whenever necessary." Health care records held in people's files also confirmed when they had seen a professional, the reason why and what the instruction or outcome was. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them.

For those people that used the service who were living with dementia, approximately two thirds of the whole group, we found that there could have been some improvement in the signage and the patterns of carpets to enhance their quality of life by nurturing a better environment. Environment incorporates design and building layout, colour schemes, textures, experience, light, sound, smell.

We discussed this with the incumbent registered manager and the registered provider of the service and they agreed that the service needed to look more carefully at the needs of people living with dementia. They said that future replacement of carpets in communal areas would take into consideration the needs of people living with dementia, as carpets in bedrooms were already suitably plain to meet such needs. We saw no examples of people not finding their way around the premises because of inadequate signage, as the service had one lounge, one dining room and bathrooms close by so that people did not need to go in search of them. However, we found that colour schemes/patterns and signage was not suitable for people that used the service and were living with dementia.

There is excellent information that can be found in research undertaken by various universities, leaders in dementia care and reputable sources, which look at reducing the incidence of agitation and behaviour that may be challenging to a service, to encourage meaningful activities, increase feelings of wellbeing, decrease falls and accidents and improve continence and mobility.

We recommend the registered provider looks at and follows the specialist advice and guidance that is available to ensure people living with dementia have a suitable environment in which to live.

Good

Is the service caring?

Our findings

People we spoke with told us they got on very well with staff and each other. They said, "The girls are lovely and Mrs [Name] (registered provider) is always available if we need to see her", "We all get on very well here as the staff are so caring and thoughtful", "We want for nothing", "The girls are so nice, we have lots of laughs" and "I only have to ask the staff and they oblige." Relatives said, "The girls are very good, kind and patient", "It is not an easy job looking after people and mum does have some different views sometimes, but the staff are so very patient with her", "The staff were very caring and supported mum really well when we had a family bereavement" and "[Name] is very well cared for." One went on to say, "The staff are just so nice, friendly. They are on first name terms with mum and us now. Whenever I watch them I see they are caring."

We saw that staff had a pleasant manner when they approached people and that there was a family like bond between people and the staff, as staff knew people's needs well. Some of the staff had been employed at Redstacks for many years. The management team led by example and were polite, attentive and informative in their approach to people that used the service and their relatives. Management and staff gave the sense that nothing was a trouble for them when it came to supporting people with their needs. All of this alleviated people's anxieties and helped them to feel they were in no way a burden to anyone.

We saw that everyone had the same opportunities in the service to receive the support they required. People were spoken to by staff in the same polite way and were treated as individuals with their own particular needs that were being met according to people's specific wishes. Care plans, for example, recorded people's individual routines and preferences for outings with family members or to the churches of their faith. They also recorded people's differing food preferences and how they wanted to be addressed. Staff knew these details and responded to them accordingly.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or happenings would upset their mental health, or affect their physical ability and health. People were supported to engage in pastimes they had undertaken in younger life, which meant they were able to 'keep a hold on' some aspects of the lifestyle they used to lead. This helped people to feel their lives were still worthwhile and aided their overall wellbeing. One person still did knitting, while others read newspapers and completed the crossword. Another person was very fond of talking about a piece of property they owned in the Scottish Islands and their demeanour lit up when they recalled the times they had spent there. We found that people were experiencing a satisfactory level of well-being and were quite positive about their lives.

While we were told by the management team that no person living at Redstacks was without relatives or friends to represent them, we were told that advocacy services were available if required. Information was provided on the resident notice board. We discussed with the person that was to be the next registered manager that one person may need to have an advocate for a particular reason. They stated this was already being considered, which showed the service was receptive to issues that arose for people.

People we spoke with told us their privacy, dignity and independence were always respected by staff. People said, "I find it so frustrating that I can't be independent, but I go in a wheelchair and pedal myself around whenever I can. The staff encourage me to do this" and "I do what I can for myself and the girls are very helpful when I need it." We saw that staff did not provide any care considered as personal in the communal areas and they knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state. Staff said, "We always try to ensure people only receive care in private" and "We encourage people to protect their clothing say when eating so that their dignity is maintained."

Comments passed to us from relatives in the 'provider information return' that we received were, 'True compassion is not something that you can teach and it is a credit to the manager and the staff' and 'I was grateful that mum was able to spend the end of her life in such a safe, dignified and caring environment.' These showed that relatives were satisfied with the caring support that the service provided.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were being appropriately met. They talked about going out a lot and having staff assist them with arrangements. They told us about how staff helped them get ready and liaised with the people that came to collect them. We saw that one person accessed a local taxi to visit a relative and others were collected by family members. All of these arrangements were recorded within people's care plans. One person said, "I've been here for a holiday over Christmas and I'll be going home soon, but so far I have been looked after very well." Another person said, "I spent a spell in hospital and the staff arranged to pick up a library book for me, I was so grateful", while others said, "I am quite happy, as I receive care how I want it" and "The staff can't do enough for you." One relative said, "I think the staff are sufficiently skilled in caring and they always call me if needed."

We looked at three electronically held care files for people that used the service and found that the care plans reflected the needs that people appeared to present. Care plans were person-centred and contained information under fourteen areas of need for staff on how best to meet people's individual needs. They contained personal risk assessment forms to show how risk to people would be reduced, for example, with pressure relief, falls, moving and handling, nutrition and bathing. We saw that care plans and risk assessments were reviewed monthly or as people's needs changed. Staff told us they completed these records daily and that only seniors had the responsibility to read diary notes and pass on details of importance to the whole staff team. They said this worked well.

There were activities held in-house with staff, whenever they had spare time to facilitate them. People told us they sometimes joined in with quizzes and dominoes. People said, "I like my newspaper every day otherwise I would not know what date it was", "I sometimes take up drawing or go out with my relative" and "I don't really do very much, except watch television and while I am a keen gardener I can't really do that anymore." We saw items in place for simple pastimes, including board games, puzzle cushions (made by one of the staff in their own time) and puzzle books. People watched television at night or early afternoon and listened to music in the day time and we saw one person thumbing through an illustrated history book.

We were shown photographs of activities that people undertook, some of which were recorded on an electronic notebook. They showed entertainers in the service, an Easter bonnet parade and a video of the Christmas party that had been held. We were told that other activities, for example, one-to-one time and singing had taken place over the past few months. People had individual activity records in their care files that showed what they had engaged in. Relatives said, "There are some activities for people though they are minimal. Most people like to go out" and "There are a few things that happen like a sing along, now and then."

We saw that the service used equipment for assisting people to move around the premises and that this was used effectively. People were assessed for its use and there were risk assessments in place to ensure no one used it incorrectly. Other items included slide sheets and supporting belts, but we did not see these in use. The staff understood that people had their own hoist slings to avoid cross infection and these were kept in people's bedrooms.

Bed rail safety equipment was in place on people's beds and these had also been risk assessed for safe use. We saw that two commodes in bedrooms were old and rusting and therefore were difficult to keep clean and hygienic. This was passed to the person that was to be the next registered manager to address. Where it was considered appropriate people were asked if they would like the use of adaptive cutlery and crockery aids so that they could maintain their independence. All equipment in place was there to aid people in their daily lives to ensure independence and effective living, but not unless people wanted them and, if necessary, they had been risk assessed.

Some people preferred to remain in their bedrooms and only mix with others at meal times. These people were visited throughout the day by staff checking they didn't need anything. Two people spent a lot of time on bed rest and rarely got up. All of their personal care needs were met by staff going to them at regular intervals and assisting them with positional changes, drinks and food. These people had monitoring charts that recorded when staff had supported them and we saw these were completed appropriately. One person said about staying in their bedroom, "Staff come and speak to me and so I am as fine as I can be, considering."

We were told another person had a phased introduction to 'residency' and that it took them a long time to settle, but once they did settle there were great benefits for them and their next of kin from having consistency of care and support. This person now received lots of family visitors and enjoyed quality time with each of them. We were told by staff about a fourth person that was living with early onset dementia, who changed their mind very frequently regarding their views of the service, but staff were receptive to their needs and always listened to what they said, so that their needs could be met according to their view at the time.

One person told us about an event when they had been invited to Hull University where a programme was filmed for the BBC about the poet Phillip Larkin. The person had been the poet's personal secretary and was interviewed for the programme. On returning home they realised they would not be able to watch the programme when it was aired. The staff at Redstacks contacted the BBC on their behalf and they later received a copy of the programme on DVD to keep. The person said about their day out being interviewed for the programme, "I had a marvellous day, though I didn't realise they were going to interview me. I stayed all day." This meant staff responded well to the person's need to see the programme in which they featured in interview and enabled them to have their own personal copy for future viewing.

Staff told us that it was important to provide people with choice so that people continued to make decisions for themselves and stay in control of their lives. People had a choice of main menu each day and if they changed their mind the cook usually catered for them. People chose where they sat, who with, when they rose from bed or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. People we spoke with said, "I go to bed and get up in the morning more or less when I want to" and "I chose what meals I want to have. Sometimes food has too much gravy on for my liking so the cook gives me my own gravy bowl." People's needs and choices were therefore respected.

People were assisted by staff to maintain relationships with family and friends. This was carried out in several ways. Staff who key worked with people got to know family members and kept them informed about people's situations if this was what people wanted. Staff also encouraged people to receive visitors and telephone them on occasion. Staff spoke with people about their family members and friends and encouraged people to remember their birthdays, by helping them send cards.

We saw that the service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in

the form of letters and cards. People we spoke with told us they knew how to complain. They said, "I'd tell the manager about it" and "If I had a complaint I'd tell one of the staff." Relatives said, "If there were any issues I'd go straight to the office and it would be sorted out, not that there has ever been any" and "If I ever need to say anything about [Name's] care we just tell the staff or the office team.'

Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. We saw that the service had handled two complaints in the last year and complainants had been given written details of explanations and solutions following investigation.

We saw that the compliment book contained three entries in May 2015 which stated, 'Mum has received excellent care from helpful, friendly staff', 'I'd like to give praise to the kitchen staff' and 'Redstacks is a warm and cosy home.' A more recent entry in December 2015 was from a training manager for a training provider who said, 'This is a well-led home, clean with polite staff that are friendly and open to new suggestions. Staff are aware of the need to move with the times.' All of this meant the service was responsive to people's individual needs.

Good

Is the service well-led?

Our findings

People we spoke with felt the service had a pleasant, family orientated atmosphere. Staff we spoke with said the culture of the service was, "A good one with some ups and downs, but the team are caring, friendly and involve everyone. We share information well and usually do a good job" and "The place is caring and homely."

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for three years. They also managed a 'sister' service so did not spend all of their time at Redstacks, but equally between Redstacks and the 'sister' service. They attended the inspection in the afternoon, but we did not have any unanswered questions for them and they were confident that the person that was to be the next registered manager was capable of providing us with the information we required. Their confidence was proven correct.

The person that was to be the next registered manager, the registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made). We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been notified to the Care Quality Commission.

We found that the management style of the management team on the day of our visit was open, approachable and relaxed. The management team enabled us to freely speak with people that used the service, view the premises and brought visitors to us to ask their views. The team were also confident we could speak freely with staff as everyone that worked at Redstacks was part of one team which considered the service to be a family business where everyone knew the arrangements in place and the expectations for delivering the service. Staff told us they could express concerns or ideas any time and that they felt these were listened to and considered.

The service maintained links with the local community through people that used the service visiting local stores and cafes and attending the local church, as well as children from the local school visiting the service. Relatives played an important role in helping people to keep in touch with the community by taking people out shopping, to activities or just to visit their own properties. We were told that one person met a relative each month and spent several hours at their property. The 'provider information return' (PIR) we received explained about the links the service maintained with health care and social care professionals in the community on a daily basis, including GPs, District Nurses, physiotherapists and the local authority safeguarding team.

The service did not have any written visions and values but the 'statement of purpose' and 'service user guide' that it kept up-to-date (documents explaining what the service offered) contained aims and objectives of the service. These were reflected in the service's practice and service delivery.

Redstacks was registered under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

on transfer from a previous legislation and has been a registered service in total for over 25 years or more. Now under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, it continues to provide the same service and under the same registered provider. There have been no changes to registration except for the changes in registered managers.

We looked at documents relating to the service's systems for monitoring and quality assuring the delivery of care. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals. We saw that staff, 'resident' and relatives' meeting were held and recorded. The service had come to the end of if its yearly quality assurance check, but information gathered had yet to be analysed and reported upon, so we were unable to see the overall outcome of the systems in use in 2015.

However, we were told the annual report would be made available to people for their viewing once completed and that staff were kept up to date on issues identified in audits via staff meetings throughout the year. We were also told that a management communication folder was in place to pass information across the team with regard to action plans and any work to be completed. We saw there was a communication board in the entrance hall for providing people that used the service and visitors with feedback on surveys as well as general information.

While we were unable to view the 2015 annual report we saw the results and the format of the 2014 annual report and saw that it had a month by month 'at a glance' overview of percentage scores on audits. These overviews included information, for example, on staff supervision, care and support and maintenance details (also the work completed each month). The audits we looked at included checks on, for example, the premises, medication, staffing numbers and training, health and safety and care plans

We saw one satisfaction survey that had been completed by a health care professional and a comment was, 'Staff always polite and friendly. Offered a drink on arrival. Very happy with the service. Seen staff using correct equipment.' Relatives told us they were given surveys on occasion, but one said they had not yet received a satisfaction survey to complete. The surveys we saw that had been completed by people that used the service all contained positive comments about the care, the staff approach, food provided, activities they received support with and the way in which people were treated to ensure their privacy, dignity and respect were upheld.

Relatives told us they had attended relatives' meetings and that they were able to speak with staff and the management team daily if they needed to. Meeting minutes were available to view. We also saw staff meeting minutes and these reflected that meetings were held to discuss concerns about people that used the service as well as general service delivery issues.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation and we saw that they were appropriately maintained, up-to-date and securely held. The service had recently installed electronic data recording of care plans and risk assessments for people that used the service and staff were in the process of learning the systems involved. The PIR we received explained that staff would be receiving more training on electronic care plans.

This ensured people had the benefit of a well-led service of care, where the culture and the management style of the service were positive, the checking of the quality of the service was effective and there were opportunities to make ones views known.