

Your Health Limited

Redmount Residential Care Home

Inspection report

Your Health Limited
21 Old Totnes Road
Buckfastleigh
Devon
TQ11 0BY

Tel: 01364642403
Website: www.yourhealthgroup.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Redmount Residential Care Home (referred to as Redmount in this report) is a residential care home providing personal care to up to 36 older people. At the time of our inspection there were 18 people using the service.

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

People were happy living at the service and spoke positively about staff and the care they received.

Since our last inspection, improvements had been made to the culture of the service and quality-of-care people received. The provider's quality assurance processes and management oversight had improved and was driving improvements across the service.

Risks to people's health and safety were effectively managed, including fire safety, infection prevention and control and risks associated with the environment.

Risk assessments were carried out to identify any potential risks to people and measures put in place to mitigate these.

There had been improvements to the way people's medicines were managed since our previous inspection. People now received their medicines in a safe way, as prescribed for them.

People benefitted from an improved mealtime experience and were supported to eat in line with their needs and preferences. People's weights were monitored, and action was taken where there were concerns.

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 now supported this practice.

People received person centred care and care plans provided staff with enough information to be able to care for people safely and in the way that they wanted to be cared for.

People told us they were safe at Redmount. Staff understood their responsibilities in safeguarding people from abuse and knew how to report any concerns they had.

Systems were in place to ensure there were enough staff to meet people's needs and staff were recruited safely.

People were supported by staff who were competent and had received appropriate induction, training and support. Staff spoke positively about the leadership and management of the service.

Staff worked closely with healthcare professionals and sought their advice, guidance and support on how to meet people's needs.

People were supported to maintain relationships and take part in activities they enjoyed.

People's views were sought and used to drive improvement within the home. The provider had systems in place to ensure any concerns were dealt with appropriately.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to follow up on action we told the provider to take at the last inspection and to confirm they now met legal requirements.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Redmount Residential Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one inspector, a medicines 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.

Service and service type

Redmount Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redmount residential Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 9 relatives and friends about their experience of the care provided. We received feedback from 1 health and social care professional who worked with the service. We spoke with 15 members of staff including the manager, operations manager, quality manager, deputy manager, care staff, cook, kitchen assistant and maintenance person.

We reviewed a range of records. This included 5 people's care records and people's medicines administration records. We looked at 3 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures were also reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to assess and manage risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection people were placed at risk of unsafe care as their care needs and associated risks had not been routinely assessed, updated and monitored. At this inspection care plans and risk assessments were detailed and up to date which meant staff had guidance on how to manage people's care safely. They covered areas such as skin integrity, personal care, falls and nutrition and hydration.
- Where risks were identified, the provider ensured people had appropriate equipment to keep them safe. This included the use of specialist pressure relieving equipment and pressure alarm mats to alert staff.
- For people who were at risk of losing weight, systems and processes were being used effectively to reduce the risk. For example, people's weight was being monitored and when people had lost weight appropriate action was being taken including referrals to health professionals and giving people fortified meals.
- Where people were having their food and fluid intake monitored, we found records were being completed in more detail and more consistently. This meant staff had the information needed to respond quickly when people were not receiving enough to eat and drink.
- Risk assessments provided staff with clear guidance to reduce the risk of damage to people's skin. This included what pressure relieving equipment was in place and what creams staff should apply to protect the skin.
- Whilst repositioning charts had been completed more consistently, we still found gaps in one person's recording charts. We spoke with the manager and operations manager about this. They told us they had identified this as an area that still needed improvement and regularly discussed record keeping with staff at team meetings and supervisions.
- People were now protected because of effective fire safety measures at the service. Outstanding actions identified in their previous fire risk assessment had now been completed and there was a robust system of fire checks and fire drills in place.
- Checks of the environment and health and safety checks had been completed to help ensure the service was safe for people and staff. Concerns raised at the last inspection had been addressed.
- At the last inspection best practice guidance was not always followed in relation to infection control. At this inspection we were assured that the provider was promoting safety through the layout and hygiene practices of the premises and staff.

- We were assured that the provider was using PPE effectively and safely. The provider had risk assessed continuing staff usage of face masks in line with guidance and we saw staff following the providers policy.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People were supported to safely meet with visitors in line with current guidance and best practice.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- There had been improvements to the way people's medicines were managed since our previous inspection. People now received their medicines in a safe way, as prescribed for them.
- When medicines were prescribed on a 'when required' basis, there were protocols to guide staff when doses should be given.
- There were suitable arrangements for storage, recording and disposal of medicines.
- Staff were trained in safe medicines handling and had competency checks to make sure they gave medicines safely.
- Medicines audits were completed, areas for improvement had been identified and actions recorded. Any incidents were reported and investigated to try to prevent a recurrence.

Staffing and recruitment

- At the last inspection we found staff were not always planned or deployed in a way that met people's specific health care needs. For example, during meal times.
- At this inspection we found that people received the care they needed. However, some staff told us they could do with more staff during mealtimes to ensure people who needed support were supported appropriately and in a timely way. We passed this feedback onto the manager and area manager. After the inspection the manager told us they would be trialling a new way of working at mealtimes to ensure staff would be available to people when they needed support.
- People told us they felt there were enough staff to care for them. Comments included, "They do come when you ring the bell", "There is always someone to look after me" and "I've never had to wait." One relative told us, "I have never seen any staffing issues when I've been there. There seems to be enough."
- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks and provides information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. A relative told us, "They're [people] being well looked after, they're all very kind."
- The provider had policies and procedures which explained what constituted abuse and the procedures to

follow to safeguard people.

Learning lessons when things go wrong

- Accidents and incidents that occurred were recorded and analysed to help make sure appropriate action had been taken to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we found people were not provided with individualised care that met their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At this inspection the manager and provider had worked with the staff team to improve the overall mealtime experience for people. Meal timings had been adjusted so there was more time between meals for people to build up an appetite. Improved food options and snacks were available for people when kitchen staff had gone home, and a refreshment station had been introduced in the dining area for people to help themselves from.
- We observed the dining experience for people on both days and found the dining experience had improved and people were receiving support when they needed.
- People now had access to and were encouraged to use, a pleasant dining area. People told us they enjoyed the changes and were happy with the food on offer and their meal experience at the service. One person described the food as, "Beautiful, no complaints here! More than enough to eat." Another person told us they always had a choice of food and the food was, "Excellent on the whole and I get enough to eat."
- People were supported to eat in line with their needs and preferences. Information about people's dietary needs was displayed clearly in the kitchen to ensure people received their assessed diet and preferences. One relative told us, "They are giving [relative's name] what they should. She has to have her food liquidised and her fluids thickened, and they seem to be on the ball with all that."
- People's weights were monitored, and action was taken where there were concerns. For example, people were referred to speech and language therapists and dieticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection systems were not robust enough to demonstrate decisions were being made with the relevant people involved, made appropriately and the least restrictive option. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- The service was now working within the principles of the MCA.
- At the last inspection people did not always have their capacity assessed and best interests meetings had not always taken place to ensure decisions made were appropriate and least restrictive. At this inspection capacity assessments were carried out when required and best interests decisions were made with people legally authorised to do so.
- Where people were at risk of being deprived of their liberty, the provider applied for the necessary legal authorisation.
- Staff sought people's consent and included them in decisions about their care.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had received appropriate training and support. The providers training matrix showed a high level of compliance for all staff in topics relevant to the needs of people living at the service.
- At the last inspection we found staff induction records did not demonstrate inductions had been completed consistently. At this inspection we found this had been addressed and staff received a structured induction which included shadowing shifts and competency checks of their work.
- Staff told us they felt supported and had opportunities to reflect on their working practices and professional development. This included regular supervision meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care plans which were personal to them and met their individual needs.
- People's physical, social and diverse needs had been assessed in line with recognised best practice.
- People, and where necessary their relatives, were involved in the assessment of their needs and reviews of care provided.

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

- People were supported to access health care professionals to support their wellbeing and help them to live healthy lives. For example, we saw people were visited by physiotherapists, GP and dentists. One relative told us about the care their relative received, they said, "Audiology has been in, and the GP goes in when

he's needed, they've been on the ball with all of that."

- People's care plans were updated following advice from healthcare professionals. One health care professional told us staff appropriately requested advice and guidance and updated their practice and care plans accordingly.

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

- Improvements had been made to the service which included new furniture in the lounge and dining areas and some flooring had been replaced to flooring that could be easily cleaned.
- People had access to communal areas such as the lounge, conservatories, and dining room to spend time together and socialise.
- People were able to personalise their rooms with items such as furniture, pictures and ornaments.
- Where people required specialist equipment such as a wheelchair, adjustable beds or mobility aids, we saw these had been provided for them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at the service and staff were kind, caring and respectful.
- There was a positive, happy atmosphere in the home with laughter between staff and people. One person told us, "There's some exceptional one's [staff] who can't do enough for you." Another person said, "They are very kind and hands on, very respectful." A relative told us, "They do everything that's necessary and have genuine affection for my mum."
- Relatives told us staff knew their relatives well. One relative commented, "They certainly seem to take their time with residents, they all know the residents well and talk to them as they go through the lounge." Another relative told us, "The team seem really focused, they know her inside and out."
- People's protected characteristics were recorded within the care plans and cultural and religious beliefs were respected. For example, the service arranged for a local vicar to come into the service to provide communion to people.

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

- People and relatives were supported to express their views.
- Relatives told us they were always kept up to date with what was happening at the home and with their loved ones.
- People's preferences for their care were recorded within their care plans and discussed with them and/or their relatives if appropriate.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. For example, we observed staff closed people's doors and curtains when supporting them with personal care.
- People were supported to maintain their independence. Care plans detailed what people were able to do for themselves and what they needed help from staff with.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At the last comprehensive inspection in 2019 we found some care plans lacked detail about how care needs were being met and people were not consistently involved in reviewing their care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a person-centred way.
- People's care plans contained information about their preferences and choices and how their care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day.
- People and their relatives were encouraged to be involved in making decisions about their care and support. For example, people's records detailed how people and their relatives had been involved in reviews of people's care. One relative told us, "I speak to somebody every week and they give full updates."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and recorded in their care plans. This helped staff to communicate effectively with people.
- People had access to information in alternative formats if required. For example, all menus were provided in picture format, people could access information in large print and staff used whiteboards and marker pens to communicate with people with hearing difficulties.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities.
- Since the last inspection, the provider had employed an activities co-ordinator who worked to ensure people could do the activities they wanted to do and what interested them.

- During the inspection we observed people were supported and encouraged to take part in a wide range of activities. These included quizzes, ball games and word games. A relative told us, "They've got a lady [activities co-ordinators name]; there is always something going on that's stimulating."
- People's relatives were encouraged and made to feel welcome when they visited. One relative described their experience, "For Christmas we asked if it would be possible for us to come in and have a Christmas meal with him. They put us in the sunroom with crackers and I took in some starters and wine, they provided the turkey dinner it was lovely." Another relative told us about how staff made them feel welcome, they said, "When I took the grand-nephews in they did hot chocolate and KitKats for them."

Improving care quality in response to complaints or concerns

- The provider had systems in place to ensure any concerns were dealt with appropriately. The providers complaints policy gave information about how to make a complaint and the timescales that people could expect to receive a response.
- The manager told us they try to resolve complaints or concerns at the time they are raised by meeting with people and/or their relative to discuss and find a resolution.

End of life care and support

- People's wishes and preferences for end of life had been recorded in their care plans. For example, one person said they would like their teddies around them, soft music playing and where possible, family with them.
- People's families had been involved in decision-making around end of life care where appropriate.
- Staff worked with other professionals to make sure people were well cared for at the end of their lives. This included ensuring appropriate medicines were available to be administered by visiting nurses to maintain people's comfort and dignity.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leadership in the service had improved. However, we need to see these improvements sustained over time to provide consistent leadership.

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

At the last inspection the lack of robust governance systems meant people were at risk of receiving unsafe care. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality monitoring systems, provider and management oversight to monitor the quality and standards of the service, had improved.
- Audits were being used effectively, and action plans produced from audits were used to continually review and improve the service. However, the management team did acknowledge and had identified there was still gaps in records that needed addressing.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team and staff understood their roles and how to deliver a good service.
- The manager was fully aware of their legal responsibilities and was open and transparent. They submitted notifications to the commission for significant events that had occurred at the service, for example accidents and incidents.
- At the time of this inspection the manager had not completed their application to register with the commission. We spoke with the manager about this who told us since they had started at the service, they had been focusing on making the improvements necessary to meet the regulations and provide good person-centred care. Following the inspection, the manager submitted their registered manager application.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider had failed to ensure that people were treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 10.

- Since the last inspection, the management team had worked hard to develop a positive, person-centred culture within the home. People were happy with the care they received and the atmosphere at the service was warm and welcoming.
- Staff treated people with care and kindness. We observed many positive interactions between people and staff. Staff were respectful when talking with people and communicating about people with their colleagues. One person told us, "It's brilliant. The way they look after me is beautiful. No complaints from me."
- Relatives spoke highly of the manager and management team. One relative told us, "The previous management was lacking but under the new management, [manager's name] and [deputy's name], it's much improved." Another relative said, "The new manager is warm friendly and approachable."
- Staff spoke positively about the leadership of the service and told us things had improved since the last inspection.

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 manager was aware of their responsibilities under the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- The provider and manager sought feedback from people and those important to them and used the feedback to develop the service. For example, people were asked for their views about the food and meal experience at the service in response to concerns raised at the last inspection.
- The manager operated an 'open door' policy so anyone could come in and speak to the management team when they needed to. One relative told us, "The manager or deputy manager are always there, they're very noticeable and the admin person is often sat there in the entrance."
- Staff were given the opportunity to discuss their performance and training needs through regular supervisions and received information from the management team through regular staff meetings.

Working in partnership with others

- The service worked with other health and social care professionals to ensure people's needs were met.
- Care records showed input from healthcare professionals regarding the care given to people. For example, people's GP, speech and language therapists and community nurses to maintain people's health and wellbeing and improve outcomes for people.