

Redcot Care Limited

# Redcot Lodge 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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

Redcot Lodge is a residential home in Cliftonville and has close public transport links. The service offers short and long term residential care for up to 18 people over 65 years old. There is a well maintained, secure garden at the rear of the premises. On the day of the inspections there were 17 people living in the service.

The service was run by two registered managers who split the workload between them, however, one of the

registered managers had recently left the service and a manager had been employed who was working closely with the registered manager with a view to registering with the Care Quality Commission (CQC). The service is currently run by a registered manager who was also the registered provider and was present on the days of our

# Summary of findings

inspection. The registered provider is a 'registered person' who has 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 that they felt safe living at the service. People looked comfortable with each other and with staff. Staff understood the importance of keeping people safe and knew how to protect people from the risk of abuse. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Recruitment processes were in place to check that staff were of good character.

People were not fully protected from the risks of avoidable harm and abuse. Potential risks to people were identified and assessed but guidelines for staff were not always available, detailed or clear.

People told us that staff were sometimes rushed and that their call bells were not always answered in a timely manner. One person said, "It takes a while to answer call bells at night". There was a risk that people may not receive the care and support they needed because the provider failed to deploy sufficient numbers of suitably competent, skilled and experienced staff to keep people safe and meet their needs.

Staff told us that training was offered to them that was relevant to the care needs of the people they were looking after. Staff had received initial training but refresher training had not always been completed.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. One person told us, "I enjoy the food. I can't believe sometimes how much we get. I don't remember being asked what I would like today but I had a salad and there was an awful lot of it but I did eat it all". Meals looked appetising and were well presented. People's physical health was monitored and people were supported to see healthcare professionals, such as doctors and chiropodists.

The registered manager and staff understood how the Mental Capacity Act 2005 was applied to ensure decisions made for people without capacity were only made when this was in their best interests. The CQC monitors the

operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Arrangements were in place to check if people were at risk of being deprived of their liberty and to meet the requirements of DoLS.

Staff were kind, caring and compassionate and knew people well. People were encouraged to maintain their independence. People were happy with the standard of care at the service. People and their loved ones were involved with the planning of their care before they moved to the service. One person said, "They [staff] are very nice people" and another commented, "They treat me really well here".

Each person had a care plan but these were not fully person centred and did not always give staff the guidance and information they needed to look after the person in the way that suited them best. Information in care plans was not completed and updated consistently.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used concerns and complaints as a learning opportunity and discussed them openly with staff.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed. The risk of social isolation was reduced because staff supported people to keep occupied with a range of activities which included singing, crafts and exercises.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager and manager worked with the staff each day to maintain oversight and scrutiny of the service. People told us that the service was well run. Staff said that the service was well led, had an open culture and that they felt supported in their roles.

There were systems in place to monitor the quality of the service. However, reviews and audits of care plans and associated assessments had not been completed consistently.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People told us that they felt safe living at the service. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

People were supported to live in a safe environment because the service were checked and maintained. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

Risks to people were identified and assessed but there was not always clear guidance in the care plans to make sure that staff knew what action to take to keep people as safe as possible and make sure people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. There was a risk that people may not receive the care and support they needed because the provider did not always deploy sufficient numbers of suitably competent, skilled and experienced staff to keep people safe and meet their needs.

Requires improvement



### Is the service effective?

The service was not consistently effective.

Staff received induction training and initial training but refresher training had not always been completed. Staff had not received appropriate training as was necessary to enable them to carry out the duties they were employed to perform. The registered manager held formal supervision meetings with staff.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People's nutritional and hydration needs were met by a range of nutritious, home cooked foods and drinks. The building and grounds were adequately maintained and the provider had an on-going plan to improve the environment.

Requires improvement



### Is the service caring?

The service was caring.

Staff were patient, kind, caring and compassionate. Staff understood and respected people's preferences and individual religious and cultural needs.

Good



# Summary of findings

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

## Is the service responsive?

The service was not consistently responsive

Each person had a care plan. These were not fully person centred and did not always give staff the guidance and information they needed to look after the person in the way that suited them best.

A range of activities were available. Staff were aware of, and respected, people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. A suggestions box was in use for people, relatives and staff.

**Requires improvement**



## Is the service well-led?

The service was not consistently well-led

Records were not suitably detailed, clear or accurately maintained. Quality assurance systems were in place but had not been consistently completed. Reviews and audits of care plans had not been completed effectively.

The registered manager had notified the CQC of events in an appropriate and timely manner.

People and staff were positive about the leadership at the service. There was a management structure for decision making which provided guidance for staff. Staff told us that they felt supported by the registered manager and manager. There was an open culture between staff and management.

**Requires improvement**



# Redcot Lodge 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 and 24 September 2015 and was unannounced. This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR

along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with ten of the people living in the service. We met and spoke with two relatives who were visiting their loved ones. We spoke with the cook, domestic, care staff, the manager and the registered manager. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed care plans and associated assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected Redcot Lodge Residential Care Home in June 2013 when no concerns were identified.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. People looked comfortable with each other and with staff. One person said, "When I first arrived here the staff did everything for me but I told them I was able to do some things myself. I now have a bit of help with washing and maybe dressing but staff let me do my own thing. If I need help I will ask for it and I know they will help me. It makes me feel safe, knowing that I can ask". Another person commented, "Without a doubt I am safe".

People were not fully protected from the risks of avoidable harm and abuse. Potential risks to people were identified and assessed but guidelines for staff were not always available, detailed or clear. When people had difficulty moving around the service the guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible was not consistently documented. For example, when one person moved into the service it was noted that they had a history of falls. The care plan noted that the person needed 'Hoist and 2 staff'. A moving and handling assessment noted that the person was 'No risk of falls and minimal assistance'. A falls risk assessment for this person showed 'independent mobility' even though they needed support and had a history of falls.

Accidents and incidents that happened, like people falling, were recorded by staff. There were no systems in place to analyse accidents and incidents to identify any patterns or trends so that action could be taken to reduce the risk of events happening again.

Care and treatment was not provided in a safe way because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People told us that staff were sometimes rushed and that their call bells were not always answered in a timely manner. People said, "The staff are always happy and smiling but I wish they didn't have to rush around as much", "Sometimes if I press the call bell at night, it seems to take a while, but I know there are a lot of ladies here and ladies always need more help" and "I need help with everything but they are always rushed, they have so much to do, they

shouldn't have to work like that". A new call bell system had recently been installed and the registered manager was able to review how long people had to wait for their call bell to be answered. During our inspection call bells were answered in good time.

There was no process in operation to decide how many staff were required to keep people safe and meet their needs. There were 'dependency assessments' in place for some people but there was no overview of these. For example, when the registered manager assessed a new person to move into the service they did not take into account whether the existing number of staff could support an additional person. Some people needed the support of two staff. The registered manager had recognised that there were times that staff were rushed and had an additional member of staff working between 08:00 – 11:00. During the remainder of the day and night there were only two staff on duty. The manager was on duty during the day. The manager and registered manager were not at the service at weekends. There were plans in place to cover emergency shortfalls, such as sickness. During the inspection we observed the lunchtime period. We noticed that one person, although they were trying to eat, waited a long time for a member of staff to assist them with their meal. Another person told us that they were quite mobile but, "If I do need something I have to go and find someone".

The provider had been trying to employ new staff. Current staff had been flexible in covering shortfalls in the meantime. An update to the provider's sickness policy had reduced the number of hours staff were sick.

There was a risk that people may not receive the care and support they needed because the provider failed to deploy sufficient numbers of suitably competent, skilled and experienced staff to keep people safe and meet their needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff understood the importance of keeping people safe. There were systems in place to keep people safe including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Some staff had not received refresher training on safeguarding people for a number of years but staff we spoke with were able to identify the correct procedures to follow should they suspect abuse.

## Is the service safe?

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

People told us that they received their medicines at the right times. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Staff who supported people with their medicines were trained to do so. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for people. Staff signed the MAR when they gave people their medicines. The medicine trolley was clean, tidy and not over-stocked. Stock was rotated so that it did not go out of date.

Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects. Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance.

People were supported to live in a safe environment because all areas of the service were checked and regularly maintained. Staff carried out regular checks of the equipment. This made sure people lived in a safe environment and that the equipment was safe to use. The service was clean, tidy and free from odours. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were well

maintained. Bins were lined so that they could be emptied easily. Outside clinical waste bins were stored in an appropriate place so that unauthorised personnel could not access them easily.

People's rooms were well maintained and people told us they were happy with the cleanliness of the service. The registered manager had a 12 month plan in place for on-going refurbishment and redecoration of the service.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) in place so staff knew how to evacuate each person if they needed to. A PEEP sets out the specific physical and communication requirements that each person had to ensure that people could be safely evacuated from the service in the event of an emergency. In the case of an emergency there was an emergency telephone, torches and bottled water.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. The registered manager made sure that any gaps in people's employment were explained. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Copies of job descriptions and the employee handbook were issued to staff when they joined the service.



# Is the service effective?

## Our findings

The provider did not have a system in place to ensure staff received the training they needed to perform their duties. The registered manager kept a training record which showed what training had been undertaken. Staff told us that training was offered to them that was relevant to the care needs of the people they were looking after. Staff had received initial training but refresher training had not always been completed. For example, the training record showed that training, such as moving and handling, had not been completed by three staff in the last two years. Only four staff had completed training on infection control and on fire safety awareness in the last two years. The registered manager was aware of these shortfalls and had some training courses booked. The registered manager told us that they had been trying to have three staff on a course at a time and that those staff then told others what they had learned. However, these staff were not trained to deliver training.

Staff had not received appropriate training as was necessary to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff had an induction into the service when they first began working there. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were encouraged and supported to access on-going professional development by completing vocational qualifications in care for their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff told us that they felt supported in their roles.

The registered manager coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these

occasions. Staff told us that the registered manager was regularly in the service and that they would raise any concerns with the registered manager or manager at the time.

Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts were completed but these were basic and there was a risk that staff may not be kept up to date with any changes in people's needs.

When people were unable to give valid consent to their care and support, staff at the service acted in accordance with the requirements of the Mental Capacity Act 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. When people were not able to make major decisions, appropriate consultation was being undertaken with relevant people such as GP's and relatives to ensure that decisions were being made in the person's best interests. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), this was documented and noted on the front page of people's care plans so that the person's wishes could be acted on.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. Two applications had been made to the local authority and were awaiting assessment and outcomes.

The service had an overt surveillance closed circuit television (CCTV) in place which focussed on entrance / exit points. There were large notices throughout the service to show that CCTV was in operation. The registered manager said that people and their relatives were consulted about the installation of CCTV. A 'Needs Assessment and Policy'



## Is the service effective?

had been completed and took into account the need to ensure people's privacy was protected at all times. People told us that they knew the CCTV was there and did not mind it. A relative gave written feedback to the registered manager noting 'The installation of CCTV and the new call bell system are great ideas'.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Drinks and snacks were available throughout the day. The cook spoke to each person during the morning to ask what they would like for lunch. The cook told us that cakes were baked most days which people really enjoyed and that they discussed with people if they would like to try something different. They told us, "We recently trialled curry. I was quite surprised how much people enjoyed it".

When we asked people about their meals their comments were positive. People said, "There is always plenty to eat", "I like the food and there's plenty of it, but I like old favourites not fancy stuff like ravioli", "I like roast which we have on Wednesday and Sunday and things like cheese salad, things I always enjoyed really" and "I really enjoy my food my favourite is roast and it's pork today, although lamb is my best favourite". Another person commented, "I like salad but I like it with dressing, you know like salad cream but we don't get it like that" and went on to say "I had pasta the other day, which I don't usually enjoy, but it was really nice".

We observed lunchtime, which was a very social occasion, and people appeared to enjoy their food. The food was hot and well presented. Some people sat together at small tables in the dining room and there was a relaxed atmosphere. Other people chose to eat in their own room which staff respected. Small blackboards were on the tables in the dining room displaying the menu options. People said that there was always plenty of choice with ample fresh fruit and vegetables.

People maintained good health because people's health was monitored and the staff worked closely with health and social care professionals including: doctors, dentists and community nurses. People were supported by staff to attend appointments with their doctors, dentists and other health care professionals if the person agreed. Referrals were made appropriately to health professionals, such as dietary and nutritional specialists, when needed.

People's health was monitored and care provided to meet any changing needs. When people's health declined and they required more support the staff responded quickly. People had access to health care professionals to meet their specific needs. Visiting professionals like district nurses went to the service on a regular basis and were available for staff if they had any concerns. People told us that staff responded promptly when they needed to see a doctor or other health professional. The registered manager was working closely with a health professional to reduce the risk of people developing pressure sores. An audit had been completed to make sure people had the right equipment in place, such as beds with air flow mattresses and special cushions to sit on. These reduced the risk of pressure sores and supported people to maintain healthy skin.

The staff had a good working relationship with the local paramedic practitioner. This stemmed from a scheme aimed to reduce the number of unnecessary admissions to the Accident and Emergency department at the local hospital. Additional training from the paramedic practitioner on how to monitor blood pressure and urinary tract infections had been arranged.

The design and layout of the service was suitable for people's needs. The building was adequately maintained. The garden was well maintained and the registered manager told us how much people had enjoyed sitting in the garden during the good weather. One person told us, "I love the garden and I can see it really well from my window, although I can't get out there now".

All the rooms were clean and spacious. Carpets were clean. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family.

One person said, "My room is comfortable, it's clean and tidy and can look out into the garden". Another person told us that they had been asked if they would like their room decorated and what colour they would like. They said that they were pleased that they had been asked and were very pleased with the result. Another person told us that they had also been asked about decorating their room. They said, "I told them green was my favourite and doesn't it look nice. Bed linen and carpets matched and people were pleased with their surroundings.

# Is the service caring?

## Our findings

People were happy living at the service and said that they received the care they wanted in the way they preferred. People told us they had the freedom to be independent and were able to go out when they wanted to. People said, "I told them I wanted to do some things myself and they respected that", "If I need help I know I can ask for it" and "I want to be as independent as I can. I am always asked if I want to stay in the lounge after lunch and sometimes I do but then I ask if I can go back to my room to be alone and that is ok too". A relative said, "The staff are great".

There was a good level of engagement between people and staff and people felt empowered to express their needs. People valued their relationships with the staff team and they spoke highly of individual members of staff. One person said, "They [staff] are all very nice people. I can't believe how good it [the service] is". Another person commented, "Being woken up with a cup of tea, porridge and a nice smile it all makes me feel so good".

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking that people were happy and having their needs met. Staff were patient, giving people time to respond. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives and they were sensitive to their needs. People were relaxed in the company of each other and staff.

Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff had knowledge of people's individual needs and showed people they were valued. Staff made eye contact with people when they were speaking to them. Staff displayed caring, compassionate and considerate attitudes towards people. Staff were observant and noticed if people were distressed or in discomfort and took action to reassure or comfort people. During our inspection one person became quite agitated because they wanted to speak to their family. Staff reassured them and supported them to make the phone call.

People were supported to make choices and to maintain their independence. People told us that they chose what to wear each day, what they wanted to eat and what they wanted to do throughout the day. One person had recently moved to the service and said, "I get care for washing and

dressing but wonder if I could perhaps do some things myself". They continued to say that they would ask staff if perhaps they could have a try whilst they were with them as this would make them feel safe if they couldn't do it. People were encouraged to stay as independent as possible. One person commented, "I don't need help with washing and dressing I can do that myself. I like to keep my room clean and tidy so I do that myself too". Large printed signs were used throughout the service and people had their names on their doors to help them find their way to their bedroom.

People's religious and cultural needs were respected. One person told us that they regularly had visitors from their local church and that they read church magazines to 'keep up to date with church matters'. A comment card from the suggestion box noted 'Just to say that [staff] always remembers every Sunday to put on [my relative's] favourite programme – Songs of Praise. Thank you'.

People were able to move freely around the service and spend time in communal areas or in their rooms. Staff provided positive support and encouragement when assisting people to move around the service. The management team and staff knew people well.

Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms and staff made sure that people's doors were closed at these times. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. One person told us that their curtains were closed on their request to give them privacy as they were in bed. People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. This promoted people's personal dignity. People's glasses were kept clean and people's shoes and slippers were well fitting.

People told us there were no restrictions on when friends and family could visit. One person said, "I have visitors and I can chat to them in my room where it is private". Another person said, "My visitor is coming later. I hope we can go out into the garden which I do enjoy".

# Is the service responsive?

## Our findings

People said that they received the care they needed and that the staff were responsive to their needs. The service had a strong, visible person-centred care culture although this was not reflected in the paperwork. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their friends and families.

When they were considering moving into the service people and their loved ones had been involved in identifying their needs how these should be met. This information was used to check whether the staff could meet people's needs or not. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. Individual care plans did not consistently give staff clear guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support.

Each person had a care plan. These were not fully person centred and did not always give staff the guidance and information they needed to look after the person in the way that suited them best. People's life history, so that staff could get to know people, had been completed with people and their relatives and if someone chose not to give this information it was noted in the care plan. People's individual preferences, likes and dislikes were not documented. There was little guidance for staff about what people could do for themselves. Care plans included assessments on specific areas of people's health, such as continence and nutrition. These assessments were not always completed and not always updated when there were changes in people's health.

People were assigned a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Keyworkers were responsible for reviewing people's care. This was not completed regularly and did not give other staff sufficient information on how to support people in the way that suited them best. For example, one person last had a keyworker review on 09/07/2015. This noted 'Becoming less independent and relies on staff to do things for her'. The care plan was not updated to reflect this

and there was no guidance on what support staff should give to meet this person's needs. Care plans were not regularly reviewed for their effectiveness and did not consistently reflect people's changing needs which left people at risk of not receiving the care and support they needed.

The provider was not ensuring that person centred care and treatment was meeting people's needs and reflecting their preferences in a way that suited them best.

This was a breach of Regulation 9(1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prompt action was taken to make sure people had the care and support they needed. Care plans included an overview of people's health conditions and this noted any involvement with other health professionals, such as, specialist nurses or GPs.

People were supported to keep occupied and there was a range of activities available, on a one to one and a group basis, to reduce the risk of social isolation. Staff were aware of people who chose to spend time in their rooms and respected this. One person told us, "I am quite happy to sit in the dining room or lounge or can go to my room on my own". Another person said that they preferred to eat lunch in the dining room with others and would chat with them quite happily but that they preferred to return to their room after lunch and that this was respected by staff. They said, "I prefer my own company". They told us that they had a newspaper every day, enjoyed watching the television and that they had regular visitors who came to their room.

People told us there were activities at the service such as painting, hand exercises and having their nails manicured. An activities co-ordinator was employed by the provider and provided activities, such as bingo, dominoes and quizzes which people said they enjoyed. There were regular visits from singers and armchair exercise sessions. During the summer months there had been barbeques which were attended by people and their loved ones.

People told us that they would talk to staff if they had any worries or complaints and they would be listened to and properly addressed. A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There was a complaints procedure which was given to people when they moved into the service and a copy was displayed on the

## Is the service responsive?

noticeboard. The registered manager told us that they spoke with people every day and that if any negative comments or suggestions were made these were followed up and addressed so people's comments were listened to and acted on quickly. Staff told us that they were aware of their responsibilities of dealing with comments, concerns and complaints. Complaints were openly discussed with staff at regular staff meetings so that these could be used

as a learning opportunity to improve the quality of the service. The registered manager said, "We ensure the complainant is satisfied that we have dealt with the issue and have taken sufficient action to ensure the issue isn't repeated. Any issues are shared with the entire staff group to ensure we correct and improve the service going forward".

# Is the service well-led?

## Our findings

People and their relatives knew the registered manager and staff by name. People told us that they saw the registered manager 'often'. People and staff said that the registered manager and manager were approachable, supportive and accessible when they needed to speak with them. A comment received from a relative in September 2015 noted, 'In the last three weeks I have noticed a big difference in Redcot since [the new manager] has been there. The whole home looks cleaner, brighter and quieter. The changes [the new manager] has made in changing the dining room to the lounge is much better. The staff seem more relaxed'.

Quality assurance systems were in place but had not been consistently completed. Reviews and audits of care plans had not been completed effectively. When people's needs changed the care plans were not consistently updated to reflect this to make sure staff had up to date guidance on how to provide the right support and care. Care plans were not detailed and person centred and had not always been updated to reflect recommendations from health professionals. Assessments for things, such as dependency and continence were not always detailed and accurate. There was a risk that people may not receive safe care and support because the provider had not identified the shortfalls that were found during the inspection.

The providers failed to identify shortfalls at the service through regular effective auditing. This was a breach of Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, their family and friends were regularly involved with the service in a meaningful way, helping to drive improvement in the quality of the service. There was an open and transparent culture where people, relatives and staff could contribute ideas about the service. The registered manager welcomed open and honest feedback from people and their relatives. A suggestions box was in use and there had been comments from people, relatives and staff which the registered manager reviewed and, when necessary, acted on. When there were plans for any major changes at the service, such as installing CCTV and new call bell systems, people and their loved ones were consulted and involved. Their comments were taken into account and the registered manager told us, "Families are really pleased that these systems are keeping people safe".

Regular resident's meetings were held and people were encouraged to make any suggestions about the quality of the service. Topics, such as menus, activities and plans for the service, were discussed to make sure people were involved and 'had a say' in the running of the service. Records of these meetings confirmed that the quality of service had been openly discussed with people to ensure they were involved in any improvements.

Staff told us that they were supported by the management and were happy working at the service. There was a clear management structure for decision making. The registered manager and manager worked alongside staff to provide guidance for staff and to keep an overview of the service. The registered manager held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Minutes of staff meetings were displayed on the staff noticeboard. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed. For example, discussions took place at one staff meeting to remind staff to make sure that people's washing was washed at the correct temperature and that items of coloured clothing were washed separately. There had been no further complaints regarding people's laundry since staff were reminded of this.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. The registered manager observed and monitored staff performance and gave constructive feedback to staff during supervision meetings. When needed disciplinary action was taken in line with the provider's policies.

The registered manager and staff worked closely with visiting health professionals, such as, community nurses, chiropodists and paramedic practitioners to keep up to date with guidance and made improvements to the service as a result.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of

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important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment,

medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not provide sufficient guidance for staff to follow to show how risks to people were mitigated.

Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not always deploy sufficient numbers of suitably competent, skilled and experienced staff to keep people safe and to meet their needs.

Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff had not received appropriate training as was necessary to enable them to carry out the duties they were employed to perform.

Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care



This section is primarily information for the provider

## Action we have told the provider to take

The provider did not ensure that person centred care and treatment was meeting people's needs and reflecting their preferences in a way that suited them best.

Regulation 9(1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The providers failed to identify shortfalls at the service through regular effective auditing.

Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.