

The Disabilities Trust

Redford Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Redford Court is a residential care home providing care and rehabilitation services to up to 29 people. At the time of our inspection there were 28 people using the service. The service provides support to people over the age of 18 who have acquired a brain injury. Accommodation is provided in one building accommodating 20 people; four supported living flats and a building for up to five people known as 'The Lodge'. All accommodation is adapted to meet the needs of people using the service.

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

We have made a recommendation in this report that the provider follow and continually monitor the service against current best practice regarding fire safety in care homes.

We have made a further recommendation that the provider review written records as part of their assessment of the quality of the service.

Effective systems were in place for the safe management of people's medicines. Safe recruitment procedures were in place. People were supported by staff who knew them well.

People and their family members told us they felt safe living at Redford Court. Comments included, "They make me feel very welcome and safe" and "I feel very safe."

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.

People and their family members were happy with the care and support they received from the staff team. People were asked and participated in reviews of their care and support.

People benefitted from regular rehabilitation provided by a team of health care professionals employed at the service.

Rating at last inspection

The last rating for this service was good (published 12 January 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 section below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led section below.

Redford Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 25 March 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service. We spoke with nine members of staff including the registered manager; assistant manager; care staff and area manager.

Five people and four family members were contacted by telephone by the Expert by Experience to gain their views on the service.

We reviewed a range of records. This included several people's care and medication records. We looked at three recently recruited staff files in relation to safe recruitment; staff training records and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Systems were in place to identify, assess and monitor risk. However, an independent fire risk assessment completed in February 2022 identified areas that required improvement. A number of the recommendations were made in the report, some of these were completed. However, some remained outstanding. Following receipt of the report in May 2022, the registered manager took immediate action,

We recommend the provider follow and continually monitor the service against current best practice regarding fire safety in care homes.

- People's care plans detailed potential risks to people.
- Identified risks for people were monitored and regularly reviewed.
- Cleaning products were seen inappropriately labelled and stored in 'The Lodge'. Senior staff addressed this immediately.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had access to information and had awareness about how to protect people from harm.
- Safeguarding concerns relating to people were reported to external agencies when required.
- People told us they felt safe using the service. Comments included "They make me feel very welcome and safe"; "I feel very safe"; "Happy and feel safe" and, a family member commented that their relatives behaviour since their injury is such that if they don't trust people they would react. They are so relaxed there.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where required, DoLS applications had been made on behalf of people.

- Two people who had legal authorisation in place to restrict their liberty fully understood the reasons for the restrictions. One person told us they benefited from their restrictions in place. In the event of a person not agreeing with a legal authorised restriction, support had been given to support their right to challenge decisions made.
- People told us that staff always asked for their consent prior to decision making and the delivering of care and support.

Staffing and recruitment

- Sufficient staff were available to meet people's needs.
- The majority of people told us that there was always enough staff available. Other people's comments around the numbers of staff available included, "Some days there is, some days there isn't, but they always see to my care promptly."
- Records showed that appropriate recruitment procedures had been followed when employing staff. This included obtaining references and checks to ensure that applicants are suitable to work within the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Systems were in place to manage people's medicines safely.
- Where possible, people were supported to participate in or self manage their medicines independently.
- Discussion took place in relation to the use of any potentially flammable emollients and creams in use by one person, and the need to manage risk relating to these products. Action was taken immediately to reduce any identified risk.

Preventing and controlling infection

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

The service was following government guidelines for visitors to the service.

Learning lessons when things go wrong

- Procedures were in place to support staff in responding to and recording accidents and incidents which occurred.
- Records relating to incidents and de-escalation situations completed by some staff did not promote a positive person centred culture or that appropriate management of the situation had taken place. This is reported on in the well-led section of this report.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- We observed and people and their family members told us there was a positive culture at the service that had enabled people to achieve good outcomes. However, in some written records people were not consistently written about in a respectful and dignified manner.
- Records relating to incidents and de-escalation situations completed by some staff did not promote a positive person-centred culture or that appropriate management of the situation had taken place. Following discussion with the registered manager, work commenced on raising staff awareness and coaching in relation to ensuring records are written in a respectful, unbiased non-judgemental manner. The registered manager was open to our findings and gave a very thoughtful and thorough response to our feedback.

We recommend the provider review written records as part of their assessment of the quality of the service.

- Systems were in place to monitor and ensure the quality and safety of the care and support people received. This included people having regular reviews of their care and health plans.
- Monitoring systems, guidance and procedures relating to infection control measures were effective in minimising the transfer of infection.
- People and their family members spoke positively about the care and support they received and felt that staff involved them in decision making. Comments included, "They do a great job, we are very pleased, staff are excellent. He has three nice guys; if there's ever a problem they will deal with things"; "As a whole, they are absolutely wonderful. He has his own personal staff who are spectacular. [Staff], is like the big brother he never had. [Staff] has been there since day one"; "I came in a wheelchair, I'm walking now. I've had extensive physiotherapy, they have supported me incredibly" and, "They are brilliant, amazing."

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 a detailed understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things had gone wrong.

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

- The registered manager demonstrated a detailed knowledge of the regulatory framework and what actions to take in the event of any incident occurring. They had a good awareness of the people using the

service and their needs and preferences. They showed a strong person centred and ethical approach to their role.

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

- People's views were sought and they were engaged and involved in planning their support. This included regular reviews of people care and health care plans. People's comments included "I have a review in a few days, I'll be there for that. I will need help but I feel secure that [staff] will support me" and, "They ask me questions like how can we fix this, and that... it's 100 per cent brilliant, you can't get better care."
- Daily and weekly meetings took place to maintain up to date information about people needs and wishes. These meetings were recorded to ensure that staff not attending had access to the information discussed.
- The provider carried out staff surveys and any outcomes were discussed in a follow up review meeting.
- Family members felt engaged with the service and involved in their relative's care. Comments included "There have been monthly review meetings, we get up dates on what's going on and we can ask any questions"; "If there's any concerns they are on it, we had video calls in COVID" and, "There was a liaison between families [during the pandemic]".
- Staff worked in partnership with the Local Authority; Clinical Commissioning Group and community based healthcare professionals to ensure people received the healthcare support they required.

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified improvements needed in relation to staff training and awareness. Arrangements had been made for staff to update their training that had been delayed due to the COVID-19 pandemic.