

Gainsborough Care Ltd

# Redcote Residential Home

## Inspection report

23 Gainsborough Road  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Redcote Residential Home is located in Gainsborough and provides care and support for up to 28 people aged over 65. The service is set over two floors. At the time of inspection there was 27 people using the service.

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

There were quality assurance processes which were in place, however, they did not identify shortfalls in the service and audits were not consistent. There was a lack of oversight and direction from the registered provider, who visited the service but did not identify improvement which needed to be made. The registered manager was open but had not followed parts of the duty of candour. People, staff and relatives felt the registered manager was approachable. There was a culture to improve in the home but lacked direction to do so. The service worked in partnership with others.

There was a lack of monitoring of accidents and incidents, this indicated that not all safeguarding concerns had been identified. People received their medicines, however documentation and prescription labels on some medicine needing clarifying. People were supported by enough staff. The registered provider carried out sufficient pre-employment checks on staff but did not always have correct information about the selection and suitability of staff for their role. People felt safe using the service. Infection control measures were taken to protect people from infection.

People's capacity had been assessed where required and best interest meetings had taken place, however, these needed to be more decision specific. People had their needs assessed prior to admission. Staff received on going training. Staff supported people to have a well-balanced diet and their nutritional needs met. Staff worked collaboratively with others to ensure timely on-going health care support for people. People had their oral health needs assessed and had access to dentists. The premises were fit for purpose and people were able to personalise their bedrooms.

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

Staff were caring and interacted positively with people. People felt they were well treated and supported with their care.

People had care plans in place, individual to them. There were no formal complaints in the service, however, informal concerns were documented. People were given information in different ways to enable them to have information that they will understand. People were encouraged to join in activities and follow their chosen faith. People had end of life care plans in place and staff had received training in relation to this.

#### Rating at last inspection

The last rating for this service was requires improvement (published 12th June 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress.

#### Enforcement

We found the provider continued to be in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice instructing the registered provider they needed to improve the management systems in the service by 21st February 2020.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Redcote Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Redcote Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection-

We spoke with eleven people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt the service was safe. One person said, "Of course it is safe here." However, accidents and incidents were not monitored effectively.
- The management team reviewed the forms following an incident, however, incident forms had not been signed off as completed.
- The registered manager had very recently introduced a system for the recording of accidents and incidents'
- Themes and trends of accidents and incidents were not identified, therefore, there was a lack of lessons learnt following accidents and incidents in the service. This meant that measures had not always been identified and put in place to reduce re-occurrences.
- Staff received safeguarding training and understood their responsibility to protect people from harm. However, as the accidents and incident were not routinely reviewed to see if they had been correctly categorised, we could not be assured that all safeguarding concerns had been identified.
- Since the inspection, the registered manager has sought training around accident and incident reporting for themselves and the senior team which is booked for January 2020.

### Staffing and recruitment

- The registered manager monitored people's dependency monthly and told us there was flexibility with staffing. Therefore, if a person was unwell or there was an event in the service, they had the autonomy to increase staffing levels.
- The registered provider had carried out a range of checks before any new staff started working in the home. They did this, so they could make sure their employees were suitable and safe to work with people who lived in the home.
- However, on reviewing staff files, one file did not make reference to the selection and interview process to assess suitability of the person for the role. We discussed this with the registered manager and they told us that the person was interviewed but notes from the interview must not have been recorded.

We recommend that the registered provider reviews and reflects guidance in staff files in relation to Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 19; fit and proper persons employed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed and measures were in place to reduce the risk.

These assessments were reviewed on a regular basis.

- Each person had a risk assessment in their care plan which was individual to them. This identified risks associated with their care and daily living activities. Measures had been put in place to reduce the risk of harm and people were supported to take positive risk.
- Where people became disorientated in the night, they had consented to a door sensor, which enabled the staff to be aware if the person had left their room during the night. This meant staff could attend and support people in a timely manner.
- Some people were prescribed anti-coagulant medicine which is used to thin the blood. People had an 'anti-coagulant alert form' in place which informed staff of risks of this medicine, and what symptoms needed medical attention from a healthcare professional.

#### Using medicines safely

- People received their prescribed medicines orally.
- However, people's medicine records did not provide clear guidance for staff as to the frequency or area of the body where prescribed creams were to be applied. This meant that there was not a clear direction on how and where to apply the cream. We discussed this with both the registered manager and following inspection, contacted the doctor's surgery to work on getting these instructions changed.
- People had a medicine profile in place which detailed health conditions, personal details and allergies. However, some allergies documented did not correspond with the medication administration records (MARs). This meant allergies could not be consistently identified for people. We discussed this with the registered manager and deputy manager who told us they would review this information.
- People who were prescribed 'as needed' medicine had a protocol in place which detailed what the medicine was for, and how staff would know the person needed it. This included how people express pain if they have limited verbal communication.

#### Preventing and controlling infection

- The service protected people from infection. Staff used personal protective equipment (PPE), which included gloves and aprons when providing personal care.
- The staff completed daily cleaning schedules which were in place and deep cleans on people's bedrooms took place every three months. There were schedules in place to clean communal areas, including hand rails and high-risk areas.
- Staff received training in infection control and the deputy manager attended infection control meetings held by the local authority.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed prior to admission to the service.
- Where people were assessed as being high risk of pressure damage to their skin, equipment had been sought from the community nursing team and care plans detailed the use of this. For example, some people were prescribed gel cushions to sit on during the day to prevent pressure to their skin. We observed this during inspection.
- Some people were assessed to require walking aids and support to mobilise from staff. We observed this during inspection.

Staff support: induction, training, skills and experience

- Staff received an induction on commencing employment and had access to on-going training.
- Staff told us they received enough training to do their job well. One staff member told us "Oh we have plenty of training, we had diabetes training not so long ago, and have annual refreshers."
- We reviewed the training matrix for staff and where training was due for an update, there were sessions booked for people to attend.
- Staff knew the people they were supporting well and had good knowledge of their needs and abilities.

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

- People were supported to maintain a balanced diet and drink enough.
- People had access to regular fluids throughout the day which included a variety of cold and hot drinks.
- People told us that if they didn't like the food, they could speak to the chef and it would be changed. One person told us "If I don't like what is on the menu, I always get offered something else. If a lot of people don't like something, they look at taking it off the menu." We observed this during inspection.
- Where people required a modified diet due to a swallowing difficulty, this was prepared in line with guidance and people received support to eat their meal where needed.

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

- People were supported by staff to access health care services and support in a timely way.
- The service had access to an electronic system which could be accessed if a person required healthcare support. A form is sent straight to the doctor's surgery and the doctor can respond with a suggested outcome. This included the review of skin discolouration, as pictures could be attached to the forms. This

meant people were receiving healthcare support in a timely way.

- People had access to both a community dentist and a dentist who visited the home. The dentist who visited the home, did this through referrals from the GP.
- People's oral health had been assessed on admission to the home and care plans were formulated around people's needs and preferences.

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

- The premises and decoration were homely and able to meet people's needs.
- People were able to personalise their bed room with belongings and items related to their interests.
- There was a garden area which was accessible for people with different needs. For example, there were stairs from the patio on to other parts of the garden. Where people were unable to use the stairs, there was a wheelchair ramp at one side to enable access this.
- There was clear signage for people which included large print and pictures. This enabled people to locate areas of the home. For example, the toilet and bathroom.

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

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

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

We checked whether the service was working within the principles of the MCA and the principles are being met.

- People's capacity had been assessed where required and people had DoLS in place.
- Although best interests' meetings had taken place where the staff had to make decisions on the behalf of people who lack capacity, some were for general decisions rather than specific ones. For example, general best interest meetings were held to enable staff to support people with all of their care needs but did not always specify which care needs.
- The service had access to an advocacy service, which was being accessed by some people.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff were caring and people told us staff treated them well.
- One person told us "The staff are lovely. It's like home from home here. I never wanted to go in to a care home, but I couldn't have picked anywhere better, I am certainly looked after." Another person told us "It really is a marvellous place; the staff are excellent."
- Relatives told us the staff made a real difference to their loved one's care. One relative told us "[Relative] has come such a long way over the last couple of months, they now join in with activities, something they would have never done before." Another relative told us "They [staff] are the best of the best. The care and staff really are second to none, they are wonderful."
- We observed positive interaction between staff and people. For example, the hairdresser had visited the service, and staff made positive comments about people's hair.
- Staff supported people to maintain their independence and supported people to be actively involved in their care.
- People were encouraged to carry out their own personal care tasks with support from staff. For example, brushing their own teeth and brushing their own hair.
- People were offered choices. For example, where they wanted to sit at lunch time and what they wanted to do for the day.

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

- People were encouraged to express their views and be involved in their care.
- The registered manager hosted resident meetings. However, people using the service felt they didn't need one regularly. One person said "I don't need a meeting to share my views, I talk to the staff every day. If I need something different, they will sort it straight away."
- Staff asked people what activity they wanted for the afternoon and people chose singing. During the afternoon, staff put the music on and both staff and people sang and danced together. One person said, "This is one of the best activities because we have fun."
- We observed one person ask a member of staff for a 'cuddle', the member of staff gave the person a 'cuddle' and the person said, "Thank you, I feel much better."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care and support plans in place which was individual to them.
- Each person had a 'Me at a glance' sheet in their care plan. This detailed information such as; what people like to be called, how staff can help them, important things staff should know about them, and those important to people's lives.
- Care plans detailed individual life histories. This enabled staff to understand about the person's life, and to recognise hobbies and interests. This information was used to plan the activities in the service.
- Where people were able to they signed their own care plans. During three monthly reviews, people were able to go through their care plan with staff and signed to say they had been involved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who used the service had access to information in different ways.
- Where people were unable to choose their meal from a written menu or verbal options, staff used show plates to show them their choices at meal times. This enabled people to continue to choose their own meal.
- Complaints information was available to people in larger print.
- Where people's relative were not able to visit them in the service, people had access to a computer which enabled them to video call them. This was accessible in the quiet lounge.

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

- People had opportunity to take part in activities and maintain relationships.
- Care staff provided activities as part of their role and there was an activity planner in place which had a variety of things to do. This included; bingo, flower arranging, exercise classes, themed parties and a trip to the wildlife centre. People were also supported to access the community.
- Relatives were encouraged to be involved in activities. For example, we observed a reminiscence session taking place, where relatives joined with their loved ones. People looked at photographs and talked about their lives.
- Where people followed a chosen faith, the service had arranged for different religious leaders to come in to the service to provide communion for people.

#### Improving care quality in response to complaints or concerns

- The service had received no formal complaints in the last 12 months.
- Informal concerns were documented in people's daily care notes, which included any action taken. However, themes and trends of informal concerns were not monitored. We discussed this with the registered manager, who following the inspection informed us all concerns were now centrally recorded.
- The registered manager had investigated concerns received by the local authority, who had referred them to the registered manager to investigate. The outcome of the complaint investigation was shared with the local authority, who advised the complainant as to the outcome of the investigation.
- People and relatives felt that they were able to make a complaint and were confident they would be dealt with. One relative said "I would just go to [Name of registered manager]. Their door is always open, and I know 100% she would sort it." A person who used the service told us "If there was anything untoward happening around here, I would speak to staff or the lady manager [registered manager], they all listen."

#### End of life care and support

- Staff received end of life care training and people had end of life care plans in place.
- There was no one receiving end of life care at the time of inspection.
- The service work alongside end of life care nurses and support teams when providing end of life care for people.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. At our last inspection the provider had failed to implement effective systems to monitor the quality of the service and to put plans in place to bring about improvement. And, the provider had failed to provide sufficient opportunities to consult with staff on the quality of the service and drive improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection, and the provider was still in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a culture from the management team in the service that they wanted to continually improve. The management team lacked oversight and direction from the provider, which impacted on their ability to continually develop and improve the service. This meant, previous identified breaches of regulation had not been met.

- The providers quality monitoring processes were ineffective as they had failed to identify shortfalls and did not provide a clear and accurate overview of the service being provided.
- Audits undertaken by the registered manager were ineffective. For example, two medicine audits carried out since January 2019 had failed to identify shortfalls in medicine administration records.
- The registered provider carried out visits to the service. However, did not identify improvements that were required to be made or shortfalls in the service. We discussed this with the registered provider following the inspection, they advised they were going to enlist the support of a care consultant to progress changes within the service.
- The registered manager recognised the improvements which we identified on this inspection and has provided us with some actions taken since the inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager had open conversations when things went wrong, however, did not recognise parts of the duty of candour. This included; providing a letter of apology when there had been an incident in the home.
- The registered manager had notified us of important events which had taken place in the service. For example, serious injury and DoLS application outcomes.

- The service had displayed their ratings from the previous inspection.

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

- There was a positive, open culture and people were happy living in the service.
- One person told us "Its like a big family here, its my home. I absolutely love it here." Another person told us "I love living here, I wouldn't want to be anywhere else."
- Staff told us how important people were and why they enjoyed working in the service. One member of staff told us "We treat residents like they are our family, because that's what I would want for my loved one. I love to make sure they have everything they need and are happy, that's all that matters."
- Staff and people felt the home was well run and felt the registered manager was approachable. People told us "Oh, [Name of registered manager] is lovely. They will always come and see us, and I can talk to them about anything." Additionally, staff told us "[Name of registered manager] is fantastic, they will do anything for this home. [Name of registered manager] is the home."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff, people and relative were involved in the service and felt able to make suggestions and be involved. One relative said "I asked if I could host a birthday party for [relative], everyone is invited, and it is going ahead. We have lots of food, cakes and drinks too. It is going to be great."
- The service had links in the community such as; the children from the nursery visited every two weeks. This had a positive impact on people. People told us "Oh I love seeing the children."
- The staff worked collaboratively with community nurses and local doctors to provide timely health care support.
- Some people chose to have a strict routine during their day and did this daily. The staff supported and encouraged people to continue with their daily routine without disruption.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17  17(2)(a)(b) Systems or processes to assess, monitor and improve the quality and safety of the service provided to people, as well as mitigating risks to people had not been implemented effectively.

### **The enforcement action we took:**

We issued a warning notice for the continued breach for Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17.