

Friends of the Elderly

# Redcot Residential Care Home

## Inspection report

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Date of inspection visit:  
10 September 2019

Date of publication:  
22 October 2019

## 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

### About the service

Redcot Residential Care Home is a residential care home providing personal care to 21 people aged 65 and over at the time of the inspection. The care home can accommodate up to 32 people in one adapted building across three floors. The Ground floor is comprised of three lounge areas, a dining room, two office spaces as well as bedrooms, the second and third floor house the remaining bedrooms.

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

People who lived at the home continued to receive good care and some of the aspects of the support they received to establish their own routines and their activities of interest were well managed. We saw people were treated with dignity and respect by trained staff.

People told us they felt safe living at Redcot Residential Care Home. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Potential risks to people's safety were assessed to keep them safe.

People received their medicines safely and as prescribed. People were supported to access healthcare services as needed and staff responded promptly to people's change in care needs. Staff followed good food hygiene and infection control practices to protect people from the risk of infections.

Other aspects of safety, including fire safety and issues of personal safety, were well managed in the home. Routine checks and audits were conducted to ensure that all aspects of the service were being delivered safely as planned.

People were provided with good nutrition and hydration. People had personalised care plans which provided staff with information to support people living in the home and detailed people's preferences which staff followed, reviewed and updated, liaising with other departments when necessary.

Accidents and incidents were effectively monitored to identify and address any patterns or themes. Lessons were learnt, and systems were improved, and staff were kept informed.

People could choose where they wanted to spend their time and had access to all floors and a garden area. People were supported and encouraged to maintain their independence as much as possible and were given the freedom to make their own choices.

People were not isolated, and staff encouraged people to be involved in activities both within the home and on day trips. Staff were able to have meaningful conversations with people as they had a clear understanding of people's hobbies and interests.

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.

People spoke positively about the management and leadership of the service as being open and transparent. People knew how to raise any concerns or complaints and their feedback was used to make improvements to the service. Staff were encouraged to share ideas about how to develop the service. The provider worked in partnership with external agencies to ensure people achieved the best possible outcomes.

Quality audits were carried out on all aspects of the service and used to drive continuous improvement.

Staff had good relationships with external agencies which supported people to live a healthy life. Statutory notifications had been completed to inform us of events and incidents, this helped us monitor the action the provider had taken.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Redcot Residential Care 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 was carried out by two inspectors.

#### Service and service type

Redcot Residential Care 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 did not have a manager who was registered with the Care Quality Commission, the regional manager was acting as registered manager at the time of inspection. Recruitment was ongoing for a new registered manager. This means that the provider is 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 four people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers. We also spoke to a district nurse who was visiting on the day of the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff 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 also spoke with additional relatives.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they always felt safe. One person said, "This is my home now and I feel as safe as I did at my family home, if not a bit safer."
- The registered manager had a safeguarding policy in place and knew her responsibilities to share any safeguarding concerns or information with the local authority.
- Staff showed good knowledge in the safeguarding process and the reporting pathway. They also knew the potential signs and symptoms to look for that could indicate different types of abuse and took part in regular safeguarding refresher training. One staff member said, "a safeguarding isn't always if someone verbally tells you something, you need to always be looking out for any changes, for example in someone's behaviour. And I would report any safeguarding concerns straight away, with no delay."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been assessed and actions were put in place to keep people as safe as possible, whilst also respecting the right for people to take risks.
- The risk assessments had information on people's specific risk and what staff needed to be aware of to keep people safe. An example of this was one person had a falls risk assessment in place that was reviewed monthly to ensure it monitored any increase or decrease of risk for the person.
- Staff showed good understanding of managing people's changing risks and when to request a review. One staff member said "People's risks are always changing when their care needs change. It is important we are always completing regular risk assessments to make sure people are safe." The risk assessments were regularly reviewed and updated following incidents to ensure records reflected people's current needs and wishes.
- A range of safety checks were carried out on the environment and equipment used on the home. All of these safety checks were completed correctly and up to date.

Staffing and recruitment

- There were enough staff to ensure people's emotional and care needs were met safely. Rotas were reviewed and showed that there were no shortages of staff. When there were changes to the rota, the manager was often on the floor, supporting people and her staffing team. One person said, "There's always enough staff, they never seem rush and always have time to talk to me."
- The manager followed safe recruitment processes, which included reference checks and DBS (Disclosure and Barring Service) Checks. These checks identified if potential staff were known to the Police for any convictions or cautions and whether they were suitable and safe to work with the people living at the home.

Using medicines safely

- People were supported with their medicine on time, in a safe way and as prescribed. Staff had been specifically trained to administer medicines following the provider's processes.
- People were observed being supported with their medicines and stated they were happy with the support they were receiving. One person said, "I would definitely forget if this lovely lady wasn't here to remind me."
- The staff members that were trained to administer medicines completed regular refresher training and competency checks.
- Medicines were stored securely and audits were completed to ensure staff consistently followed the medicines policy. Medicine Administration Records (MAR) charts were in place, completed correctly and accurate with no gaps identifying any current issues.

#### Preventing and controlling infection

- People were kept safe from the spread of infection. A person told us, "It's always lovely and clean, and when I ever think I need my room to have extra attention, the cleaning staff are there the next day, I have a sign I can hang on my door to request an extra clean, they're great."
- There was an infection control policy in place that was followed by all staff. Staff also received regular refresher training in infection control and preventing the spread of infection.
- Staff were seen to use Personal Protection Equipment (PPE) such as gloves and aprons when preparing or serving food or preparing to support people with personal care.

#### Learning lessons when things go wrong

- The manager had a detailed system in place for staff or people to report accidents and incidents, this was to capture and reflect on issues or events in the home. They undertook analysis after any incidents to identify if there was any improvements or change that needed to be made to reduce the risk of the incident happening again.
- Any missed medications had been learned from by extra refresher training offered to staff. The registered manager had also arranged refresher training for all staff more recently following a medicines error. This was to reduce the chance of the same mistake happening again.



# 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 Good. At this inspection this key question has remained the same. 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 and their family were included in assessments. People's needs and choices were considered when initial assessments were completed and care plans developed. This ensured the service was able to meet their needs.
- Assessments were regularly reviewed and updated and detailed for each person which gave staff clear guidance on how to meet people's needs and preferences.
- People's overall wellbeing was regularly monitored and recorded, considering their physical, psychological and social aspects.

Staff support: induction, training, skills and experience

- People were supported by well-trained staff that were knowledgeable, had good experience and had received training relevant to their roles.
- Staff were up to date with training and there was a training tracker to ensure any refresher training that was due was completed as soon as possible.
- Staff had their practise observed to ensure they were delivering effective care and support.
- Staff stated they felt supported with the induction training process. One staff member said, "I didn't have any experience before I started working here, and I felt the induction process really prepared me for my role." The induction process included observations of staff supporting people. This ensured new staff were confident and competent to support people before commencement of lone working.
- Staff showed experience of working at the home by their knowledge of the people that lived there. Staff spoke of several people knowing their preferences. Staff told us about one person living in the home who was a keen gardener, and another person who liked to walk around the home for the majority of the day.

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

- People were supported to drink and eat enough. This was shown through interactions seen throughout the inspection where people were encouraged to have drinks and snacks in between meal times.
- Lunch time was observed and staff were seen to encourage people to eat in a non-obstructive way. Staff said, "It is nice to see when people that normally don't eat very well start to improve and it's nice to encourage them to have a healthy appetite." The dining experience was positive and calming and people were supported and given choices in a calm and unhurried way. People could choose from a range of drinks with their meals, which included soft drinks or wine should they prefer.
- We saw people's dietary needs were recorded in their care plans and staff were able to tell us what people's needs were.

- People told us they enjoyed the food provided and there was a variety of choice.

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

- Correspondence with other agencies and health care professionals was well documented in people's care plans to ensure effective and timely care. This included appointments, diagnosis, follow up appointments amongst others.
- Records showed us people received regular health checks, such as weight monitoring.
- People were supported to access healthcare appointments. Staff told us that they had a good working relationship with the local GP, who completed weekly visits on a Thursday to visit and monitor ongoing health concerns or conditions.
- Staff were quick to request advice and support from the district nurse team. On the day of inspection the district nurse was spoken with. She said, "What I like about it most, people are respected. You can see staff take notice of preferences of what people like to be called. The tables are set up nicely and residents seem happy. This home shows how I would like my Mum to be treated. They follow all of my advice and staff seem really knowledgeable."

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

- Efforts had been made to change the decoration and design of the service to meet people's needs. An example of this was people had expressed that they had enjoyed sitting in the seating area by the front door to see who was entering the home. The people stated that the front door would cause a draft, so a further security door had been added. The registered manager said, "Not only does this assist us with security, it means that people can be comfortable to sit where they want to sit in their home."
- The home was spacious for people to freely move around and hand rails were in place to support people with their mobility, allowing people to be independent in getting around the home. One person said, "My eyesight is awful and I find the dark hand rails have really helped me find my way easier, so I can walk on my own without a carer which is nice."
- Each person had their own bedroom that was decorated with personal belongings creating a homely feeling.
- The manager advised that repairs and ongoing maintenance were carried out promptly when needed by the maintenance staff.
- People had access to a welcoming and peaceful garden area and we saw people sitting on benches and chatting with each other or just walking around as part of their daily routine.

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 whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection there were three people that were subject to DoLS referrals. Every person living in the home had mental capacity assessments if it was deemed necessary, and all people identified as lacking capacity had best interest meetings that had occurred. The provider had followed the procedure for applying for DoLS restrictions following best interests' decisions being made. When people were placed under DoLS conditions the least restrictive options were used.
- People's families, where appropriate, had been contacted and involved with any decisions and changes made to a person's care if they lacked capacity.
- We observed staff consistently sought consent before providing people with care and support and ensured people were happy with how they were supported.

# 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

- People were well treated and supported by staff. One person said, "I like the fact that the staff all make me feel comfortable all the time. They help me, but are never overbearing, they respect me, which is the most important thing."
- Staff had received training in equality and diversity and when spoken with showed good knowledge and understanding of this topic.
- There were positive interactions seen between staff, people and visitors. We saw staff took time to speak to people in a caring and compassionate way. One example was a staff member was seen to approach a resident and touch them on the shoulder whilst asking them if they were ok. The person responded, "Yes I am fine thank you for asking."

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

- People living in the home had opportunities to express their views. There were regular resident meetings where feedback was sought and any ideas, concerns or views were acted upon by the registered manager and staff. An example of this was that one person had requested wine at dinner time and this had been implemented and well received by the majority of people living in the home.
- People's care plans were detailed including their likes, dislikes and preferences.
- People told us they were actively involved with making daily decisions about their care and how they would like to be supported. Staff knew the importance of giving people choice. One staff member said, "Choice is one of the most important things for the people living here. It gives their lives variety."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how important it was to them that people were given the opportunity to have their own independence. One staff said, "It is so important for people to still follow their hobbies, we have a lady that enjoys gardening and she has her own plot to grow vegetables and herbs and is involved with instructing the contract gardeners." When we walked around the home we were shown the area of garden by the lady who lived there, it was also noticed that there were hooks dedicated to the lady by the back door for her jackets for different seasons, which was a nice homely touch.
- People were encouraged to be independent where possible. We were informed by staff that one person had been unable to walk with any kind of walking aid and who's mobility had reduced significantly, this person was observed to be walking with the assistance of a walker. Staff stated that they have spent time with her, encouraging her a little at a time each day to try new things and getting the legs moving. One staff member said, "This is amazing, it really is. Not so long ago [resident] would not have been able to walk, now

look at her. It makes me really happy to see [resident] walking by herself."

- Staff were seen to always knock on people's doors before entering, ensuring people retained their privacy. One person said, "They always respect my privacy which is very important to me, especially when they are helping me get ready in the morning."
- People's right to confidentiality was respected. People's care and support plans were stored in an office accessible only to authorised people.

# 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

- All people that we spoke with said they received personalised care and were frequently offered choice. One person said, "I'm always in control, although the staff work here, they always make us feel that they are visiting our home, which is really nice."
- Care plans showed detailed information that made staff aware of people's preferences and individualised details to ensure staff would understand people's personal needs, preferences and care.
- The manager advised that there was a programme of activities planned months in advance which included external entertainers booked to attend and day trips to areas of interest for the people living in the home.

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.

- The service provided information for people in accessible formats including large print and pictures.
- When staff were asked how they knew they were communicating with people they confirmed this was the case. One staff member said, "I always take the time to make sure that I have communicated well and the person understands what is happening."

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

- The home provided lots of various activities that met people's personal hobbies and interests. An example of this was a person had expressed her wish to spend more time in the garden and this has been assisted by the manager and the provider by ensuring the person had their own vegetable plot which provided vegetables that were used by the Kitchen.
- The home had a wide range of daily activities for people to participate in should they wish to.
- All of the activities offered an element of physical, psychological and social interaction. For example, walks in the garden, social time in the lounge, crafts and days out.
- Family and visitors were made to feel welcome to encourage frequent visits and for people to maintain vital relationships. One person told us, "My family can visit whenever they want and the staff always look after them, teas, coffees and biscuits are always bought out when I have visitors. The home is so welcoming."

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

- People told us they were confident if they had any complaints or concerns they would be dealt with appropriately by the registered manager. One person said, "If I ever have any concerns, the manager will deal with them straight away. I have never had need to make an official complaint, but I have total trust that the manager would deal with it properly and to my satisfaction."
- The registered manager had a clear complaints procedure in place to enable people to voice concerns quickly and for them to be addressed and preventions to be put in place to prevent future concerns being raised.
- Staff told us that they knew how to respond to complaints if they were raised. An example was a relative made a complaint about the laundry service within the home. This was addressed immediately, apology given and processes put in place to ensure distribution of clean laundry was clearer to prevent future mistakes.

#### End of life care and support

- At the time of inspection there was nobody living in the home that was receiving end of life care. The registered manager showed us examples of people they had recently cared for at the end of their life.
- People all had advanced care plans and end of life plans in their support files. These were an ongoing project for the registered manager who was adding even more detail to bring them up to a good standard of detail.
- At the time of admission and at reviews the manager gave people the opportunity to discuss their end of life wishes and these were recorded in their care plans.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by staff who told us how important person-centred care was. One staff member said, "It is vital that we don't treat everybody the same. People have different preferences and different likes and dislikes. It is important we make sure we accommodate wherever possible so they live the best life as possible."
- The manager promoted transparency and honesty. Relatives were aware of who the manager was and stated they could approach them with any issues and know they would be listened to. One family member said, "The management are very approachable, and no problem is too big or small to go to them with. They're really are very good."
- The manager and staff worked closely with healthcare professionals and were open to advice and recommendations to drive improvements at the home.
- Staff felt supported by the manager and described her as approachable. The manager operated an open-door policy for not just other staff members but people living in the home as well. One staff member said, "The manager is great, it really is an open-door policy. It's a lovely place to work, always knowing the management will help in any way they can, whether it's me voicing a concern or the manager helping with daily routines and jobs."

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

- The manager demonstrated a commitment to providing a high quality of care and safety to the people living in the home. This was shown through all of the health and safety checks and audits that were completed frequently around the home.
- Staff had regular supervision sessions with the registered manager so they were confident with their roles and responsibilities.
- The manager ensured weekly and monthly quality audits were completed. If any issues were identified these were addressed as soon as possible. An example of this was during an audit a trip hazard was identified with uneven pavement. A risk assessment was then put in place and the identified hazard was shared with staff so they were all aware.
- The manager told us how important it was for her to be open and honest if something was to go wrong. She understood her responsibilities to share this with family and the relevant authorities. An example of this was the registered manager regularly sent through notifications to the CQC, to make us aware of any



significant events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt involved with the running of the home due to the manager encouraging inclusion. An example of this was the resident's meetings where people had the opportunity to put forward ideas or concerns. One example of this was "the local shop" idea, the home had acted upon this and now had a sweet shop that was offered to people in the afternoon. This was observed during the inspection and people were enjoying taking the opportunity to have "original style" sweets in a bag.
- Staff told us they felt listened to. The registered manager explained to us it was very important to take on board all ideas and how different ideas have a positive effect on the home. An example of this was during a staff meeting one of the members of staff had recommended a smarter environment to the dining room with new tablecloths and different bright coloured plates to aid people with dementia. This had positive results for more people attending core meal times and subsequently having a better diet.
- The manager promoted positive team working. There was effective communication and consistency in the care and support people received.

Continuous learning and improving care

- The manager was making constant improvements to the care and support provided, this was to strive to achieve the best possible outcomes for people.
- The manager was extremely proactive in listening to feedback and had a clear vision in how the home could continue to improve.
- Staff told us how everyone would openly discuss how the home could improve, one staff member said, "Everyone here really cares and really wants the home to be the best home it can be. All the staff are passionate and we always bring ideas to the table at staff meetings."

Working in partnership with others

- The home worked well in partnership with other agencies, which ensured people received safe and effective support in all areas of their lives. This included help with people's health needs.
- The home worked well with health and social care in line with people's specific needs. There was a positive attitude towards working well with external partners and identified benefits for the person involved.
- The home also worked with other care homes locally to share ideas. An example of this was dementia champion meetings where they shared new innovative ideas to bring a better quality of service and support to people living with dementia in the home.