Your Health Limited

Redmount Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 21 January 2019. The inspection was unannounced, and started at 6:55 am to allow us to meet with the night staff, be present at the staff handover and see how duties were allocated for the day.

Redmount Residential Care Home is a 'care home' without nursing, operated by Your Health Limited. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People living at Redmount Residential Care Home were older people, many living with long term health conditions or dementia. The service accommodated up to 36 people in one adapted building, with a two passenger lifts to access the rooms on the first, second and lower ground floors. At the time of the inspection there were 23 people living at the service.

At the time of the inspection the service was in a whole service safeguarding process. This meant the local authority safeguarding team were monitoring and working with the service to ensure people were protected from abuse and their rights safeguarded.

The service had a registered manager in post. 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. People told us they liked the registered manager and were sorry she was leaving.

At the last inspection of the service on 19 and 26 May 2016 the service was rated as 'good' in all areas. On this inspection we identified concerns and four breaches of legislation and have rated the service as requires improvement as a result.

People could not be confident of experiencing consistently safe of high quality care because systems to assess, monitor and mitigate risks and provide high quality care were not operating effectively. We found concerns that had previously been identified by the service's own internal auditing systems or through the provision of support from the Quality improvement team from the local authority but had not yet been resolved. Although actions had been taken in many cases we found learning had not been sufficient to avoid repetition of the concerns. This meant some systems were not being operated in line with good practice. People's records, including those for the administration of medicines were not always accurate, up to date or completed in line with good practice.

People were not always receiving support to mitigate risks from their health and care needs. Risks from people's care had not always been fully assessed and mitigated. Records relating to people's dietary intake

when they were at risk from poor nutrition were not completed in enough detail. Other records in relation to the management of risks to skin damage were not clear, or backed up with important information needed to make a judgement on how to reduce risks.

People told us they were not always supported by sufficient staff to meet their needs, although they spoke positively about the staff caring for them. Staff were recruited safely with a robust system in place to ensure they were suitable to be working with people. We have made a recommendation about re-assessing staffing levels.

People did not always benefit from an environment adapted to meet their needs, particularly in relation to people living with memory impairment. Redmount is a large adapted building set over four floors. People's rooms were mainly en-suite which afforded people additional privacy, but we saw little adaptation or signage to help people understand their environment or orientate themselves when they had some memory loss. We have made a recommendation about the adaption of the environment to meet the needs of people living with memory impairment.

People were not always supported well because staff training was not always being put into practice and supervision did not always identify when poor practice had been carried out. We saw instances of where people were not being supported in line with training staff had received, including being transferred poorly in a wheelchair and staff not always using infection control equipment correctly. We have made a recommendation about staff supervision and support.
Some staff training was behind schedule, including for areas such as fire safety training, although we could see training had been booked.

People's rights were not always being protected because there was not always a clear understanding of the Mental Capacity Act 2005 (MCA) in practice. We have made a recommendation about this. While we saw examples of people being offered choices in their day to day lives and being asked if they consented to their care, the records of decisions made on people's behalf when they lacked capacity did not cover all areas needed to meet the requirements of the MCA.

People were supported by staff who understood about how to protect them from abuse, and what to do if abuse was identified. People told us they felt safe at the service, and most told us they had good relationships with the people caring for them. We saw people being supported to celebrate special occasions and engage in good humoured interactions with staff throughout the inspection. People could expect to have their privacy and confidentiality protected.

People all had a plan of their care, but this was not always personalised, accurate or drawn up and reviewed with the person concerned or their supporters where relevant. We found some care plans did not provide sufficient detail on how people's needs were to be met. Staff told us they had little time to read people's full care plans, and did not have input into how they were written. Arrangements were made for positive end of life care when appropriate.

People benefitted from food choices that met their needs and preferences. People told us they enjoyed the food and had choices open to them. In particular, one person who was vegetarian told us they received a good variety and choice of meals.

Staff knew people well, and we saw evidence of compassionate, caring and supportive relationships in place. However, we also saw evidence this was not always the case. For example, one person had a poorly implemented and understood care regime, which had caused them distress and staff frustration. The service

respected people's diversity, and told us they would not discriminate against people because of protected characteristics under the Equality Act, such as age, religion, gender or ethnicity.

People benefitted from a programme of activities they told us they found engaging and enjoyable. We saw activities being carried out that engaged people and supported them to celebrate special events. People had opportunities to have a say about the way the service was run, although systems for doing so were not always operating well. Systems were in place for the management of complaints. Visitors could visit the service at any time, and told us they were made welcome.

We found four breaches of regulation on this inspection and you can see what action we have asked the provider to take at the end of this report. We also identified a number of good practice recommendations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not always receive their medicines safely or in line with good practice.

People did not always receive support to mitigate risks from their health and care needs.

People told us they were not always supported by sufficient staff to meet their needs.

People were not always protected from risks of cross infections.

Records were not always accurate, up to date or complete.

Robust staff recruitment systems ensured people's needs were met by staff who were suitable to be employed at the service.

People were supported by staff who understood about how to protect them from abuse, and what to do if abuse was identified.

Is the service effective?

Requires Improvement

The service was not always effective.

People did not always benefit from an environment adapted to meet their needs, particularly in relation to people living with memory loss.

People were not always supported well because staff training was not always being put into practice or care identified as being inappropriate through appropriate supervision of staff. Some staff training was behind schedule.

People's rights were not always being protected because there was not a clear understanding of the Mental Capacity Act 2005 in practice.

People benefitted from food choices that met their needs and preferences.

People's needs were assessed before they were admitted to the service, to ensure they could be met.

People received the support they needed for medical conditions or nursing support through community healthcare services.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff knew people well, and we saw evidence of compassionate, caring and supportive relationships in place. However, we also saw evidence this was not always the case.

People had their privacy and confidentiality protected.

People were supported to celebrate events of importance to them and have their property respected.

The service respected people's diversity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People all had a plan of their care, but this was not always personalised, accurate or drawn up and reviewed with the person concerned or their supporters where relevant.

People benefitted from a programme of activities they told us they found engaging and enjoyable.

Systems were in place for the management of complaints.

Arrangements were made for positive end of life care when appropriate.

Is the service well-led?

Requires Improvement

The service was not always well led.

People could not be confident of experiencing consistently safe and high quality care because systems to assess, monitor and mitigate risks and provide high quality care were not operating

effectively.

Where concerns about quality or risks had been identified we saw some had not been fully addressed in a reasonable timeframe.

People had opportunities to have a say about the way the service was run, although systems for doing so were not always operating well.

People told us they liked the registered manager and were sorry she was leaving.

Redmount Residential Care Home

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 checked whether the provider was 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. At the time of the inspection the service was in a whole service safeguarding process. This meant the local authority safeguarding service were involved in monitoring and working with the service to ensure people were protected from abuse and their rights safeguarded.

This inspection took place on 21 January 2019 and was unannounced. On the first day the inspection team consisted of two adult social care inspectors, an assistant 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.

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. This included safeguarding concerns raised about the service. The registered manager had completed a PIR or provider information return. This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with or spent time with eight people who lived at the service. We met with the registered manager and operations manager for the provider organisation, five visitors or relatives, and five members of staff. We also received information from the local authority Quality Improvement Team who were supporting the service.

We viewed a number of audits and documents the service used to manage the quality and safety of the service. We spent time speaking with people and observing their care. We looked at the care records for five

people with a range of needs and sampled other records, including care and support plans, risk assessments, health records, medicine profiles and daily notes. We looked at records relating to the service and the running of the service. We also looked at five staff files, which included information about their recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

On our last inspection in May 2016 we rated this key question as good. On this inspection in January 2019 we found this had not been sustained, and we have rated this key question as requires improvement.

At the time of the inspection the service was subject to a whole service safeguarding process. This meant the local authority safeguarding team and quality improvement teams were involved with monitoring and working with the service to improve standards and keep people safe. Prior to the inspection there had been a number of safeguarding concerns raised, many around medicines practice and the needs of people receiving intermediate care. As a result, the service had ceased to provide Intermediate care until they were more confident they could meet people's needs.

People told us "Yes, I feel safe – this place is God given" and "I feel safe here." One relative said about their relation being safe, "Absolutely – that's why she's here."

People did not always receive their medicines safely or as prescribed. We identified some concerns and risks over the management and recording of medicines administration. We found gaps in recording on the medicine administration records (MARs) and handwritten MAR charts did not hold a second staff signature to confirm accuracy when transcribing information. This was not in accordance with the provider's medicines policy and protocol. Index codes that told us why a person had not been given their medicine were being consistently used but there was not always a written explanation on the back of the MAR chart to say for example why people's medicine was not given. We found gaps in people's MAR which suggested either medicines had not been given or they had been given and not been signed for as being administered. Staff were not recording the date of the photograph on the front medicine profile sheet, and a medicine profile sheet for one person stated, "no allergies" while the MAR chart recorded the person was allergic to penicillin. The punched holes in some MARs had broken and sheets were loose and could easily be mislaid or lost. Some creams were left out in people's rooms, which meant they could have been misused.

Guidance was available for staff on the administration of "as required" or PRN medicines, which was reviewed every three months. At the time of the inspection two staff were trained to administer medicines. One of these had received a competency assessment; for the other staff member this was not yet completed.

Some medicines have particular security or storage needs due to their strength or effects. We were told by the senior in charge that there was no one taking these medicines at the time of the inspection. The medicines cupboard held three packages of this type of medicine dated from 16/01/2017 to 04/10/2018. This told us medicines not in use had not been returned to the pharmacy in line with the organisation's policies and procedures or good practice.

The controlled drugs book was last audited on the 01/01/2019, but this did not contain two signatures to evidence the recording, as would be good governance practice. The registered manager told us they were checking the medicines management and practice on a daily and weekly basis, but this had not been

sufficient to identify or eliminate the risks we saw. The service had received support in safe medicines practice from the quality and improvement team, but some issues had yet to be resolved.

Risk assessments and support plans were in place for pressure damage to skin, falls, choking, moving and positioning and poor nutrition. However, we identified some risks to people were not always clearly identified in these records, for example there were no individual risk assessments for people who chose to smoke. Where people had been assessed as being at risk of poor nutrition or weight loss, the food they ate was being recorded. However, this was not always being done in sufficient detail to enable the staff to assess the quality of their food intake. For example, one person's food chart indicated they had eaten "roast gammon, trifle, water - ½ main" for one meal. This would not provide sufficient information to support an assessment of the risks to the person or how they could be mitigated. People's weights were being recorded to assess any changes to their health.

We noted in some people's rooms there were pressure relieving mattresses set to ensure people skin integrity was maintained. Audits of pressure mattresses were in place to check that they were set to the correct weight setting correct for each person. However, records did not show the details of the mattress, weight of the person or the correct setting. This could have placed people at risk of developing skin damage because they were not receiving the correct level of pressure relief. Another person had had a stroke, which had left them with a one-sided weakness. Risk assessments did not guide staff on how to support the person to minimise the risk of further injury, for example by ensuring they helped the person to dress their weaker side first. This could leave the person at risk of further injury.

Staff did not always follow good practice or their training consistently when supporting people. We saw examples of staff supporting people to transfer and move safely. However, we also saw staff moving a person in a wheelchair in an unsafe manner that presented risks. The person's legs were dangling from the seat and foot plates had not been used to keep the person safe. Serious injury may have occurred if the person had caught their feet as they were being pushed along.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected by safe infection control practices. We saw staff supporting people with personal care did not always change protective clothing such as aprons and gloves to prevent cross contamination as they moved from room to room. On the day of the inspection we found there were eight people with either chest or urine infections who had been prescribed antibiotics. These could present risks to other people living in the service if good infection control practice was not in place. We spoke with staff about the training in infection control and they told us that they had enjoyed the training and were aware that personal protective clothing was available to them. We noted that domestic staff who were carrying out domestic duties were also not wearing correct personal protective clothing such as an apron and gloves. The wearing of an apron and gloves would help prevent the spread of infection and can be disposed of after use to reduce risks.

This is a breach of regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us there were not always sufficient staff on duty to meet their needs. People had call bell alarms in their rooms and used them regularly. Whilst one person said that at night they were "well patrolled" and their call bell was answered 'fairly promptly', other people told us bells were answered "not as quick as we would like." One person told us "It's dreadful, they're so short of staff, there's only two on at night; It's not enough. I ring and I ring sometimes for a quarter of an hour." Another person told us "I spend a lot of time on my own in my room and don't see many staff".

Staff also told us they felt there were not always enough staff on duty to meet people's needs, in particular at night and during the evening shift. On the morning of the inspection there were five care staff, the registered manager, a chef, and a maintenance person on duty. Staff were assigned duties for the day at the morning handover, which helped ensure nothing was forgotten, however staff were still getting people up around mid-day, having been busy all morning. It was not clear if this was people's preference. Staff we spoke with were concerned about the safety and wellbeing of the people they were supporting, as they told us they had to prioritise their work for example balancing support for personal care versus giving out morning drinks, supporting individual toileting and bathing regimes for people and prioritising health needs of people who were frail.

The service had a tool for assessing the number of staff on duty. This included looking at people's dependency needs, which were high, with nearly a third of the people living at the service needing two staff to support their care. This was particularly a problem at nights when there were only two night staff on duty, one of whom also had to administer medicines. This meant people had to wait unsupervised in the lounge area until staff were available to assist them to bed. Minutes from a residents meeting on 9 January 2019 had also raised concerns over staffing levels, and response times to opening the front door to relatives. There were sufficient staff on duty to meet the assessed levels on the service's staffing tool.

We recommend the service review their staffing levels, to ensure people's needs are being met.

We discussed the staffing levels with the registered manager and operations manager. They told us they would review the staffing levels and look at duties staff were expected to undertake, particularly during the night shift. The registered manage told us they had previously tried to recruit staff for the 'twilight' early evening shift but had been unsuccessful.

Risks to people from the environment or from staff working practices were assessed and any action needed was taken. For example, we saw risk assessments in place for fire, equipment, and water temperatures. People told us they were familiar with the fire drills. One told us "I hear the alarm bells from time to time and the door shuts automatically." Window openings were restricted and radiators and other hot surfaces protected to stop people coming into contact with them and being harmed. Regular servicing and testing of utilities such as gas safety and electricity were in place. Regular checks were made of walking frames, wheelchairs and mattresses to ensure they were safe. Heavy furniture was secured to the walls and there was a monthly review of the safety of hoists. A new nurse call system had recently been installed. The service had a maintenance person which enabled them to respond quickly to any minor issues within the service, however some people had raised concerns at a resident's meeting that issues were not always dealt with quickly. The wider provider organisation had an estates manager who was responsible for health and safety issues and assessments in the environment. The service had a first aid policy and risk assessment and had purchased a Dechoker device for use in an emergency choking incident. We saw this was sited in the kitchen, along with guidance, and staff had received training in its use.

The service had policies and procedures available to identify what constituted abuse and how to raise concerns about people's welfare. Safeguarding concerns had been raised with the local authority about or by the service since the last inspection, some of which related to medicines management. Staff had received safeguarding training and told us they knew what to do if they had any concerns. They said they felt comfortable raising concerns with management about their own and other people's safety, and felt people were safe and protected from harassment, avoidable harm, neglect and abuse. Staff told us they would report any concerns to the senior on duty and onto the manager if they did not receive a satisfactory response from the senior. Staff were not all clear on who to report to concerns to outside of the provider organisation, but information was available to support them to do so if needed.

The registered manager had a clear system in place for reporting, auditing and analysing incidents and accidents. This meant the service could learn from them and take actions to prevent repeated incidents of harm. Incidents and accidents were reviewed by the health and safety manager or operations manager from the wider provider organisation to ensure appropriate actions were taken. However, we found learning was not always taking place. This is reported on further in the key question for well led.

Systems were in place to ensure staff were safely recruited. This included taking up references and disclosure and barring service (police) checks. Where concerns were identified the service explored and investigated them, for example gaps in employment history or issues in previous employment. We checked five staff files and found some information about people's proof of ID was missing. The registered manager told us they had inadvertently destroyed some proof of identity due to a misunderstanding of recent changes in legislation, and had requested staff bring this in again so it could be recorded.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in May 2016 we had rated this key question as good. On this inspection we found this had not been sustained, and we have rated this key question as requires improvement.

Redmount is a large building set over four floors. We found some areas of the service were in need of attention or replacement for example the lounge carpet, and damaged hallway décor. The service had an environmental improvement plan in place which had identified areas needing attention or replacement. Some people who used the service and relatives told us that the service would benefit from a rolling programme of redecoration as the service was looking "tired"

Some of the people living at Redmount were living with dementia. There was little signage or supportive guidance within the service to guide people. Bedroom doors only had a number on them with no name of the person occupying the room. We also noted that there were few sensory items such as reminiscence or rummage stations for people with memory impairment. People's rooms were mainly en-suite, which afforded people additional privacy when using toilet facilities.

We recommend the service follows good practice guidance for supportive environments for people living with memory impairment.

People and visitors told us staff had the skills and experience they needed to support them. One person said, "They are well trained to help me." A relative told us "they are well trained to look after (name of relative)." However, a member of staff told us "I crave more training."

We asked staff about the training and supervision they had received. Staff told us that they enjoyed the training and support given to them by a company trainer. A member of staff told us that they had just completed their Care Certificate and was hoping to start The Quality and Credit Framework (QCF) level 3. Other staff who were new to care with several months service in care had not yet started the Care Certificate, although we were told this was due to commence soon. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 standards that should be covered for staff new to care and should form part of a robust induction programme.

We were given a copy of the service's training matrix. This showed staff were substantially up to date with their training, but gaps were identified for fire training, and the senior staff and management team had gaps in their training for the administration of medicines. The registered manager told us a fire safety training day had been booked for staff on the 30 January 2019 and medicines training had been delivered to appropriate staff on the 7 December, but the matrix had not yet been updated.

The service had a system for identifying where staff needed additional skills and for the overall training needs for the service, including core skills and mandatory training. Staff told us they felt supported, and worked well as a team, but records showed staff had not received consistent supervision in the last year,

and the registered manager told us they had 'fallen behind'. For example, one staff member who had started work in October 2018 had not yet received any recorded supervision. Some supervision given to other staff had been related to addressing poor practice. The operations manager told us their organisational expectation was a minimum of six times a year, through a combination of appraisals, observation and practice supervision.

We recommend the service ensures staff receive regular supervision and appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People confirmed that consent was sought before care commenced. One person said, "they always ask if I'm ready."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Some applications had been made to deprive people of their liberty, and these were awaiting processing by the local authority. Decisions made in people's best interests were being recorded, for example for the administration of covert medicines or admission to the service when the person could not consent to this. However, we found there was no evidence that a best interest decision for a person lacking capacity regarding covert medicines had been taken in consultation with other people supporting the person than the person's GP. In addition, the service had a keypad system in operation throughout the home which meant that people could only leave the home if accompanied or with staff letting them out, including using the lift which was also operated by a keypad. We did not see evidence that best interest decision meetings had taken place in relation to this restriction where people lacked capacity to go out alone.

The requirements of the Mental Capacity Act 2005 (MCA) Code of Practice and the Deprivation of Liberty Safeguards (DOLS) were not all understood by the staff we spoke with. Staff told us they would like more training in this subject as it would help them better understand their roles and responsibilities. Staff told us they would also like further training to be able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions.

We recommend the registered persons assist staff to better understand their responsibilities under the Mental Capacity Act 2005 in practice, and follow guidance on assessing the restrictions on people not being able to leave areas of the service independently.

Prior to admission to the service people received a pre-admission assessment. The registered manager told us this would usually include visiting the person and meeting with previous carers to gather as much information as possible about the person and their needs. At the time of the inspection the service was not admitting new people unless previously agreed with the local authority. This was an agreed measure to ensure people were safe. Some previous admissions had been under the support of the intermediate care service which meant they were admitted to the service for a short period of intensive rehabilitation between a hospital admission and returning to their own home, but these were no longer taking place.

People had access to community medical support services. People told us they felt well cared for and staff would contact their GP when needed. "They get the doctor if I need one" said one person. Another told us "the doctor visits regularly on Wednesdays."

Most of the people living at the service said they very much enjoyed the food on offer. Minutes of a residents meeting had identified some issues over choice and information available to people, in particular over breakfast choices. On the inspection we saw people were offered a cooked breakfast, which some people chose to take up. Menu plans were also on dining tables. The chef knew the people living at the service well, and people told us "the food is good and I like it. There's enough choice and the cook's marvellous", "the food is very good – there's enough variety - and there's plenty of snacks and drinks", "the food is pretty good. It's always hot and sometimes there's too much of it! Also, if I don't like it they will accommodate and change it. It's very fresh" and "I'm a vegetarian. They have wonderful meals and I have put on weight."

The service could cater for special diets. Information was available about special dietary needs and textures to help people with difficulties in swallowing. Snacks and cold drinks were available in the lounge and in the dining room there were menus on the tables guiding people to request snacks or additional meals outside of the planned mealtimes. However, people did not eat in the dining room but chose to have their meals on tables in the lounge. The registered manager told us they had tried to encourage people to use the dining room but few people did so.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in May 2016 we had rated this key question as good. We found this had not been sustained and have rated the service as requires improvement.

Although most of the time we found staff to be caring, we identified the way in which one person was being supported had led them to feel distressed and reluctant to request care and support. The service was following professional guidance on a regime to assist the person to manage their anxiety around continence issues, however the way in which this was being carried out was not supportive to the person. There was no detailed plan to guide staff on how to implement this programme or how to support the person positively. Their care records included comments which did not demonstrate a professional response to meeting the person's needs, with judgmental language being used. We discussed this with the registered manager and operations manager for the organisation who agreed to address this immediately with the staff team and the person concerned.

People overall told us they had positive relationships with the staff team. One person told us "I love them", and a relative said "Mum gets plenty of hugs and cuddles – even if she's a bit grumpy." Another person told us "they are such lovely ladies and so kind; their kindness is unbelievable. Even the (maintenance person) is a special person." We observed staff throughout the day interacting with people in a respectful and caring way. One member of staff told us "I love the residents".

People told us and we saw their privacy was respected. A person told us "they always knock before entering my room and then ask if they can help me." One person's relatives told us the staff "Make a point of leaving the room when Mum is on the commode." "They do respect us" said one person quite strongly. One person told us another person living with dementia regularly entered their room uninvited, which caused them some distress. This was discussed with the registered manager who told us they would attempt to ensure this did not happen.

The relationship between people and staff was seen to be friendly and caring. We saw staff supporting people with kindness and compassion. We saw evidence of good humour in the relationships we witnessed. People told us "the staff are kind to me and they like a laugh. They spend time with me when they can." Staff understood people's needs and could tell us about people's personalities, likes and dislikes. We saw staff from all disciplines within the home engaging well with people, anticipating their support needs.

People told us visitors could visit without restriction and were made to feel very welcome. A visitor said, "We are made welcome and always have a cup of tea – people go out of their way to help and be nice – they go the extra mile". One person told us "I had to make some difficult decisions about coming into care but I am pleased I made the decision". They also said, "I am very happy with my room".

People were encouraged to remain independent as far as possible and were given support to do so. One member of staff helped us speak with a person who had a hearing impairment. It was obvious how well they knew the person and how they liked to be supported, and they demonstrated a caring demeanour towards

supporting them to communicate their views. A suggestions box encouraged people, staff, relatives and professionals to make anonymous suggestions or comments for improvement about the service. People also participated in resident's meetings.

People were supported to celebrate special events of significance to them. On the day of the inspection it was one person's birthday. The service had organised a cake and birthday tea for everyone. During the afternoon the activity sessions were based around this person, which were enjoyed by everyone and created lively conversation and much humour.

The registered manager told us the service was open to people of all faiths or none, and they would not discriminate against people protected under the characteristics of the Equality Act. This is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. We did not identify any concerns over discriminatory practices.

People's confidential and personal information was stored securely and the registered manager and staff were mindful of the importance of confidentiality when speaking about people's care and support needs in front of others.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in May 2016 we had rated this key question as good. On this inspection we have rated this key question as requires improvement.

Each person living at Redmount had a plan of care, which was kept in a central cupboard and in a shorter version with the daily notes kept in the home's office. We found some plans were lacking detail on how people's care needs were to be met, and some had inconsistencies in the information. For example, one person's plan indicated they had been left with a left sided weakness following a stroke. In another part of their care plan it was stated the person had a right sided weakness. The plan did not guide staff on how to support the person with the weakness to avoid further injury or pain. The person's moving and positioning plan was not up to date, as it did not reflect the detail of how they needed to be supported to be move.

Visitors and people told us they were not consistently involved in the drawing up and reviewing care plans. For example, one person's relatives said that they had been involved in discussing the support their relation received. They told us "we are in regular discussions with the management about mother's care." Other relatives told us they were not part of the care planning process, did not attend regular review meetings and did not have access to their records. One relative told us they "Didn't know there was a care plan". People we spoke with said they were not aware of the care plans and did not contribute towards them in a meaningful way. One person told us "I know that there are people here to help us but I am not aware of my care plan". Another person told us that "I am not involved in care planning". The care profiles we looked at were not signed by the people who they referred to.

We spoke with staff about their input into care planning and were told that they were not always aware of what was written in the main care plans because they did not have enough time to read them, only the summary plans, kept with day to day documents. The registered manager told us they had been completing the updates needed to the care plans.
This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Staff could tell us about people they had supported to get up that morning, and could tell us about their strengths and positive features of their personality, qualities and retained skills.

The service had systems in place to respond to people's concerns about their care and support. Most of the people spoken with had no complaints about their care. One person told us "if I had a complaint and anything was wrong I would talk to the manager", and another said, "I have no complaints, only occasional minor issues". People told us they had confidence in the manager to sort out any minor issues promptly. However, several people also told us they were not happy about the delay in response to their alarm bells. An issue with delay in responding to people's wishes in a timely way had been raised at the residents meeting on 9 January 2019, but had not yet been resolved. During the inspection we identified two different versions of the service' complaints procedure were on display. The registered manager agreed to ensure these were updated.

People had opportunities to engage in events and activities organised by the service, which took place

during afternoons. These included community and individual activities, including puzzles and visits to town in the bus, visits by schoolchildren and singing, and visits from the donkey sanctuary. People told us they were happy to engage with the activities on offer, and the word games carried out during the afternoon of the inspection were well supported, lively and greatly enjoyed. One person told us they were very pleased to get involved with activities and particularly happy that "They take me out shopping and for tea in the van." One resident said of the coordinator "Her dedication is magnificent."

The activities coordinator was also involved in supporting a spiritual care programme. One resident told me "we have a Methodist service every month here. It's lovely and I can join in." Another person said, "The priest comes every month to hold a service and give communion."

No-one living at the service was receiving end of life care at the time of the inspection, but some people were frail, and it was acknowledged their health was deteriorating. The service told us they had experience of supporting people at this time in their lives and would rely on the support from local GP practice and community nurses.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the home shared information with people to support their rights and help them with decisions and choices. People living at the service included those who had hearing or visual impairments. People's plans contained assessments of their communication needs, however these did not always give enough detail. We spoke with one person with significant visual impairments. They could show us the aids they used to support their independence, including a talking clock and reading device. Their relatives had helped personalise their door to assist them to find their way to their room independently. We did not identify any ways in which the service had supported the person to understand information about the service, for example the complaints procedure or service user guide.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of the service in May 2016 we had rated this key question as good. On this inspection we have rated this as requires improvement. This was because we had identified concerns and breaches of legislation that had not been identified or addressed and mitigated by the service.

The service had a registered manager in post, who told us they were leaving the service at the end of the month. The operations manager told us a new manager had been appointed, and would be starting shortly after the registered manager left. A new team leader and deputy manager had also been appointed to strengthen the management team, and were due to start shortly. The current management team were visible and worked in the service daily so were aware of day to day issues. The staff we spoke with said that they were happy with the support given to them by the registered manager, and people living at the home told us they were sad to see them go.

People could not be assured of safe high-quality care as systems for the effective governance of the service were not effectively operated. The service received support visits from the local authority quality team and the service were working well with them to make improvements, supported by the providers internal quality team.

Audits were in place to assess monitor and improve the quality and safety of the services provided, and were monitored and audited again at senior management level. These audits were evidenced in the way the home managed accidents and incidents, weight loss, pressure sores, skin tears, complaints and compliments. Targets and actions were set during Quality Monitoring visits for the Home Manager and these were monitored through further visits to the home. However, we saw not all of these had been met on the last audit (June 2018), and some of which we identified as issues on this inspection in January 2019. The environmental action plan had completion dates determined by occupancy levels, which meant actions would not be completed until occupancy levels improved. This told us that even when identified, actions had not always been successful in improving the safety or quality of services.

Policies, procedures and training had not always been effective in ensuring good practice or mitigating risks, for example with the use of personal protective equipment to manage any risks of cross infection. Staff were not always implementing good practice or training they had received, such as in transferring people or about the Mental Capacity Act 2005. People repeatedly told us they weren't enough staff to meet their needs in a timely way and one person's care notes were written in ways that were negative and did not support the person's wellbeing. Some people's care plans demonstrated inconsistencies, a lack of detail or had not been updated to reflect changes in the person' condition, and had not always been drawn up with the person or their advocates. Some management records were not completed accurately and routinely e.g. those for medicine management. Policies and procedures were not always consistent. For example we found two different versions of the complaints procedure in use.
This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The service's minibus carried a sign indicating the service was a nursing home, when it had not provided nursing care for many years. This was raised with the operations director for their attention.

Systems were in place to seek the views of people receiving a service about the care and support they received. The service had regular resident and staff meetings where people could attend and ask questions or make suggestions. Quality assurance surveys were issued to people and their families annually, these were last carried out in July 2018 with the results displayed in the reception area.

The service had ensured notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered persons had not ensured care and treatment plans were carried out in consultation with the person concerned, including ensuring their preferences and needs are met. Regulation 9 (3) (a) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not managed people's medicines safely, or assessed and mitigated risks in relation to people's care and welfare. Regulation 12 (a) (b) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered persons had not maintained standards of hygiene appropriate for the purposes for which they are being used. Regulation 15 (2) Health and Social Care Act

	2008 (Regulated Activities) Regulations 2014 Premises and equipment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had not operated effective systems to assess, mitigate and improve the quality and safety of the service and assess monitor and mitigate risks associated with people's care and support. Records were not well maintained. Regulation 17 (2) (a) (b) (c) (d) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good Governance