Friends of the Elderly

Redcot Residential Care Home

Inspection report

Three Gates Lane
Haslemere
Surrey
GU27 2LL

Tel: 01428644637
Website: www.fote.org.uk

Date of inspection visit:
14 December 2016

Date of publication:
14 March 2017

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

The inspection took place on 14 December 2016 and was unannounced. This was a comprehensive inspection.

Redcot Residential Care Home is a residential home providing support to older people, some of whom are living with dementia. The home is registered to provide care for up to 32 people. At the time of our inspection there were 23 people living at the home.

There was a registered manager in post. 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.

People were kept safe from abuse as staff understood their role in safeguarding people. Risks to people were assessed and plans were in place to minimise risks to people. Where incident had occurred, measures were taken to prevent a reoccurrence.

There were enough staff present to meet everybody's needs. We did receive feedback that at weekends staff were sometimes stretched. We have recommended that the provider reviews their deployment of staff. Staff had undergone checks to ensure that they were appropriate for their roles.

People were supported by staff who knew them well. Staff provided support in a way that promoted people's independence, privacy and dignity. Care plans were person centred and people's needs were reviewed regularly to identify any changes.

People lived in an inclusive atmosphere in which they were consulted on issues that may affect them. People were encouraged to make their own choices and decisions. Where people were not able to make decisions, their rights were protected as staff worked in accordance with the Mental Capacity Act 2005.

People had access to a wide range of activities. People were provided with a choice of food that matched their dietary requirements.

People's medicines were administered safely by trained staff. Staff worked alongside healthcare professionals to ensure that people's healthcare needs were met.

The provider asked for people's feedback in order to identify improvements that they could make. There were a number of audits in place to improve the quality of the care that people received. People had a good relationship with management and were aware of how to raise a complaint.

Staff had input into the running of the home and told us that they felt supported by management. Staff

received regular supervision and appraisals and told us that they had access to the training that they needed in order to ensure that they were effective in their roles.

Systems were in place to reduce the risk of fire and to ensure people's health and safety. A plan was in place to ensure that people's needs would continue to be met in the event of an emergency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs. Some people told us staff were stretched at weekends. We recommended that the provider reviews staff deployment.

Staff followed safe medicines management procedures.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

Measures were in place to keep people safe in the event of emergencies and there was a contingency plan in place.

Is the service effective?

Good

The service was effective.

People were supported by staff who were appropriately trained and knowledgeable about their needs.

Staff knew people's food preferences and people were offered choices appropriate to their dietary requirements.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. Where applicable, applications had been made to deprive people of their liberty.

People had good access to healthcare professionals and staff worked alongside them to meet people's health needs effectively.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and got along with them.

There was an inclusive atmosphere at the home and people were involved in decisions about the home.

Staff provided care in a way that promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had access to a wide range of activities. People were involved in choosing what they wished to do.

Assessments and care plans were person centred and reflected people's needs.

Systems were in place to ensure people received regular reviews and staff could identify where people's needs had changed.

A complaints policy was in place and people were aware of how to raise complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager created an open culture in which staff could be included in decisions about the home.

People's feedback was gathered and people were involved in important choices about their home.

Robust quality assurance measures were in place.

Redcot Residential Care Home

Detailed findings

Background to this inspection

The inspection took place on 14 December 2016 and was unannounced. This was a comprehensive inspection.

Redcot Residential Care Home is a residential home providing support to older people, some of whom are living with dementia. The home is registered to provide care for up to 32 people. At the time of our inspection there were 23 people living at the home.

There was a registered manager in post. 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.

People were kept safe from abuse as staff understood their role in safeguarding people. Risks to people were assessed and plans were in place to minimise risks to people. Where incident had occurred, measures were taken to prevent a reoccurrence.

There were enough staff present to meet everybody's needs. We did receive feedback that at weekends staff were sometimes stretched. We have recommended that the provider reviews their deployment of staff. Staff had undergone checks to ensure that they were appropriate for their roles.

People were supported by staff who knew them well. Staff provided support in a way that promoted people's independence, privacy and dignity. Care plans were person centred and people's needs were reviewed regularly to identify any changes.

People lived in an inclusive atmosphere in which they were consulted on issues that may affect them. People were encouraged to make their own choices and decisions. Where people were not able to make

decisions, their rights were protected as staff worked in accordance with the Mental Capacity Act 2005.

People had access to a wide range of activities. People were provided with a choice of food that matched their dietary requirements.

People's medicines were administered safely by trained staff. Staff worked alongside healthcare professionals to ensure that people's healthcare needs were met.

The provider asked for people's feedback in order to identify improvements that they could make. There were a number of audits in place to improve the quality of the care that people received. People had a good relationship with management and were aware of how to raise a complaint.

Staff had input into the running of the home and told us that they felt supported by management. Staff received regular supervision and appraisals and told us that they had access to the training that they needed in order to ensure that they were effective in their roles.

Systems were in place to reduce the risk of fire and to ensure people's health and safety. A plan was in place to ensure that people's needs would continue to be met in the event of an emergency.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I do love things here so I do feel quite safe." Another person said, "Yes, I do feel safe here. They're always on the lookout for us all." A relative told us, "Yes I do think that (person) feels safe here. (Person) does have dementia unfortunately but they look after them very well."

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I would go to (registered manager). If not I could go to CQC or ring the safeguarding line." Records showed training had been attended and refreshers given when required. People were provided with information on how to raise any safeguarding concerns. Staff understood who to contact if they suspected that somebody was being harmed. At the time of our inspection, there had been no safeguarding incidents.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person was found on their floor at night time. They were unharmed and had not previously been at high risk of falls. The person's care plan was updated and staff increased nightly checks to minimise the risk to the person. Another person fell whilst attempting to transfer in their room. They suffered a minor injury which was treated. The person's risk assessment was updated. Staff reminded the person to use their call bell so staff could support them with transfers to minimise the risk of falls.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. In their PIR, the provider told us, 'The risk assessments are not designed to limit activity, but rather to alert us to how we may need to provide extra support to each person living here.' Our evidence supported this. Care records contained risk assessments and risk management plans to keep people safe. These were detailed and covered a number of risks people faced with details for staff on how to prevent harm. One person was at risk of developing pressure sores due to the fact that they could not stand. Staff checked the person's skin daily and used a prescribed cream when they noticed redness. The person was repositioned regularly with the help of specialist equipment to prevent sores developing. With these measures in place, the person had not developed a pressure sore. Another person was assessed as being at medium risk of falls due to some difficulties walking. The management plan stated staff should, 'walk with me and let me take my time'. We observed staff supporting this person to move as directed. The person was also supported to attend exercise activities to increase their strength and confidence to further reduce the risk of falls.

There were sufficient staff present to meet people's care needs during the week, but people did tell us staff were stretched at weekends. One person told us, "Weekends though, they're quite slow in responding." Another person said, "The weekends seem to suffer quite a bit. The call bells are answered okay but sometimes it can be a quite a while." Another person told us, "You do get the same quality of care at the weekends, but not always quite so speedily." A relative said, "At weekends there certainly appears to be a staff shortage, everything seems to slow down a bit." We discussed this with the registered manager. There

were no changes to staff ratios at weekends and additional staff such as kitchen assistants and activities co-ordinators also worked on these days. However, there was less management presence in the home at weekends. People described waiting longer for support at weekends and also staff being more rushed, but they did not feel this made them unsafe. There had not been an increase in accidents and incidents at weekends.

We recommend that the provider reviews their deployment of staff to ensure that the quality of the care that people receive is consistent throughout the week.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Peoples' medicines were managed and administered safely. One person told us, ". I do get medication which is four hourly. They do watch me take them down as I tend to drop them, they're well aware of that." Medicines records contained pictures of people and protocols were in place for PRN (as required) medicines, these were personalised plans instructing staff when to administer people with PRN medicines. One person had PRN medicine for anxiety. They could not verbally express when they were feeling anxious so records contained information for staff on how this person may present, including behaviours and facial expressions, if they were becoming anxious. Guidance from healthcare professionals was clearly documented and staff followed these. Records contained information for staff on how people liked to take their medicines.

Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. Medicine administration records (MARs) were completed thoroughly with no gaps. Where people had not been administered medicines, the reason why was noted. Medicines were stored safely in locked cabinets or a medicines fridge where necessary.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required. Fire drills were carried out regularly and audits took place to ensure safety equipment was in place and working. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to carry out their roles effectively. One person told us, "Yes I do feel they're well trained here. One member of staff here has been here thirty eight years I believe." Another person said, "I do think they're well trained to look after myself and the other residents." A relative told us, "I'd say the staff here are correctly trained to look after (person)."

Staff had completed mandatory training in areas such as safeguarding, fire and medicines management. Staff told us that they had access to a wide variety of training courses and these helped them in their roles. One staff member told us, "They'd give you training every day if they could!" Staff received training specific to the needs of the people that they were supporting. One staff member told us, "The dementia training was good. We had someone with a stoma in for respite and we got training on it to make sure we could help them."

All new staff were required to complete the care certificate. The care certificate is a set of national standards for staff working in health and social care. Staff told us that they received a thorough induction and spent time shadowing staff before working alone. Staff were given the opportunity to complete further qualifications, such as the Qualifications and Credit Framework (QCF) in adult social care. The registered manager kept a record of training that staff had completed and a list of when training needed to be refreshed. Staff were up to date in all training modules.

Staff received regular one to one supervision and records of discussions showed it was used to improve staff practice. Where management had observed poor moving and handling techniques being used by two staff, a responsive supervision had quickly taken place which provided an opportunity to discuss appropriate techniques and arrange refresher training for the members of staff involved. Staff had both one to one and group supervision. The registered manager chose different themes for supervisions to ensure practice was kept up to date. Staff had recently taken part in an infection control group supervision in which they had discussed good practice. Staff had used it as an opportunity to ask questions and further their knowledge to ensure that they were providing effective care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager

and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. Every person had a 'Decision Making Profile' in their records that covered areas such as finance, care and medicines. Where people needed MCA assessments these were undertaken by staff and record was made of best interest decisions. An MCA assessment established that one person was unable to make the decision to stay at Redcot. A best interest decision, involving relatives, healthcare professionals and staff, identified that it was in the person's best interest to stay at Redcot. A DoLS application was then submitted to the local authority. People's records contained advanced directives which could inform decisions if people were to lose the mental capacity to make them in the future.

People's feedback on the food was mixed. One person told us, "I've got a good appetite and the food here is quite good. I've never needed to change it but I'm sure they would if I needed to." Another person said, "The food is very nice, some fresh, some frozen. It always looks nice & it's got plenty of taste. They're very happy to change it if you don't like it and you do get refreshments during the day." However, one person said, "The food here is very up and down. It varies quite a bit. They will change it if you don't like what's been presented, and they will keep going until you find something you like." Another person told us, "I don't tend to like the food I'm afraid, not terribly. They could make it more tasty as it's really too bland." We informed the registered manager of this feedback and it was not something that had been brought to their attention before. People's feedback was regularly sought on the food on offer and this had not been raised by people, either in resident meetings or in feedback surveys. We observed people eating food and it smelt appetising and was presented nicely.

Every person had a food profile which listed their preferences and was regularly reviewed and updated. Profiles specified people's favourite foods and what they didn't like. Kitchen staff told us how they respond to changing appetites and taste. One person living with dementia had become agitated when eating. Staff identified that the person's tastes had changed as a result of their dementia and they no longer liked certain foods. The person was not able to convey this themselves but staff worked with them, using trial and error, to establish what foods they liked and updated their profiles accordingly. Another person had been seen by a speech and language therapist (SALT) due to difficulties swallowing. They had been put on a diet of pureed foods to minimise the risk of choking. This information was in the records, their kitchen profile had been updated and we observed them being given food as outlined in their care plan. A relative told us, "(Person) does seem to enjoy the food I'm pleased to say. (Person) wasn't eating properly when they were at home but here, it's certainly improved."

Staff worked alongside healthcare professionals to ensure that people's health needs were met. One person told us, "Yes, they do arrange the doctor for you if needed at any time. The optician visits also." In their PIR, the provider told us, 'Our local GP provides a surgery at Redcot every two weeks but residents are free to choose their own GP if they so wish.' Our evidence supported this. One person had leg ulcers and these were dressed by the district nurses. Staff monitored the dressings and contacted the district nurses where they had concerns. We saw evidence of involvement from a variety of healthcare professionals in people's records. Where people had become ill, staff contacted the GP quickly to ensure people got the treatment that they needed.

Good

Is the service caring?

Our findings

People told us that staff were caring. One person told us, "The carers here are good, certainly very good." Another person said, "The carers are very good here." Another person told us, "I say the care here is good to very good. I do appreciate them and I think they do appreciate us." A relative said, "I think the care here for (person) is very good indeed, they do show a lot of affection as well."

Interactions between people and staff demonstrated that staff were caring, compassionate and committed to the people that they were supporting. Staff spent time sitting with people and engaging in conversation. Staff discussed people's families and their plans with them. Where people were watching television, people and staff discussed the programmes that they were watching. This created a warm and calm atmosphere in communal areas.

People were supported by staff that knew them well. In their PIR, the provider told us, 'Residents all have a key worker to whom they are encouraged to talk on a one to one basis. They can talk in confidence and privacy about any subject they wish.' Our evidence supported this. There was a keyworker system in place. A keyworker is a dedicated member of staff who oversees a person's care and gets to know them well. One staff member told us about a person they were keyworker for. They said, "(Person) has changed a lot since coming here. They like singing and we sing together and have a lot of fun." We observed this person interacting with their keyworker and it was clear that they got along. People's records contained detailed life stories to help staff get to know them. These contained information on people's family and work history as well as their personalities. One person's records stated that they were sociable and wished to spend time around people. Their records said, 'make sure I see and sit with other residents.' We observed staff supporting this person to find groups of people to sit with and supporting to stimulate conversation for the person. This demonstrated that staff knew what was important to the person.

People lived in an inclusive atmosphere. One person told us, "I go to the resident's meetings and they listen to what I have to say. I can be quite vocal." Residents meetings provided opportunities for people to have a say in how their home was run. People helped organise events at their home which they could invite their relatives and friends to. They had organised a 'Soiree' during the summer, which they told us they enjoyed. Staff produced a monthly newsletter which kept people updated on the home as well as showcasing people's ideas and events. People and staff took part in activities together, creating a welcoming environment for people. We observed an activity taking place and staff joined in whilst supporting people to take part themselves. One person was living with dementia and found parts of the activity difficult, staff sat with the person and helped them to participate and engage. The person was observed smiling and enjoying being part of the group activity.

People's independence was promoted by staff. One person told us, "They allow me to do things for myself they just make sure that I'd be okay in doing it." Tea and coffee making facilities were available to people. There were small kitchenette areas throughout the home in which people could prepare drinks and snacks independently. People told us this was beneficial to them when they wished to entertain guests. People's records contained information on their strengths and what support they needed from staff to live as

independently as possible. One person's records said, 'give me a chance to help myself before helping me.' We observed staff supporting this person in this way. A staff member told us, "We always ask people and work with them. There are some people here who don't need much of our help at all, just encouragement."

People told us that staff supported them in a way that promoted their privacy and dignity. One person told us, "If they want to come in they knock and wait for me to call them in. They certainly do respect my privacy, they are always respectful to me and they do respect my dignity." Staff demonstrated a good understanding of how to provide care in a way that maintained people's privacy. One staff member told us, "I close the door and curtains and make sure there's not people around. If they are in bed, I put a towel over them so they're not exposed." Where people needed support with personal care, this was done discreetly. People's information was stored safely to ensure that confidential information, such as medical notes, were kept secure.

Good

Is the service responsive?

Our findings

People told us that they enjoyed the activities at the home. One person told us, "I do attend some of the activities as they come along, I especially like the trips." Another person said, "I do take part in the activities yes. I like to take part & be involved." A relative told us, "(Person) has never joined into the activities and is not really capable now. I do believe the Activities Coordinator comes around to see what they can do for (person)."

People were encouraged to take part in activities that suited their interests and hobbies. In their PIR, the provider told us, 'Our activities co-ordinator has created 'Life History Albums' to promote past hobbies and interests. We also have PAT dogs for those who have owned pets in the past. This helps to release memories of happy times. Musical entertainment, which is arranged regularly, helps to bring back memories and can be used to understand some behaviour in people who may have memory problems.' Our evidence supported this. Activity timetables were on display in the home. There was exercise, quizzes, games, visits from entertainers and trips out. Records contained information on people's interests and what types of activities they enjoyed and these were included in the timetable. One person's records said that they enjoyed exercise classes and these were also beneficial to their physical health. We observed this person taking part in an exercise class and they told us they enjoyed it. Activities were discussed at residents meetings and people were asked for their feedback on them. When activities were well received, they were organised again. A number of residents enjoyed musical activities. There was a grand piano in the lounge and a number of activities involving different styles of music for people to enjoy. There was an activities co-ordinator employed by the home who put together the varied timetable for people. Where people could not join in group activities, either due to their physical health or people living with dementia, the activities co-ordinator spent time with them one to one. People could choose how they spent this time. Some people engaged in arts and crafts or games and others enjoyed chatting or completing life stories.

Care plans were personalised and information on what was important to people was clear. One person told us, "I think I did my care plan with them as I recall. I do know it's updated on a regular basis." Records contained information on what support people needed from staff to meet their needs, as well as their preferences and daily routines. One person's care plan stated that their appearance was important to them. The plan contained details for staff on how often this person liked having their hair washed. They also benefitted from frequent visits to the hairdresser. Care plans told staff about people's routines such as what time people liked to go to bed and when they liked to get up.

People had a thorough assessment before they were provided with support. Initial assessments were thorough and captured lots of information about people's needs, preferences and routines. People's needs were reviewed every six months. Where changes occurred in between reviews, such as after hospital admissions, reviews took place and people's care plans were updated accordingly. One person had recently spent time in hospital and their mobility needs had changed. Following admission, the person was supported by two staff with all transfers until their mobility improved.

People told us that they knew how to make a complaint and that management took concerns seriously. One

person told us, "I've never felt the need to complain, I hope I never will have to, of course. If I did, I'd go to see (registered manager) and they would sort it." Another person said, "I've never complained although I've made noises. If I had any problems I'd go straight to the top." The complaints policy was displayed throughout the home and everyone had access to the providers concerns helpline which they could use to make complaints. At the time of our inspection, there had been no formal complaints. People told us that where they had raised minor issues, these had been dealt with satisfactorily.

Good

Is the service well-led?

Our findings

People told us that they felt the home was well-led. One person told us, "The home is certainly very well managed." Another person said, "I do think the Home is well managed yes." A relative told us, "Yes, the Home is very well managed and I do feel that (registered manager) is excellent."

Staff told us that they felt well supported by the registered manager and that they worked well as a team. One staff member told us, "We're a good team. (Registered manager) is very supportive." Systems were in place to ensure good communication between staff. A daily handover meeting took place as well as frequent staff meetings and group supervision. Throughout the day we observed staff working together to meet people's needs quickly. In their PIR, the provider told us that the registered manager was, 'supported by a team of eight shift leaders and an office manager. The office manager works closely with (registered manager) to support with the admin of the house to enable (registered manager) to participate in the home activities and to ensure care standards are kept to a high standard.' Our evidence supported this. The registered manager had delegated appropriate duties to other staff members to ensure the home ran effectively and to ensure they could manage their time effectively.

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. One staff member told us, "We get input on anything that could make a difference." At a recent staff meeting, staff had suggested ideas for Christmas. Staff were considering ideas, such as hot chocolate and Baileys, to make Christmas eve special for people. Staff told us they could also have input in daily handover meetings. Records showed these were used by staff as an opportunity to make suggestions as well as to highlight important changes to people's needs.

People had opportunities to make suggestions and provide feedback on how the home was run. Regular residents meetings provided people with an opportunity to raise any concerns they had or to make suggestions. People used meetings to make a variety of suggestions, particularly around food, events and activities. At a recent meeting people had discussed the types of bulbs that they would like planted in the garden ready for spring. The registered manager sought the feedback of people and relatives annually and made a record of this to try to identify any further improvements that could be made. The most recent feedback was mostly positive. Some feedback regarding food had been actioned by staff. One person did not like rice pudding to be baked and someone else had asked for smoked salmon, this had been fed back to kitchen staff and menus adjusted as requested.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager carried out regular audits and documented their findings and any actions taken. Audits covered areas such as food, medicines, pressure mattresses and care plans as well as the home environment and health and safety. A recent health and safety audit had identified a fire escape sign missing. This had been replaced by staff. Audits of pressure mattresses identified that people's needs were being met with regards to pressure care, in line with the guidance of healthcare professionals.

The registered manager understood the challenges facing the home and was taking proactive steps to

address them. The registered manager told us that people's changing needs was a big challenge facing the home. As a residential service, they were finding people were being admitted with higher needs. The provider was building a new area of the home suitable for people living with dementia. They were putting in place a secure garden for people living with dementia so that they could accept admissions from people with more complex needs.

The registered manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.