

Randale Care Limited

# Redgate House Residential Home

## Inspection report

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## 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

Redgate House Residential Home is a residential care home providing personal and nursing care to up to 20 older people in one adapted building. At the time of our inspection on 22 August 2019 there were 18 people using the service, the majority of these people were living with dementia.

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

The risks to people in their daily lives were assessed and mitigated. There were systems designed to safeguard people from abuse. People were supported by staff who were available when they needed assistance and who were recruited safely. There were systems for the safe management of medicines and infection control.

Staff received training to meet people's needs. People's dietary and health needs were assessed and there were plans in place to meet them. The environment was suitable for the people who used the service. 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's received a service which was caring and respectful. People's rights to make their own choices, independence, dignity and privacy were promoted and respected.

People received a service where their needs were assessed, planned for and met. People's decisions regarding their end of life were documented. People had the opportunity to participate in meaningful social activities. There was a complaints procedure in place.

There were systems to assess and monitor the service provided which assisted the management team to address shortfalls. People's views about the service they received were valued and acted on to drive improvement.

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 requires improvement (published 22 September 2018).

### 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 ●

# Redgate House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We 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 reviewed the information we held about the service, including the previous inspection report and feedback from stakeholders and members of the public. We sought feedback from commissioners of the service. We used

all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, care staff, catering staff and activities staff. We also spoke with the general manager, who is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed the care provided and interactions between staff and people using the service throughout our inspection. We also spoke with a visiting healthcare professional.

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 received feedback from a commissioner of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and there were policies and procedures which guided staff on the actions they should take if there were risks of abuse.
- Appropriate referrals were made to the local authority safeguarding team when there were concerns about people's safety. Measures were put in place to reduce future risks.
- People's relatives told us they felt that their family members were safe living in the service. One relative said, "I know [family member] is safe."

Assessing risk, safety monitoring and management

- People's care records showed that risks in their daily living were assessed and mitigated. This included risks associated with falls, pressure ulcers, mobility and eating and drinking.
- Records showed that the health and safety in the service was routinely checked to ensure the service was safe. Equipment, including mobility was checked and serviced to make sure they were fit for purpose.
- Guidance was displayed in the service in case of a fire. There was a contingency plan in place which identified the actions to be taken in case of an emergency to keep people safe.

Staffing and recruitment

- We saw that staff were available to support people when they needed assistance.
- People and relatives told us they felt that there were enough staff. One person said, "If they [staff] think you need help they come to you, I never have to wait."
- Staffing levels were calculated in line with the needs of people who used the service.
- Checks were undertaken on new staff before they started working to ensure they were of good character and able to work in this type of service.

Using medicines safely

- Medicines were stored securely, and regular checks and audits supported the management team to identify any shortfalls and address them in a timely way.
- We observed part of the lunch time medicines administration and this was done safely. Medicine administration records (MAR) were completed appropriately.
- Staff who were responsible for administering medicines were trained to do so safely and had their competency checked by a member of the management team.

Preventing and controlling infection

- The service was visibly clean and hygienic throughout.

- Staff were provided with protective equipment, including disposable gloves and aprons, to reduce the risks of cross infection when supporting people with their personal care needs.
- Toilets and bathrooms provided hand wash liquid and disposable paper towels for people to use to reduce cross contamination risks.
- Staff had received training in food hygiene and infection control.

#### Learning lessons when things go wrong

- There were systems to learn lessons from incidents to drive improvement. This included reviewing care plans and risk assessments, for example when a person had fallen.
- Staff were advised of any changes relating to lessons learned in staff meetings.

# Is the service effective?

## Our findings

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

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

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

- Before people moved into the service an assessment of their individual and diverse needs was undertaken by a member of the management team. These assessments were completed with the input of people who were going to use the service and their representatives, including relatives and other professionals involved in their care.
- People's relatives we spoke with confirmed that they were included in their family member's needs assessments and felt listened to.
- The assessments were used to assess if the service could meet people's needs and to inform the care plans.

Staff support: induction, training, skills and experience

- There were systems to provide staff with training, support and the opportunity to achieve qualifications in care.
- New staff received an induction, including training and shadowing more experienced colleagues. Probationary documents showed that the new staff's competency was checked before they started to work alone.
- Staff received one to one supervision and appraisal meetings, which provided the opportunity to discuss their work practice, receive feedback and identify any training needs they had.

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

- People were provided with a choice of meals and they chose where they wanted to eat. People told us they enjoyed the food. One person said, "It is always very nice."
- Where people required assistance to eat their meals, this was done by staff who were patient and supported people at their own pace. Lunch time was a relaxed and social occasion. The meal was served by the cook which supported them to identify if people enjoyed their meals. We saw the cook asking people if they liked their meal, comments from people included, "It was very good."
- Where concerns about people's food and fluid intake was identified appropriate referrals to professionals were made. People received food and drinks to supplement their calorie intake where they were at risk of losing weight.
- A staff member showed us the equipment that had been purchased to support people if they choked. Records showed that staff had received training in using this equipment effectively.
- People had access to their choices of hot and cold drinks throughout our inspection visit, reducing the risks of dehydration.



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

- The general manager and registered manager told us they had good relationships with other professionals, including healthcare professionals, to ensure people received the consistent healthcare they needed.
- Records showed that where there were concerns about people's wellbeing appropriate referrals were made to healthcare professionals and any guidance was incorporated into people's care plans.
- People's relatives told us they felt their family members had access to healthcare professionals when needed. One person's relative said, "If [family member] needs the doctor, they [staff] call one in, if [family member] needs to go to hospital they get that sorted. Always let us know what is happening."
- A healthcare professional who regularly visited the service confirmed that the staff worked well with them and were proactive in reporting and recognising when there were issues with people's wellbeing.

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

- The environment was suitable to meet people's needs, including being accessible to people who used equipment, including walking frames and wheelchairs to mobilise.
- Signage, such as where toilets were, supported people to independently navigate around the service. People's bedrooms had memory boxes at their doors, which supported them to identify their own personal space.
- Communal areas provided space where people could meet and participate in activities. These included a large dining room and lounge and a secured well-maintained garden. During our inspection visit we saw people using all of these areas.

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.

- People's care records included information about their capacity to make their own decisions and those who were responsible for supporting them if they did not have capacity, such as named relatives.
- People had signed their care records to show they consented to the care being provided. Where people did not have capacity to make their own decisions the records were signed by their relatives.
- Referrals had been made where people had been deprived of their liberty, these had not yet been authorised by the appropriate professionals.
- We saw staff asked for people's consent before providing any care and support, such as if they needed assistance with their meals.

# 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

- We saw that the staff interacted with people in a caring and respectful way. They communicated effectively with people, including maintaining eye contact and using reassuring touch where led by people using the service.
- Without exception, people using the service and relatives told us about the caring attitude of the staff. One person said, "They are all immaculate... they are very good to me, never shout," a staff member passed and greeted the person who told us, "You can see the friendship can't you?" Another person told us, "I get on with most of them, except that one," which was a staff member standing nearby, the person laughed and told the staff member what they had told us, which resulted in both laughing. One relative said, "There is such a friendly atmosphere."

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

- We saw staff listening to people's choices and acting on them during our inspection visit. This included where they wanted to be in the service, if they wanted to participate in activities and if they needed assistance with their meal.
- People's records included their preferences relating to their care, including their likes and dislikes.
- People's relatives told us they were consulted about the care and support their family members required and felt they were listened to.

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for staff on how their privacy and dignity should be respected. The areas of people's care that they could attend to independently and where they needed staff support was included.
- Staff respected people's privacy and dignity by speaking with them in a discreet way relating to if they needed assistance with their personal care needs.
- Staff promoted and respected people's independence. This included encouraging people's independence during lunch time and providing support when requested.

# Is the service responsive?

## Our findings

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

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

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

- People's care records demonstrated that their individual needs were assessed, planned for and met. The general manager told us they were in the process of reviewing and updating all people's care records, as part of their ongoing improvements.
- People told us they were happy in the service and relatives said they felt their family members needs were met. One person commented, "I am happy here." One person's relative commented, "[Family member] seems happy, they look after [family member] good, know all the staff."
- Records provided guidance for staff relating to how people may display their anxiety and distress, potential triggers and how staff should support them to reduce distress. One person's relative told us how the service knew how to support their family member when they were distressed and had consulted with them about the strategies used.
- We saw that staff were responsive when an incident had happened in the garden during our inspection visit. This included reassuring the person, a staff member covered them with an umbrella to protect them from the sun and calling emergency services. All of this was done without other people using the service being made aware and reducing the risks of distress.
- One person's relative told us how their family member's wellbeing had improved since moving into the service. They attributed this to the individualised care and support provided by the staff.

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.

- Displayed documents in the service, included information that accessible formats would be provided on request. This included in larger print.
- People's records included information about how they communicated and guidance for staff on how to communicate effectively with the individual.

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

- People were provided with the opportunity to participate in activities that interested them. One person told us that the activities staff were, "Very good at it [organising activities]." There were photographs of people enjoying activities in the service and lots of items people had made and decorated displayed. One relative said, "There is always a lot of activities. [Family member] joins in with everything."

- People's records included information about what people liked to do, and records of activities assessed if people had enjoyed them and how these had impacted on their wellbeing.
- During our inspection visit we saw that people participated in a range of activities, this included doing colouring, doing a jigsaw and having a lively sing song with the recently purchased microphones. There was a programme of group activities and those who did not wish to participate were supported on a one to one basis.
- Where people wanted to participate in chores in their home, this was supported. One person polished and dried up items used at lunchtime.
- People's records included information about the important people in their lives and how they maintained contact. We saw people entertaining their visitors during our inspection visit. One person's relative commented, "All the carers are lovely, they always make us welcome."
- One person's relative told us how the staff had organised for their family to attend a meal in the service for a relative's birthday. This included setting up a private table for the family and providing a birthday cake.

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

- There was a complaints procedure in place and people and visitors were advised of how to raise a concern or complaint was displayed in the service.
- One person's relative told us, "I know how to make a complaint, not needed to, but I am sure if I did I would be listened to." Another relative said if they did raise any concerns, these were always listened to and acted on.
- Records showed that people's concerns and complaints were addressed promptly and used to drive improvement.

#### End of life care and support

- People's end of life decisions were documented in their care records, including where they wanted to be cared for at the end of their lives and if they wanted to be resuscitated.
- The general manager told us how they were working with local healthcare professionals in providing good end of life care.
- Distance learning in end of life was available for staff to complete, the general manager told us they were aiming for all staff to complete this and were going to have a staff member to act as an end of life champion.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. 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

- We received positive comments about the service and how it was managed from people and relatives. One person told us, "It is lovely here." One person's relative said, "Communication is good with [the registered manager] and staff." Another relative commented, "I can't fault the place."
- Staff told us there was a positive culture in the service and their comments were listened to.

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

- The registered manager and general manager understood their responsibilities relating to the duty of candour.

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

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role. The registered manager and general manager had a good understanding of what was happening in the service.
- The registered manager, general manager and assistant manager told us that the providers were supportive and responsive to continuously improve the service.
- Staff spoken with understood their role and the ethos of the service.
- Staff meeting minutes demonstrated that staff were kept updated with any changes in the service and any shortfalls which required addressing. This included reminding staff about their responsibilities relating to safeguarding, whistleblowing and infection control.

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

- People using the service and their relatives were asked for their views about the service in satisfaction surveys. We saw the results from the surveys which had been completed in July 2019, most of which were positive. Where comments were made which could improve the service, these were listened to and acted upon. This included purchasing new blankets for people to use and reminding people of the complaints procedure.
- Records demonstrated that people using the service and relatives were further engaged with relating their views about the service in weekly liaison contacts and reviews of care. The general manager told us

feedback was sought on a one to one basis for people using the service as attempts at holding house meetings had been distressing for people.

#### Continuous learning and improving care

- The registered manager and general manager had a programme of audits which assisted them to identify any shortfalls and address them promptly. An action plan was in place to show where improvements were being implemented and timescales for completion.
- Staff received training and support to meet people's needs.
- The general manager told us about the work they were doing to improve the service following their own appraisal with a representative of the provider. This included organising trips out for people, a trip to the zoo and a boat trip had been identified. Records confirmed what we had been told.

#### Working in partnership with others

- The general manager and registered manager told us they had positive relationships with other professionals involved in people's care. This included commissioners and health care professionals.
- The service had built relationships in the local community which supported people to maintain contact with the area they lived in. This included visits from local schoolchildren, and people going for meals out in local services.