

# Community Integrated Care Redmayne House

## Inspection report

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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

Redmayne House is a care home for people who have a learning disability and is run by Community Integrated Care (CIC). The home is a purpose built bungalow with ensuite bedrooms that have been maintained and furnished to high standards. There are adapted bathing facilities for people with limited mobility. An adapted vehicle and large well-kept garden areas are available for people's use. It is located close to local amenities of Wigton.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

This inspection visit took place on 02 August 2017 and was announced.

The registered manager had systems to manage accidents and to maintain people's safety and wellbeing. Care files of people who lived at Redmayne House contained risk assessments to guide staff to protect people from unsafe support in the home and when out in the community. Staff demonstrated a good awareness of reporting procedures if they suspected abuse or poor practice and had received appropriate training. One staff member said, "I have in the past had to use the procedures and was confident in what the process was."

We found staff managed people's medicines, with a safe and supportive approach. The provider ensured staff had up-to-date information, training and competency testing to underpin their skills and understanding of medication procedures. Staff confirmed that only trained personnel supported people with their medication.

We found recruitment checks were carried out to ensure suitable people were employed to work at Redmayne House. There were sufficient staff to meet people's needs on duty at the time of the inspection visit. By talking with staff and looking at staff individual training records we found they had been appropriately trained and supported.

Care plans were in place detailing how people wished to be supported and how their independence would be encouraged. People who received support or where appropriate their relatives/advocates were involved in decisions and consented to their care.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Care records we looked at described people's food preferences and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. This was a small home and with four people living at Redmayne House at the moment choices of meals were daily. One staff member said, "Today we are going out for lunch, we do it quite a lot."

We found people had access to health and social care professionals and their healthcare needs were met.

Relatives we spoke with told us staff and the registered manager had a caring, respectful and supportive manner. For example one relative said, "Exceptional caring attitude of all the staff."

The registered manager had a complaints procedure which was made available to people on their admission to the home and their relatives. No complaints had been received. Relatives told us they were aware of who to talk with if they had any concerns.

The provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff handover meetings and relative/resident surveys to seek their views about the service provided. In addition any suggestions or ideas to improve the quality of care for people were implemented. This was confirmed by talking with staff, relatives and records we looked at.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Redmayne House

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

The inspection visit was undertaken on 02 August 2017 and was announced. We gave 48 hours' notice of the inspection to ensure people who lived at the home, staff and visitors were available to talk with us. The inspection team consisted of one adult social care inspector.

We met the four people who lived at Redmayne House. However due to their complex needs people who lived at the home were not easily able to express their views. We did speak with two relatives, the registered manager, area operations manager and three staff members. Prior to our inspection visit we contacted the commissioning department at the local council. We did not receive any information of concern about the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We looked at care records of one person who lived at the home, staff training and two staff recruitment records and arrangements for meal provision. In addition we looked at staffing levels and records relating to the management of the home. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

Family members we spoke with told us they were happy in the knowledge their relatives were well cared for and safe living at Redmayne House. One relative said, "We have no concerns about the safety of [relative]. The staff are always around and look after the people well."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. One staff member said, "I have in the past had to use the procedures and was confident in what the process was."

Care plans we looked at contained risk assessments. These had been completed to identify the potential risk of accidents and harm to staff and people who lived at the home. Risk assessments provided instructions for staff members when delivering support for people. In addition risk assessments were in place for when people were out in the community. For example if people were at risk of falls, plans were put in place to reduce the risk such as walking aids. Care records contained instruction for staff to ensure risks were minimised, these had also been reviewed on a regular basis.

We checked staff files and found staff had been recruited safely, appropriately trained and supported by the management team. One staff member said, "The process for recruitment and induction training was really good and I felt well supported." Staff had skills, knowledge and experience required to support people with their care and social needs. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw members of staff were in attendance in the communal areas to provide supervision and support for people who lived at the home. People who lived at the home were getting ready for their daily activities that included the local day centre and a trip into the local town shopping and lunch.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored individually in people's bedrooms in locked facilities.

The registered manager had audits in place to monitor medicines procedures. These meant systems were in place to check people had received their medicines as prescribed. Medication documentation checked for two people were up to date and correct. Staff confirmed to us only staff who had received training were identified to administer medicines.

We had a walk around the building and found all areas were clean and maintained. A staff member said, "We all help out with the cleaning and keep it spotless." A relative said, "The place is really kept clean and tidy."

# Is the service effective?

## Our findings

Relatives we spoke with were more than satisfied their family members who lived at Redmayne House were cared for by competent trained staff. Comments we received evidenced this. They included, "The staff know exactly what [relative] needs are and we feel confident all the staff have the right skills to care for [relative]." Another relative wrote in a survey, 'The thought and planning that goes into outings and holidays to make life interesting for people is so good. They know what they are doing.'

The provider delivered an extensive training programme for staff. This was confirmed by discussions with staff members and individual training records we looked at. They included induction training, basic life support, safeguarding, environmental safety, infection control and medication. This was supported by regular staff supervision and appraisal, intended to review their personal and professional development. Staff confirmed they received regular supervision sessions with the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working at the home make sure people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one.

Redmayne House had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. One staff member said, "We all chip in together and keep everywhere clean. We have undertaken our 'food and hygiene' training as well."

Care records we looked at described people's food preferences and any allergies. Staff were aware of people's cultural and health needs in relation to their diet. This was a small home and with four people living at Redmayne House. Choices of meals were obtained daily. One staff member said, "Today we are going out for lunch, we do it quite a lot." One person who lived at the home was excited at the prospect and smiled with the staff member and said, "Like lunch out." We checked stocks of food and drinks and found plenty of fresh produce and food supplies. One staff member said, "We have no restriction with food and get what we want."

People's healthcare needs were monitored and discussed with the person. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals such as clinical psychologists. Records in care plans we looked at were informative and had documented the reason for the visit and what the outcome was.

We looked around the building and grounds and found they were appropriate for the care and support provided. The garden area was suitable for the use of people who lived at the home. Wheelchair access was available for people so that they could sit out in the garden area. A small patch of the garden was for growing flowers and vegetables. One staff member said, "[Resident] likes to come out and plant in the garden at times." A relative we spoke with said, "It is a lovely garden area and we sit out a lot it is very pleasant."



# Is the service caring?

## Our findings

Family members said about the care of their relatives, "Exceptional caring attitude of all the staff." Another said, "They are so patient and caring towards people. We are so pleased [relative] lives at Redmayne." We looked at several comments received about how people were cared for at Redmayne House, they were positive, for example one person wrote, 'We have to thank the staff for the way they give their time and effort in such a caring and respectful way to all the people who live at the home.'

When we arrived people who lived at Redmayne House were getting ready for the day ahead and going about their normal routines. We observed staff interacted frequently and enthusiastically with people. People were not left without support and staff were attentive and sensitive to people's needs. For example one person was getting ready to go to the local day centre. Staff were talking with the person about the day and supporting them in the transport. The person who lived at the home was smiling and looking forward to the day.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We found by our observations staff consistently maintained people's dignity and privacy. For example, they always knocked on bedroom doors before entering. They always shut the door to bathrooms when supporting people with personal care needs. Staff explained to us the importance of treating people with respect and as an individual.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details about advocacy services. Also one person who lived at the home had the support of an advocate. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff.

## Is the service responsive?

### Our findings

From our observations and talking with relatives and staff it was clear people were supported and encouraged where possible to make decisions themselves. Although we had limited discussion with people who lived at the home it was evident they were encouraged to make their own choices of how to spend their time. For example two people were getting ready for going out for lunch and some shopping. They were clearly excited at the prospect of going out for lunch with staff. Staff interacted with enthusiasm talking about the event and what they were planning for the day ahead.

People who lived at the home received a personalised care service which was responsive to their needs. We found from our observations and talking with relatives and staff, support and care was focussed on them and they were encouraged to make their views known about how they wanted their care provided. A care plan we looked at was reflective of the person's needs and had been regularly reviewed to ensure it was up to date. Staff spoken with were very knowledgeable about support people in their care required.

The service had a complaints procedure which was made available to people and relatives on their admission to the home and on display in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. No complaints had been received since the previous inspection.

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication.

# Is the service well-led?

## Our findings

Redmayne House had a registered manager in place. 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.

Relatives told us the home was run well and organised to meet the needs of people who lived there. Comments included from a relative, "[Registered manager] is great she does a fine job in running a well organised home." Staff told the home runs for the benefit of the people who lived there. One staff member said, "It is run well and we all put the residents first."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of people they supported. Staff were positive in their comments about support provided from the management team.

The registered manager had procedures in place to monitor the quality of service provided. Regular audits had been completed. These included reviewing care plan records, the environment and medication. A recent care plan audit identified not all care plans had been signed off when updated. This was now actioned by the registered manager and implemented by staff. This demonstrated the service was monitored and improving the way care was delivered for people who lived at the home.

Staff meetings and daily 'handover' meetings were held to discuss the service provided and the day's events. A staff member said, "We are looking to do more staff meetings on a regular basis. However to be truthful the manager is always available and because we are a small family unit we speak all the time."

The registered manager had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of relatives/residents in the form of surveys and questionnaires'. The 2016 survey was very positive in terms of responses of how care and support was delivered. For example comments included, 'I think they all do a first class job'. Also, 'We appreciate the hard work the staff and management do in catering for the needs and preferences for each person.'

The management team worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals such as General Practitioners, psychiatrists and social workers. They also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.

