Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Redcote Residential Home

23 Gainsborough Road, Lea, Gainsborough, DN21 5HR

Tel: 01427615700

Date of Inspection: 05 August 2014

Date of Publication: October 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Gainsborough Care Ltd
Registered Manager	Mrs Jane Helen Green
Overview of the service	Redcote Residential Home provides residential care for up to 28 people over the age of 65, some of whom are living with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 August 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. At the last inspection in October 2013, the provider was asked to take action to ensure there was an accurate record for each person using the service, including appropriate information and documents in relation to the care and treatment provided each person. At this inspection we found these issues had been addressed.

We talked with five of the 27 people using the service and three relatives. We looked at five people's care records and observed care being provided. We talked with three care staff, the cook, two housekeepers and the manager. We examined four staff records and the documentation related to quality audits.

This helped us to answer the questions below:

Is the service safe?

We found there were appropriate standards of hygiene and cleanliness and staff were conversant in procedures necessary for the prevention and control of infection.

Safe procedures were in place for the ordering, storage and administration of medicines.

Is the service effective?

Care was planned in conjunction with the person using the service or their relatives. Care plans had been reviewed regularly and updated as necessary. Care plans were therefore accurate and reflected people's needs.

Specialist equipment needs had been identified and required equipment was in place.

Visitors we talked with confirmed they were able to visit at any time and could see their relative in private if they wished.

Is the service caring?

All the people we talked with told us all the staff were kind and caring. A relative of a person using the service said, "They try their hardest to encourage (the person) to eat and will prepare anything (the person) fancies even though they eat very little of it."

People's preferences had been recorded and care and support was provided in accordance with their wishes.

Is the service responsive?

People were encouraged to provide feedback on the care provided and issues identified were addressed.

People told us staff listened to them and said, "If you want anything at all, you only have to ask. The carers will do anything for you."

The service cooperated and collaborated with other care professionals to ensure people had access to specialist support when required.

Is the service well led?

People using the service and the staff told us the manager was always available for them to talk to and acted on issues raised.

There were a range of quality audits in place to assess and monitor the quality of the service provided.

Care records and staff records were maintained and stored appropriately.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The people using the service and the relatives we talked with said the care provided was very good and the staff were kind and caring. One relative said, "I can't fault them. They can't do enough for (the person)." They went on to say their relative, "...loves it here."

We observed care and support being provided and saw staff encouraged people to be as independent as possible whilst providing assistance as required. We saw people were offered choices and staff gave them time to make decisions, supporting them as necessary. Staff had a good rapport with people and their relatives and clearly knew the people using the service well.

People's care records showed their needs had been assessed and additional aids had been put into place as necessary. Examples included mobility aids and specialist mattresses and cushions to prevent the development of pressure ulcers.

Care plans were comprehensive and included information about people's individual preferences such as their preferred routine at night time and a request for a female member of staff when showering. There was also an emergency evacuation plan for each person identifying the support they would need during an emergency. This meant care was planned to meet people's individual needs and wishes.

Some of the people using the service had dementia and lacked the capacity to make decisions about some aspects of their care. Mental capacity assessments had been undertaken to assess their capacity to make their own decisions about their care and support. We saw documentation relating to the Court of Protection appointment of a deputy to be involved in decisions in one person's care record. This meant that where people were unable to make their own decisions about their care and treatment, processes were in place to ensure decisions were made in their best interests.

The care records showed people had access to other professionals and services as required, including a chiropodist, optician, health services, and audiology, A community

nurse visiting the home during the inspection said she visited regularly and felt care was excellent and the staff very caring. This meant the service worked with other providers to promote the health and welfare of the people using the service.

People told us there were activities on most days and they were encouraged to join these, but were free to decline if they wished. We were told of the summer garden party which had taken place the previous weekend and a trip to a nearby wildlife park which was due to take place the following day. The hairdresser visited during the inspection and we were told they held a weekly hair and nails day where people had the opportunity to have manicures and hairdressing. This meant that activities were available to promote people's well-being and reduce social isolation.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The environment of the home was visibly clean at the time of the inspection and there were no unpleasant odours. We looked at the bathroom and toilet facilities and they appeared clean. However, one of the showers had some surface damage making cleaning difficult, thus increasing the risk of infection. We were told the new owners had agreed to install two new wet rooms and it had been agreed that this shower was to be replaced.

We saw routine housekeeping activities taking place and staff were conversant with the cleaning requirements at the home. There was a daily cleaning schedule for routine housekeeping duties and this had been signed to indicate the tasks had been completed.

We were told the carpets and curtains were shampooed and laundered as necessary. The provider may find it useful to note that there wasn't a schedule for the periodic cleaning and laundering of soft furnishings such as carpets and curtains. This meant it was difficult to ascertain when these tasks had been completed and when they were next due. People we talked with told us their rooms were cleaned regularly and they were happy with the standards of cleaning. However, a relative said the bedrooms needed deep cleaning from time to time and they were not certain this happened, citing dust on the top of wardrobes. The bedrooms we saw at the inspection appeared clean and tidy.

The kitchen was visibly clean on the day of the inspection and food was stored appropriately. Temperature checks for the fridges and freezers had been recorded daily and were within an acceptable range. We also saw records of probe checks of hot food prior to serving. Staff had attended food hygiene training and were conversant with the food handling requirements.

Waste was segregated and collected appropriately and the provider had a contract for the removal of clinical waste. Cleaning fluids were stored in line with guidance and information about the Control of Substances Hazardous to Health (COSHH) was available to all staff.

We saw staff used personal protective clothing when carrying out personal care and we observed them cleaning their hands following care activities and at meal times. Disposable aprons and gloves were available in all bathrooms and hand gel was available in all toilets and in the main hall. The staff we talked with were able to describe the steps they would

take if a person had an infection to reduce the risk of spread to others. This meant action was taken to prevent cross infection.

The home had an infection control policy to provide information to staff on all aspects of infection prevention and control. Infection control training was provided and the staff we talked with told us they had attended training. The manager was aware of the requirements to reduce the risk of legionella infection from showers and water supplies. Although there had been no previous routine checking, she told us that arrangements had recently been put into place to ensure the appropriate checks were carried out in the future. We found that systems were in place to identify and control the risk of infection to people using service.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We observed the administration of medicines at breakfast time and saw staff check the medicines against the Medicines Administration Record (MAR), before administering them. Staff ensured the medicines were taken and recorded this appropriately. We examined the MARs for five people and saw that they had been consistently completed. There was a photograph of each person at the front of their medication record to facilitate correct identification of the person and reduce the risk of errors occurring. This meant people were protected against the risks of inappropriate or unsafe administration of medicines.

We saw medicines were stored in a locked medicines trolley. Controlled drugs were stored separately within a locked cupboard. During our visit we carried out checks on the stock balances of two controlled drugs and these tallied with the records. This meant that systems were in place for the safe storage, and management of drugs.

We saw medicines audits had been carried out every month and were told staff checked medicines at each shift handover. We were told there was a system in place to ensure the timely ordering and supply of regular medicines each month and we did not find any evidence of missed administration on the MAR sheets we examined. This meant systems were in place to ensure that standards for medicines management were maintained.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw the records of a range of quality audits which had been undertaken in the previous six months prior to the inspection. Examples of audits completed in July 2014 included hand hygiene, health and safety, kitchen, medicines and infection control. We examined the results of these and asked the manager about action taken to improve as a result of the audits. We were told new food hygiene policies had been put into place and new colour coded equipment introduced in the kitchen as a result of the kitchen audits.This indicated that the service took action to identify issues and continuously improve the service.

Surveys were carried out with people using the service and their relatives. These were carried out annually and surveys were also sent to GPs annually. Recently, families had been encouraged to provide feedback on an independent website and as a result 27 responses had been obtained. Most of the feedback was very positive and the manager said she regularly checked the feedback and identified issues to take forward for improvement. Meetings were held every four months for people using the service and their relatives. People who attended the meetings told us they were able to raise issues and the manager responded positively. There was also an activities committee where trips and activities were planned. The membership of the activities committee consisted of people using the service and relatives and was organised by the activities coordinator. This meant the views of the people using the service were listened to and action was taken to improve the service where possible

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained

Reasons for our judgement

At the previous inspection in October 2013, we found the personalised records for people who used the service were not always accurate and did not always reflect their day to day care needs. There were gaps in the recording of daily information about the person and the care provided. At this inspection we checked whether these issues had been addressed.

The manager told us they had introduced new care planning documentation which improved the clarity and recording of information. We looked at the care records for four people using the service and found consistent organisation and recording of information. There was a photograph of the person at the front of the record and a signed form giving permission for photographs to be used in the record. Risk assessments had been completed and care plans were in place for each person. They had been reviewed and updated monthly and there were daily records of the care provided. Care plans had been signed by the person using the service or their representative to indicate their agreement. Where people lacked capacity to make decisions, mental capacity assessments had been undertaken.

The manager told us the staff records had been re-organised. We looked at four staff records and talked with two staff. Staff records contained recruitment information including the application form and interview assessment record. Two references had been obtained, photo identification and a copy of the criminal record check was included. Induction records and notes from supervision were found within the staff records along with certificates from training. All the records we looked at showed staff had completed a good range of training relevant to the needs of the people using the service.

Care records were kept in a secure location which was easily accessible to staff. We were told they were archived and disposed of in accordance with the requirements of the Data Protection Act (1998).

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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