C.T.C.H. Limited

# Redlands Acre

## Inspection report

35 Tewkesbury Road
Longford
Gloucester
Gloucestershire
GL2 9BD

Tel: 01452507248
Website: www.ctch.co.uk

Date of inspection visit:
16 August 2016
17 August 2016

Date of publication:
14 September 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This was an unannounced inspection which took place over two days on the 16 and 17 August 2016. Redlands Acre provides accommodation and personal care for up to 35 people. Facilities can be provided for people who wish to live together. People have access to two lounges and a dining area, en-suite bedrooms, and assisted bathrooms. Accommodation was also provided in eight bungalows offering people a more independent style of living whilst also having access to staff. At the time of our inspection 24 people were living at Redlands Acre. There were five people residing there who had been diagnosed as living with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

At the last comprehensive inspection in October 2014 we rated this service as requires improvement in the key questions safe, caring, responsive and well-led. This related to staffing levels, people's perception of the attitude of some staff, the lack of meaningful activities, ineffective quality assurance auditing and not recognising the needs of people living with dementia. Action had been taken to address these and had improved people's experience of their care and support.

People's care and support reflected their individual needs, wishes and aspirations. They had positive relationships with staff who understood them well and supported them with care, kindness and compassion. When people were distressed staff reacted quickly offering reassurance when needed. People made choices about their care and support and about their daily lifestyle. People were involved in their care and support and their changing needs were responded to keeping them safe and well. When necessary social and health care professionals were contacted and staff worked closely with them to make sure their recommendations were carried out. When people had accidents and incidents these were closely monitored to reduce the risks of them happening again.

People were supported by staff who were checked thoroughly prior to appointment to make sure they had the skills and aptitude to carry out the work. Training was provided from induction and staff were encouraged to develop professionally. They felt supported in their role and said they worked well as a team and communicated well with each other. They would raise concerns about people's health and well-being and were confident the appropriate action would be taken. People were supported by staff to participate in a range of activities both inside and outside of their home. Staff spent time with people sharing light hearted moments, talking, laughing and just being there for them.

People expressed their views about the service they received in a variety of ways. They attended residents' meetings where they discussed menus, activities and the environment. Each year they could respond to a formal survey as well as giving feedback at reviews of their care with their keyworkers. Quality assurance

audits identified where improvements could be made and provided evidence when any actions had been implemented. The registered manager worked closely with health care professionals and local organisations keeping up to date with changes in legislation and current best practice.

## 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's rights were upheld and staff had a good understanding of safeguarding procedures. People were protected against the risks of harm and injury; accidents and incidents were closely monitored and strategies put in place to minimise further risks.

People were supported by sufficient staff to meet their needs. Staff had been through a robust recruitment process to ensure they had the skills and aptitude to support people.

People's medicines were safely administered and managed.

### Is the service effective?

Good

The service was effective. People benefitted from staff who had the skills and knowledge to meet their needs. Staff were encouraged to develop in their roles.
People's consent was sought in line with the Mental Capacity Act 2005. Deprivation of liberty safeguards were applied for as needed.

People were supported to stay healthy and well. Their dietary needs were closely monitored. They had access to health care professionals.

### Is the service caring?

Good

The service was caring. People had positive relationships with staff who were kind, sensitive and reassuring when needed. People were treated with dignity and respect.

People expressed their views about their care and support. They had information they needed in accessible formats.

### Is the service responsive?

Good

The service was responsive. People received individualised care which reflected their personal preferences, likes and dislikes and their changing needs.
People had access to meaningful activities both inside and outside of the home.

People talked about issues as they arose and knew they would be listened to and action taken to address them.

## Is the service well-led?

Good

The service was well-led. People's feedback was sought and used to make improvements to the service. A range of quality assurance processes assessed people's experience of their care and support taking action to make positive changes when needed.

The registered manager supported staff to develop in their role and promoted open and honest communication with people and staff.

# Redlands Acre

**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 took place on 16 and 17 August 2016 and was unannounced. One inspector carried out this inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with six people using the service and four visitors. We spoke with the registered manager, a representative of the provider, the cook, five care staff and joined staff at a handover between shifts. We reviewed the care records for four people including their medicines records. We also looked at the recruitment records for three staff, staff training records, complaints, accident and incident records and quality assurance systems. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from four health and social care professionals.

Good

# Is the service safe?

## Our findings

At the inspection in October 2014 we found staff levels did not reflect people's needs. Staff were very busy and people complained about having to wait for attention. The registered manager described the action taken to address the pressures on staff. This included increasing the afternoon staff team to four and reviewing the hours the cook worked so they were able to prepare the meals at lunchtime and tea time. This significantly reduced the workload of staff working the afternoon shift. He also employed a member of staff for an additional two hours to help with people's supper. Some delegated tasks which staff had responsibility for such as health and safety checks had been assigned to the maintenance team to complete. These changes had significantly improved people's experience of their care and decreased risks to their safety and well-being.

People were supported by enough staff to meet their needs. People commented staff were always on hand and answered call bells quickly. Staff said they were able to meet people's needs. They were observed responding to people's needs keeping them as safe as possible from the risks of harm or injury. Care staff were supported by catering staff and housekeepers. There were also plans to appoint a peripatetic activities co-ordinator to help plan and deliver activities.

People's rights were upheld. Staff had a good understanding of how to recognise suspected abuse and what their response should be. They had completed training in the safeguarding of adults. Robust records had been kept for any unexplained bruising or injuries. The possible reasons for these had been explored and action had been taken to minimise the risks of further injury or harm. Information had been displayed around the home about how to keep safe and local safeguarding procedures. The registered manager was aware of their responsibility to liaise with the local authority, police and the Care Quality Commission if they suspected abuse had taken place. People told us they felt safe living in the home and relatives confirmed they felt "reassured" that people were safe.

People were kept safe from the risks of harm due to accidents of incidents. They were monitored closely after accidents and incidents and if needed the appropriate health care professionals or emergency services had been contacted. Strategies had been introduced to minimise risks which had been clearly explained in people's risk assessments. We discussed with the registered manager the risk assessment format which for one person. The assessment indicated a low risk of falls but staff had identified the actual risks and strategies needed placed the person at a medium risk of falls. The representative of the provider said there were plans to review the risk assessment process. If equipment was needed to further reduce risks this had been provided by the relevant health care professionals. There was evidence from the audits of accidents and incidents the risks of falls to people had been monitored, responded to and reduced as a result of the action taken.

People had safety measures in place should there be any emergencies. Each person had an evacuation plan which described what help they needed to leave the building in an emergency. An emergency folder kept in the office provided staff with information about emergency services and out of normal hours management support. People had individual call bells in their rooms which escalated to an emergency call if left

unanswered after a specified length of time. People were observed having access to call bells whether in their rooms or shared areas.

People had raised concerns about the environment of their home including the state of carpets and the general décor. The registered manager shared with us long term plans for the upgrading of the environment. Some bedrooms had been refurbished to include new en suite facilities and carpets on the first floor had been replaced. Day to day issues had been resolved as they arose ensuring a safe environment had been provided within the home. Health and safety checks had been completed at the appropriate intervals and equipment had been serviced. In 2014 the food standards agency had awarded the top score of five stars for the operation of its food services.

People had been kept safe from the risks of potential harm through robust recruitment and selection processes. Each applicant completed an application form supplying an employment history. There was evidence any gaps in this employment history had been explored and a complete employment history provided. Checks had been made with previous social care employers to verify why the applicant had left their employment. When the provider had been unable to get a response alternative checks had been made with other referees. New staff did not start work before a satisfactory Disclosure and Barring Service (DBS) check had been made. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. As part of their interview process applicants had been invited to shadow existing staff at the home. The registered manager said this gave him the opportunity to observe them interacting with people and for people to give their feedback about the suitability of applicants. New staff completed an induction programme and shadowed existing staff during this period.

People's medicines had been administered and managed safely. People had their medicines when they wanted them, at times to suit them and where they wanted them. Staff were observed asking people if they wanted their medicines and if they refused they returned later to offer them again. They also asked people where they wished to have their medicines and one person was heard to say they preferred to go to their room, which was respected. Medicine administration charts (MAR) had been completed satisfactorily. These had been audited to monitor their accuracy. Staff confirmed they had completed refresher training in the safe management of medicines and they had been observed administering medicines to assess their competency. Stock records had been maintained on the MAR and additional records had been kept for boxed goods and over the counter medicines. The policy and procedure described the use of over the counter medicines and the GP was aware of their use. When people needed medicines to be taken as needed guidance was in place detailing the maximum dose and when to seek advice from the GP. The registered manager said they reviewed medicines with the GP and as a result had effectively reduced the amount of medicines some people took.

Good

# Is the service effective?

## Our findings

People were supported by staff who had access to a training programme to equip them with the skills and knowledge to meet people's individual needs. New staff said they shadowed existing staff until they felt confident and then started the care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. In response to the provider's survey of 2014 when people and their relatives had indicated they did not think all staff had the right skills and knowledge for their roles, the provider had changed the way they provided and monitored the training needs of staff. Each member of staff had an individual training profile which evidenced their training needs. The provider monitored whether staff had completed refresher training and reminded them when they had not completed this. The competency of staff had been assessed through observations of their practice and individual support meetings. The registered manager said a new annual performance development system was being introduced to reflect on the performance of staff and their training needs. Staff said they felt supported in their roles and able to develop professionally undertaking the diploma in health and social care at levels two to five. People said staff "are so far, so good" and "they're excellent". A health care professional commented, "Staff are absolutely brilliant." Staff spoken with had a good understanding of people's needs and how to support them. They were able to complete training specific to people's needs such as dementia awareness and end of life care.

People made choices about their day to day care. Staff were observed offering people choices about their meals, drinks, activities and where they would like to spend their time. Staff did not make assumptions about people's preferences always seeking their views. When people refused care or support this was respected but staff told us they would revisit people later to make sure they had not changed their minds. This was observed taking place.

People's capacity to consent had been assessed in line with the Mental Capacity Act 2005 (MCA). The 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. There was evidence of decisions being made in people's best interests and who had been involved in the decision making process. Some people had a lasting power of attorney (LPA). This was recorded in their care records and evidence had been obtained by the registered manager to confirm these were in place. A LPA has the legal authority to make decisions on behalf of a person, unable to make decisions for themselves, in their best interests. There are two types of LPA, for health and welfare and for property and financial affairs. Care records noted which LPA was in place.

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. The application procedures for this in care homes are 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 were being met. Assessments had been completed to determine whether a DoLS application was needed. The registered

manager confirmed they had submitted one authorisation to keep a person safe from possible harm and they were awaiting a response. He said he discussed the MCA and DoLS with staff during team meetings supporting staff to reflect whether people had been deprived of their liberty.

People's nutritional needs had been closely monitored. A universal monitoring tool was used to assess whether they were at risk of malnutrition. People considered to be at risk had been weighed either weekly or fortnightly. The registered manager said one person had been supported with a fortified diet, which included fortified fruit juice which they enjoyed. They were given this after their meals. Three course lunches had been introduced starting with the soup of the day, a choice of main meal and desert. Food had been supplied by a catering firm but teas, suppers and cakes were freshly made. People mostly enjoyed the range of food offered and said they could always have an alternative if they did not want what was on the menu. A vegetarian option had been discussed and agreed with one person. Snacks had been provided around the home including fresh fruit, biscuits and savoury snacks. Information about allergens in people's food was available.

People were supported to stay healthy and well. The home benefitted from the enhanced services provided by a local surgery, whereby one GP was responsible for visiting each week; this meant that people saw a doctor when they needed to and their medication was reviewed regularly. Records had been kept for all health care appointments and staff passed over information during handover to ensure staff had been kept up to date with changes in people's well-being. The registered manager said they worked closely with health care professionals. People were referred promptly when needed. Support from mental health teams had been sought when appropriate. Health care professionals commented, "Communication is very good; we hand over at the beginning of our visit and at the end." They confirmed staff carried out their recommendations.

Good

# Is the service caring?

## Our findings

At the inspection in October 2014 people complained about the attitude of some staff who were "rude and bad tempered". The registered manager had dealt with this through individual meetings with staff and by discussing appropriate behaviour and staff responses to people at staff meetings. The staff handbook also described the expectations of staff to treat people with dignity and respect. People were observed chatting amiably with staff, who were attentive and responsive to their needs. There were times when staff shared jokes with people and lots of light hearted banter. Staff took time to sit with people and spend time with them when they could. They acknowledged people as they passed them and checked on their well-being. If people were distressed staff reacted sensitively, offering reassurance and comfort. People told us, "Staff treat us ok, some are nice", "Staff are attentive" and "They are carers who care." Compliments received by relatives included, "Treated with the utmost kindness", "Staff cared deeply about him" and "The love, care and support my father received from all staff was incredible." Health care professionals commented, "Staff are respectful and couldn't do enough for people" and "They have a good balance of professionalism and compassion for people."

People's human rights were upheld. Their right to a private family life was promoted. When their family visited this could be done in private. Rooms could be provided for couples if they wished to live together. People were allowed to bring pets to the home with them. One person had their dog living with them and previously a person had brought their cat with them. People's religious and spiritual beliefs were recognised and they had the opportunity to follow these. People could attend services held at the home or visit local places of worship if they wished. People's individual disabilities, age and gender had been considered when determining their care and support. The provider information return stated, "Residents are given the opportunity to state any preference on the gender of their care givers." One person described how they preferred their personal care to be delivered by female only staff and this had been respected. Adjustments had been made to people's environment to help them maintain their independence such as hand rails and mobility aids.

People's personal histories and their lifestyle choices had been explored with them and a summary sheet in their care records provided information for staff to familiarise themselves with. This helped staff to not only understand people but also to be able to talk to them about their past and those people important to them. This was particularly important for people who had memory problems or for people living with dementia. People's communication needs had been clearly recorded in their care records and staff made sure they responded appropriately to people with sensory disabilities. Photograph albums were available for people to look through with visitors which provided photographs of activities and functions they had been involved in. Information was provided in formats which were accessible to people using easy to read text which was illustrated with pictures or photographs or yellow and black backgrounds with large black print. Menus had been provided on each table in accessible formats. Notices around the home helped people to find their way around indicating where key rooms such as toilets or the dining room were. People had chosen a picture they liked to be displayed on their bedroom door providing a prompt to which room was theirs.

People had information and access to lay advocates and statutory advocates such as Independent Mental

Capacity Advocates (IMCA). Advocates are people who provide a service to support people to get their views and wishes heard. Relatives commented they had been kept informed about people's support needs. Relatives spoke with staff and the registered manager during visits and were also telephoned by staff (with the person's permission) to keep them up to date with their relatives care and support. People had been involved in making decisions about their care discussing with their key worker each month their opinions about their care. Their views had been recorded and people signed their care records to confirm this.

People's privacy and dignity was respected. Staff were discreet when offering to support people with personal care. They knocked on people's doors before entering. They used people's preferred form of address and did not use endearments. A person told us, "They are polite, over polite, can't do enough for you." Staff said the team worked well together and treated people "with respect and kindness". They told us they got on well with people and were very "sensitive and caring" to residents. This was confirmed by a health care professional who told us, "They are respectful and couldn't do enough for people." A relative wrote to the local authority expressing their feelings about the home and said about their father, "He was respected and his personal well-being was definitely enhanced by the tremendous care he was provided with."

Good

# Is the service responsive?

## Our findings

At the inspection in October 2014 we found people had few opportunities to participate in social activities both inside and outside of the home. At times staff focussed solely on the task and did not interact with people in a meaningful way. There was no evidence of how the experience and well-being of people living with dementia had been considered. The registered manager had reviewed the allocation and duties of staff enabling them to spend valued time with people. People were observed taking part in group and individual activities. They said they really enjoyed fitness sessions with an external fitness instructor as well as music and movement. People were asked if they wished to read through newspapers with staff and were heard relating articles to their past lives and experiences. Adaptations had been made to the environment recognising the needs of people living with dementia. Signs had been displayed helping people to find their way around and table mats with photographs of the local area prompted people to reminisce or talk about their past whilst having a meal.

People were offered a range of meaningful activities which included games, large screen viewings of films, classical music, remininscence and quizzes. They also had trips out to places of interest. People told us, "I join in with as many activities as I can" and "I enjoyed a trip out to Weston Supermare". People who chose to stay in their rooms said staff popped in to see them telling us, "They are always around" and "I have plenty of company." A person told us they liked to go out for walks to the nearby park and occasionally to the local pub for a meal. Health care professionals said, "There are lots of activities to keep people occupied."

People received individualised care and support which reflected their changing needs. People had been involved in an assessment of their needs to make sure their care and support could be provided by the home. There was evidence people's changing needs had been monitored and if their needs could no longer be met by staff they had been moved to another service which could meet their needs, for example providing nursing care. Most people had been able to remain at the home with the support of health care professionals who commented, "We have a good working relationship. There is a good balance of professionalism with compassion for people." When people had a fall this had been recorded and monitored to make sure they were not physically unwell. They were referred to their GP to ascertain if the fall or falls were due to an illness or changes in their general well-being. If needed referrals had been made to physiotherapists, the falls clinic and occupational therapists to make sure people had the equipment and support to prevent further falls. Staff were observed prompting a person to walk safely around the home in line with guidance in their care plan. A physiotherapist had suggested exercises to strengthen their ankle and this along with a fitness programme had reduced the number of falls they had experienced.

People's care records described their likes, dislikes, routines and past history. People had been involved in talking about their care and support and key members of staff (keyworkers) spoke with them each month to make sure it continued to reflect their personal wishes. A document promoted by a national organisation had been used to provide a snapshot of each person enabling staff to focus on their individual wishes and preferences. People told us, "Staff look after me very good" and "Staff respond very quickly, I am very content." A relative commented staff did not leave their father unattended telling us, "they respond to his needs".

People knew how to raise a complaint and were confident their concerns would be listened to and action taken to address the issues raised. Information about how to make a complaint had been provided to people individually in their service user guide as well as being displayed around the home. People told us they did not have any concerns but would speak with the registered manager. One person mentioned they did not like the way certain vegetables had been cooked and knew the registered manager had looked into this. Any matters of concern had been logged and looked into. Full records had been kept and this prevented issues escalating into formal complaints. Areas dealt with included the menus and lack of hot water. There was evidence of the response taken to these issues. Compliments had also been received from relatives including comments such as, "Thanks for your care and concern" and "You do an amazing job."

Good

# Is the service well-led?

## Our findings

At the inspection in October 2014 we found quality assurance systems, whilst identifying areas for improvement, did not always result in a better experience for people. The registered manager shared with us quality assurance audits which clearly stated when each action had been completed. These evidenced when improvements had been made to address shortfalls such as care records not being kept up to date or out of date training. Monthly visits had been carried out by representatives of the provider. These focussed on themes; for example, fire, communications, medicines and residents' care. Health and safety audits confirmed checks on fire systems, water temperatures, legionella and portable appliances had been carried out at the appropriate intervals. Accidents and incidents had been audited to make sure the appropriate action had been taken to minimise further risks to people. An analysis of matters of concern made sure the appropriate response had been taken and people were satisfied with the outcome.

People had the opportunity to feedback their views and opinions about the quality of the service they received. A person described the monthly residents' meetings and how they were able to talk through concerns about menus, activities and the environment. At the start of each meeting they were given feedback about issue they had previously raised. People had also responded to an annual survey and their responses had been responded to with improvements being made to their meals and the environment. The provider information return stated, "We monitor our service by way of a quality assurance survey annually, outcomes are action planned and reviewed where necessary." People commented, "It ticks all the boxes for me" and "A beautiful place to live." A relative had contacted the local commissioners to tell them, "Staff are truly a credit to their profession. Care is exemplary." Health care professionals commented, "We would live here" and "It's home from home."

The registered manager was supported by a deputy manager. Staff said the registered manager was "Open and honest", "He is firm but fair and reasonable" and "He is fair, open, approachable and helps out." A member of staff said the registered manager had supported them, "above and beyond" through a difficult period of time. Staff were confident they could raise concerns under whistle blowing and the registered manager would take the appropriate action. This is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out. The registered manager was aware of their responsibilities with regard to the Care Quality Commission and had submitted statutory notifications when needed. The rating from the last inspection in October 2014 had been displayed in the reception and a copy of the report had been made available to people.

The registered manager described the improvements which had been achieved since the last inspection which included strengthening the skills of staff to produce care plans which were individualised and had been kept up to date. He said the staff team were working well together, communicating well and were welcoming, friendly and hospitable. He said evidence of this was when people who had stayed for short periods of time chose to come back to stay again and then decided to move into the home. Challenges had reduced and he was confident they were now equipped to deal with any issues as they arose.

The registered manager was a dementia lead and was a member of a local care providers association and a

learning exchange network. He also worked closely with the provider's dementia link worker forum. The deputy manager was completing research into dementia and it was anticipated this would lead to further improvements within the home. People used local facilities such as the pub and park. External inspections by commissioners, fire and the food standards agency had resulted in good outcomes recognising the improvements in the services provided to people.