

# St.Christophers(Glossop)Limited

# Redcourt

## Inspection report

Redcourt  
Hollincross Lane  
Glossop  
Derbyshire  
SK13 8JH

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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?	Good ●

# Summary of findings

## Overall summary

This inspection was unannounced and took place on the 22 January 2016.

Redcourt is a care home situated in Glossop. The service offers personal and social care to a maximum of 20 adults with a learning disability. Some people have associated conditions that may include, autism, dementia, sensory and communication difficulties. At the time of the inspection there were ten people using the service.

Redcourt is required to have a registered manager. There was a manager who was in the process of registering with the Care Quality Commission. 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.

The home was focused on each person and accounted for personal likes, dislikes, needs and preferences. We found staff encouraged people to make their own day to day decisions and staff respected those decisions whilst ensuring and being aware of people's safety.

People were encouraged to take part in activities of their choice. The staff supported each person whilst being aware of promoting their independence.

People's right to privacy and dignity was promoted and respected by the staff.

People were cared for by staff who had demonstrated their suitability for their role. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks.

Staff were aware of the need to keep people safe and protect them from the risk of potential harm. Staff were aware of local safeguarding procedures to ensure any alleged abuse was recorded and reported to the local authority.

The principles and requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been met. Best interest decisions and capacity assessments had been completed when required and were in people's care plans.

Staff received training to ensure they were providing appropriate and effective care and support for the people.

There was good team work being carried out. Staff felt supported by the manager and the management team

Medicines were stored, administered and disposed of safely and in accordance with current guidance.

The home and people's bedrooms were decorated in a manner that reflected the needs and personalities of each person.

Effective auditing systems were in place to assess and monitor the quality of the service. Meetings took place with the people living at the service to collect their opinions and views.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected by safe recruitment practices. Staffing numbers were maintained to ensure people received a safe level of care.

Medicines were stored, administered and disposed of safely and accurate records were kept.

Systems were in place to monitor the quality of the service. Any concerns and risks identified were acted upon.

### Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, to ensure their rights were protected.

People were able to access health and social care services, as and when necessary. People's dietary needs were met and drinks and snacks were available throughout the day.

### Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about people and treated them in a kind and compassionate manner.

Staff took time to chat with people and did so patiently and effectively. Staff treated people with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's care and support needs.

There was a range of stimulating and personalised activities available for people to participate in. People's individual interests and preferences were encouraged.

A complaints procedure was in place and people and their relatives told us they felt able to raise any issues or concerns.

### **Is the service well-led?**

The service was well led.

Staff described the management team as approachable and supportive. Staff felt valued and were aware of their roles and responsibilities.

There was a positive, open and inclusive culture throughout the service. Staff shared and demonstrated compassion, respect and honesty.

People were encouraged to speak up and share their views. There were effective quality monitoring systems to help ensure care provided reflected people's individual needs.

**Good** ●

# Redcourt

## 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.

This inspection took place on 22 January 2016 and was unannounced. The inspection was completed by two inspectors.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team and also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with five people who used the service. We also spoke with two relatives, a social care and a health care professional to obtain their views about the service. We spoke with six staff, a deputy manager and the manager.

We reviewed a range of records about the people at the service along with documents in relation to how the service was managed. This included two people's care plans, staff records, training records and records in relation to the safe management of the home, such as audits and environmental checks.

We reviewed a range of records about the people at the home along with documents in relation to how the home was managed. This included two people's care plans, staff records, training records and records in relation to the safe management of the home, such as audits and environmental checks.

# Is the service safe?

## Our findings

People told us they were happy living at the home and, had done so for many years; everyone told us they felt safe. One person told us, "I feel safe here; it is home and I like it." They went on to tell us, "The staff make sure I am safe." When asked about safety, a relative told us people were, "Most definitely safe." They went on to tell us, their relative had lived at the service for many years and, "It is his home and he is happy." Another relative told us, "[Relative] is safe and has been while living at Redcourt."

Staff we spoke with could tell us how they supported each person individually and how care was centred around each person's individual needs. We asked staff how they would respond if they believed someone at the service was being abused or if they disclosed abuse to them. Staff were very clear in relation to their roles and responsibilities with regards to reporting concerns of abuse and said they would have no problem in reporting to the relevant authority. All the staff were aware of their roles in protecting and promoting the rights, choices and dignity of the people.

We looked at staff recruitment files and saw the required checks had taken place prior to staff working at the home. We found that staff files contained evidence of all of the required pre-employment checks being carried out. This included written references, evidence of the applicants identity and Disclosure and Barring Service (DBS) checks. These checks helped the provider to ensure staff were of good character and suitable to carry out work with vulnerable people.

One person told us how staff supported them to keep them safe. They told us that staff supported them to shower, they told us, "I might fall, so they [staff] stay with me so that doesn't happen". We saw risk assessments had been completed for different activities and these were kept in people's care plans. Risk assessments were reviewed and changes put in place to minimise future risks. We saw the assessments had been discussed with individuals and if they were able to, they signed them. Information is shared amongst staff so everyone is up-to-date with changes in needs and risks. This meant there was a consistent approach to risk management and keeping people safe.

. A relative told us, "Generally there's enough staff on duty; [Relative] needs are always met." Another relative told us, "There seems to be enough staff." Staff told us there were enough staff to meet people's needs and support them with their chosen activities. We saw there were enough staff on duty to meet people's individual needs and keep them safe. Any requests for support or assistance were met as and when people needed it.

During our inspection we saw the environment was safe and well maintained. People were happy to show us their bedrooms, which we found to be clean and safe. The manager told us some people's needs had changed and this had meant they had moved to a bedroom downstairs. The move meant people did not have to use the stairs and this reduced personal injury due to risk of falls. Staff were able to show how they supported people safely and in a way which reflected information contained in their care plans. We looked at care plans and saw risks had been identified and assessed and were evaluated in a timely manner. We saw care plans included information for emergencies and ill health. We saw personal emergency evacuation

plans (PEEP's) were in place for each person.

We found at this inspection, people received their medicines as prescribed and at the time when they were required. One person told us, "Staff do my tablets and I prefer that." We looked at the medicines administration record (MAR) and found people were given their medicines in a timely manner. Medicines were stored suitably and securely. Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff told us they did not give anyone any medicines until they had completed the training. This meant that medicines were given to people as prescribed and they were managed and stored in a safe way.



# Is the service effective?

## Our findings

At the time of our inspection, people told us they were happy with the care provided. People felt their needs were being met. One person told us, "Staff are good and they look after me." A relative told us, "It is clear that the staff know what they are doing."

One staff member told us there was, "Lots of training, which embeds appropriate behaviour and expectations." They went on to tell us they, "Support new staff to settle in and make sure they are prepared." Staff participated in training required to deliver effective and safe care and training deemed necessary to meet the needs of the people. Staff who administered medicines had participated in training and completed competency assessments with the deputy manager. This meant staff had been provided with support to deliver effective care to meet the needs of the people.

Staff were mindful of including each person in day-to-day decision making. For example, people were offered choice regarding what clothes they wore, what activities they wanted to do and what they ate at mealtimes. We saw, when required, capacity assessments had been completed and people's views and beliefs were included and taken into account when making any best interest decisions.

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We asked manager and staff to tell us what they understood about the MCA and DoLS. One staff member told us they received training about the MCA and DoLS and recognised the need to balance choice with protecting people from avoidable harm. Another member of staff told us how, they involved people in decisions about their care and support. Staff and the manager told us they had received training on the MCA and DoLS and training records confirmed this. We checked whether the service was working within the principles of the MCA and whether any authorisations to deprive a person of their liberty had been made. We saw the manager had made appropriate applications for all the people living at the home to the local authority for assessment and authorisation.

There was information in people's care plans regarding mental capacity assessments and whether decisions made were in the person's best interests. This indicated people's consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

We saw people had been involved in the development of their own health action plans. The plans were centred on the person's own specific needs. A health professional told us staff made timely referrals to them for advice and guidance when people's needs changed. We saw referrals were made when necessary for people to health professionals for specialist support and guidance. For example, the dementia nurse, dentist, dietician and speech and language therapist. Staff told us they responded quickly if people's needs change or their health needs declines. We saw people were accompanied to attend health appointments as well as being supported to be included in discussions with other professionals.

Staff were seen and heard to offer people choices at mealtimes. Staff were aware of promoting an inclusive approach to people. For example, at lunchtime we saw one person required a special diet following assessment by a health care professional. A staff member ensured the person was included in choosing their meal and was heard to explain to the person the consistency needed and the reason why. This showed, staff were aware of how they were able to include people in choices relating to their care and support.

People told us they liked the food and they were able to make choices and suggestions as to what they would like. Throughout our inspection, we saw and heard staff offer people drinks and snacks and assistance was given when people required it. People's nutritional needs were being met by a varied and balanced diet. People were included in menu planning and we saw one person accompanied the cook to carry out shopping. Meals were provided at times to suit people in the home and others on their return from their chosen activity. Staff fully understood people's dietary needs, choice and preferences and followed instructions from professionals concerned with people's nutritional needs. This included providing people with the correct type and consistency of food, where it was necessary.

# Is the service caring?

## Our findings

One person told us, "Staff are good and they help me when I need help." One person's relative told us, "Staff are extremely caring." They went on to tell us the staff helped their relative to stay in touch with them. Another relative told us, "Staff are lovely and very caring." They went on to say their relative was happy living at the home and this was reassuring to them. A social care professional told us the staff were caring and ensured people were looked after and needs were met.

One person told us "I like it here; [staff member] is my key worker he comes on holiday with me." Some staff had supported people for many years and had developed strong relationships with people. This was observed during our inspection with lots of positive and supportive interaction between staff and people. Staff took time to sit and chat with people to ensure individual choices and preferences were understood.

We looked at how staff interacted with the people. We saw relationships between staff and the people they cared for were positive and equally respectful. We saw and heard staff supported individuals in a caring and compassionate manner. As some people were living with dementia, the staff had to take extra care and time to speak with them to confirm understanding. We saw staff took time to ensure people understood what was happening in a friendly and reassuring manner.

Staff were clearly knowledgeable about each person they supported; the staff understood how to support each person to communicate their needs, views and preferences. Staff knew how to give people information in a way that allowed them to make their own decisions. We heard staff take their time to ensure people understood what had been said to them. We also saw and heard staff check with people to make sure the staff understood. The manager and staff were aware of promoting person centred working and we saw care records reflected this.

We saw staff respected people's right to privacy and dignity. Some people's bedroom doors had a 'do not disturb' sign on them and we saw staff respected this when it was showing. An example was before staff entered anyone's bedroom, they knocked on doors, announced their presence and waited to be invited in. We also saw people were given an option of staying in bed later in the mornings.

Each person's bedroom was personalised to reflect their personal choice, personality and interests. Bedrooms were very much people's own space and reflected their personal choice. As there were some empty bedrooms, some people had made their own personal lounge where they could spend time on their own relaxing. Some people chose to have a lock with a key for their bedroom door. This gave them added independence and the right to privacy.

We saw the Derbyshire Dignity Award had previously been awarded to the provider and staff. This showed us there was an understanding of the importance and awareness of upholding people's dignity.

Throughout our inspection we saw and heard staff chatting and engaging people in a kind, compassionate

and thoughtful manner. For example, staff took time to sit and chat to people about things of their interest. A group of people sat with a staff member to make some decorations for a Chinese New Year party. Whilst making the decorations, the staff member could be heard chatting and including everyone.

## Is the service responsive?

### Our findings

People were very complimentary about staff and the way they were supported. People told us they were supported to follow personal interests. One person told us, "I go out a lot; I go to the cinema and I go out on the train and I sometimes go to the pub with [staff member]." Another person told us they had been out shopping and showed us the ornaments they had bought for their bedroom. This person was proud of their bedroom and took great pleasure in showing it to us and telling us about the ornaments they had bought.

People told us, and we saw, they were involved in every aspect of their day-to-day life as well as their care and support. People were encouraged to speak with the staff and discuss any concerns they may have or anything they would like to do. We saw staff took time to ensure people were listened to. For example we saw, a number of people were heard to ask, "Who is on later?" And, "Are you working tomorrow?" Each time staff took time to answer people's questions. One person was known to become quite anxious if they didn't know who was working each day. The manager and staff had recognised this and ensured each day a rota was produced for the person. A staff member would then sit with them and go through the rota. This reassured them and gave them the opportunity to plan their day.

During the morning of our inspection some people chose to go out to the local town to do some shopping. Prior to going out we saw the staff discretely remind people to wear footwear and clothing, which met their needs, preferences and personal choice as well as the inclement weather conditions. This discrete prompt was an example of staff being aware of promoting people's dignity and self-esteem.

Relationships with family and friends were encouraged and there was no restriction or specific visiting times. One person told us staff helped them to stay in touch with their family member and this was important to them. A relative told us they were always welcomed when they visited. They told us, staying in contact was important to them and their family member and staff encouraged and supported this. Another relative told us the staff always made them welcome when they visited; they also told us the staff also took their relative to see them at their home. This showed us, where possible, family relationships were supported and maintained by the staff.

We asked people if they had any complaints, what they would do. One person told us, "I would tell [staff]; but I don't have any complaints." Another person told us, they knew who they would talk to if they were worried or unhappy with anything. They went on to tell us they had, "Nothing to complain about". A relative told us they knew how to and who to complain to, but had no cause to. They went on to tell us, "I am happy to speak up if and when things arise, but I have no concerns to mention." Another relative told us, "I am completely satisfied and have no complaints." They assured us they knew how to complain, but had no concerns.

We saw information about how to complain was in an accessible format of pictures and words so people knew how and who to complain to. Although no formal complaints were recorded, there were systems in place for any concerns or complaints to be formally documented and followed up by the manager. This showed us arrangements were in place to address any concerns and complaints.

One person was happy to sit and discuss their care plan and shared with us their sense of pride at being part of the care planning process. Their care plan showed they were at the centre of their own care and they showed us how they had been involved in discussions regarding care, along with risk assessments. We saw care plans were detailed, informative and in an easy to read format. We saw care plans were routinely reviewed and updated. Each care plan was personalised and reflective of each person's individual needs and included risk assessments and health needs' assessments.

Each person's care plan was person centred and included lots of important and relevant information as well as collections of photographs and pictures. Where possible, people had contributed to the development of their care plans. An example we saw was in relation to attending a health care appointment. We saw the person had been supported to attend an appointment and photographs had been taken. This was then used to reassure and support the person with subsequent appointments. This indicated staff knew the importance of involving people in their care and care planning.

As people had variable levels of verbal communication, staff had developed individualised information to help and assist people and staff with communication. We also saw people had information relating to their own, 'circle of support'. This information placed the person at the centre and then linked together people who were important to them. For example, key staff members, family members and specialist health professionals. This showed us the staff were aware of providing personalised information.

## Is the service well-led?

### Our findings

People, relatives and professionals told us they were satisfied with the care being provided at the service. One person we spoke with told us, "[Staff] are brilliant." The person told us, "This is my home and I like living here." A relative told us the manager, "Listens." They told us the manager was always very helpful and this gave them reassurance that their relative's needs were being met. The relative told us they were always kept informed of any changes at the home and said, "[Relative] has the best care ever; this is the right place for him." Relatives also told us, they had been kept involved and informed of the future plans of re-development of the grounds at the home.

Staff told us they felt fully supported by the manager and the management team. All the staff we spoke with told us the management team worked together to ensure the home ran smoothly. One staff member told us the management team, "Work well and listen to staff." Another staff member told us, "We all work together to make sure people are looked after." A third member of staff told us staff meetings took place. They told us that, as part of the meetings, they would discuss any topical and current themes. For example, we saw discussions and a newspaper article with reference to calling people 'pet names' and whether this was appropriate. This showed us the staff and management were aware of keeping their practice current.

The manager told us how they kept up to date with working practices and looked towards best practice. They told us they hoped to, "Work together as a team to give people a life they want and deserve." The manager recognised people's aims and aspirations were important and said they and the team worked towards fulfilling those aspirations.

We saw people who lived at the home were asked for their views about the service being provided to them. There was an annual questionnaire for people and their relatives. People also had regular opportunities to be involved in decisions being made about the service and their care.

The manager had taken appropriate and timely action to protect people and ensured they received necessary care, support or treatment. We saw records and documentation were in place to review and monitor any accidents and incidents. This helped identify any patterns or trends and ensured any necessary action was taken to reduce the risk of it happening again. The manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the service had also informed other relevant agencies of incidents and events when required. The service had effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the appropriate care and support they needed.

There were clear arrangements in place for the day-to-day running and management of the service. The manager told us they were supported by a network of staff who worked together and enabled them to provide a good service to people. The manager understood their responsibilities and knew written notifications, which they are required by law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a safeguarding concern or significant event.

Staff reassured us they knew and understood their roles and responsibilities. They told us they felt supported by the management team at the home. A member of staff told us they were confident raising any worries or concerns they had to any member of the management team. Another member of staff told us they had confidence any concern or complaint was taken seriously. The manager told us they promoted a supportive and open culture. They went on to tell us, "I try to and aim to be, open, supportive and transparent." We saw evidence of staff having received regular formal supervision and annual appraisals.

Our observations and conversations with the staff demonstrated they understood the provider's vision and values for the service; promoting equality, dignity, respect and independence of people. One staff member told us, "The people at Redcourt always come first. We are here to support and care for them." Staff understood how to raise concerns and how to communicate any changes in relation to people's needs. For example, staff understood the importance of reporting and recording any incidents, accidents or any changes to people's health. This meant, people and their relatives could be confident the manager and the staff took their needs and any changes seriously.

We saw there were effective quality assurance systems in place to monitor and review the quality of the service being provided. The management team carried out regular audits of all aspects of the service including care planning, infection control and medicines to ensure any areas of concern were identified and when required, improvements were made.