

Sanctuary Care Limited

# Redhill Court Residential Care 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

Redhill Court Residential Care Home is a residential care home providing personal care to up to 66 people. At the time of our inspection 58 people lived at the home. Some of those people lived with dementia.

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

People felt safe living at Redhill Court Residential Care Home. Staff and the management team took action to keep people safe and protect them from harm. Risk reduction strategies had been implemented to prevent accidents and incidents recurring.

Recruitment processes were followed to prevent unsuitable staff being appointed. Enough staff were available to meet people's needs. The management team were monitoring night staffing to confirm sufficient levels. Medicines were appropriately managed to prevent people being placed at risk.

The home was visibly clean, and the provider's infection prevention and control measures were mostly effective. The environment was dementia friendly in line with best practice. A range of communal areas including a well-maintained garden was available for people to enjoy.

People were supported to have 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 and their relatives had confidence in the ability of staff to provide effective care. Staff completed an induction when they started work and completed ongoing training to help them provide effective care to people.

People enjoyed the food and drink available and their dietary needs were met. People had access to healthcare professionals when needed aimed to maintain or increase people's health and well-being.

People received personalised care and the staff team demonstrated a shared commitment to providing good care. People liked the staff and we saw staff treated them with kindness.

People's right to privacy was respected, their independence was promoted, and their dignity was maintained.

People were happy with the social activities available to occupy their time and they had been supported to keep in contact with people who were important to them during the COVID-19 pandemic.

People and relatives spoke positively about the management team. Governance processes enabled managers and the provider to have an oversight of the service. The registered manager understood their

responsibilities and staff understood what the management team expected of them.

People and their relatives knew how to complain. Feedback was welcomed and was used to drive forward improvement and learn lessons. The management team welcomed our inspection and understood the need to be open and honest if things went wrong.

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 13 June 2018).

#### Why we inspected

This was a planned inspection to provide a rating for the service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Redhill Court 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector and a pharmacy inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection of 08 March 2018. 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 12 people who used the service and seven people's relatives about their experience of the care provided. We spoke with eight members of staff including the cook, the deputy manager, care staff, a support manager and the registered manager. We observed a medicine round in which we saw six people being given their medicine. We looked at the medicines administration records for three people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records, including three people's care records to see how their care and support was planned and delivered.

We looked at records related to how the service operated and was managed. We also reviewed three staff files to check staff had been recruited safely.

# 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 we found this key question remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Staff had an understanding of how to manage and reduce risks. They described the actions they needed to take to keep people safe. One staff member said, " They [Person] is at risk of falls. We use a sensor movement alarm and a crash mat to help prevent falls and injuries." We saw this equipment was available in the person's bedroom.
- Risks associated with people's care had been identified and assessed. Risk management plans contained the information staff needed to provide safe care.
- Emergency and contingency plans were in place. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.

### Learning lessons when things go wrong

- The management team had a good approach to risk reduction. Accidents, incidents and complaints were analysed monthly to identify measures that could be taken to prevent reoccurrence. For example, referrals had been made to the falls team to seek specialist support to prevent falls.
- The provider had shared learning throughout their organisation to ensure outcomes for people were continually improved.

### Systems and processes to safeguard people from the risk of abuse.

- People felt safe. One person said, "I've never had anything to worry about here." Another person told us, "I have no worries. I have not received any bad treatment."
- Relatives felt people were safe. One relative said, "Since they [family member] moved in the home, I feel like I've had a weight lifted off my shoulders. I can go out and go on holiday and know they are safe and well looked after."
- Staff completed safeguarding training and were aware of the different types of abuse people could experience. They described how they would report any concerns. Staff also confirmed they would go higher in the organisation or to the police if they felt they were not responded to appropriately by the management team.
- The registered manager and the nominated individual understood their responsibilities to keep people safe. They had shared information with the local authority and CQC as required.

### Staffing and recruitment

- People told us enough staff were on duty to meet their needs. One person said, "There are enough staff at all times."
- Staff were available when people needed them during our visit and people's requests for assistance were

responded to promptly.

- The number of staff required on each shift was determined by assessing people's individual needs. These assessments were reviewed frequently to ensure staffing levels remained sufficient. The registered manager and area manager confirmed they were monitoring staff levels for days and nights and would continue to do so to ensure sufficient staff.
- Staff were recruited safely. Risk reduction processes were used to minimise any harm to people. The provider completed pre-employment checks to ensure their staff were suitable.

#### Using medicines safely

- Overall medicines were administered, stored and disposed of safely. Where issues were identified as highlighted below, they were dealt with immediately by the registered manager.
- People were given their medicines in a way that had been recorded as their preference.
- Staff had the appropriate training and competency to support people with their medicines
- Medicines rounds were completed at the same time each day but the night round was generally late and one person told us they had to stay awake just for their medicines
- Staff had the appropriate training and competency to support people with their medicines
- We identified that staff had not always ensured that pain patches were applied to people in accordance with manufacturers guidance. We also found one bottle of eye drops had been dated as opened in May 2021. However, they were still available for use instead of being disposed after the 28 day expiry date. No negative impacts to people were determined relating to these issues and the registered manager took immediate rectifying actions to address the issues.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 we found this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### 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.

- The provider was compliant with the MCA. People confirmed staff sought their consent before providing any assistance. We witnessed this throughout our visit. A staff member asked one person if they would like to go to their bedroom. The person nodded, stood up and happily followed the staff member.
- The registered manager understood their responsibilities under the Act. They had assessed people's capacity and applications had been made for DoLS authorisations when required.
- People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed. The outcomes of decisions made were recorded.
- Staff had completed training to help them understand the principles of the MCA. One staff member said, "People sometimes exercise their right to refuse support. When this happens, I ask again later. Staff can't force people to do anything."

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

- A relative told us, "We were asked lots of questions about their [family member] conditions, what care and support they needed and what was important to them." Staff told us the information gathered during assessments helped develop care plans and risk assessments which helped them to get to know people.

### Staff support: induction, training, skills and experience

- People and relatives were satisfied with the ability of staff to provide effective care.
- Staff confirmed the training they had received. They told us it had helped them be able to care for people safely and effectively. A staff member said, "I have completed a range of training and I feel able to do my job well."

During our visit we observed two staff use a piece of equipment to safely to move one person from an armchair into their wheelchair. This confirmed the transfer of people training they had received was effective.

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

- People told us they liked the food and their dietary needs were met. A person said, "I love the food, no complaints at all." Another person told us, "The food is always nice there are two choices. If we [people] don't like the meals we can have something else".
- Some people were at risk of choking. Those people were provided with a range of modified textured food and drinks in line with the specialist advice.
- The lunchtime mealtime experience was positive for people. People chatted in the dining rooms. Staff were available to assist people with eating.

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

- People and their relatives told us healthcare professionals were secured for people when required. One person said, "If I need to see a doctor they come to see me." A relative said, "Mum is seen often by the doctor and other health services. She is fairly healthy."
- People who wanted them had also had their COVID-19 vaccinations.
- Staff had good working relationships with other professionals involved in people's care, including speech and language therapists and district nurses. This supported people's health and maintained their wellbeing.

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

- The premises promoted a dementia friendly environment. For example, signage helped people to locate their way around the building.
- People had personalised their bedrooms. One person invited us into their bedroom and showed us photos of their family and their ornaments. A relative said, "I brought in pictures and small furniture to make them [family member] feel at home."
- A range of communal areas including a well-maintained garden was available for people to enjoy.

# 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 we found this key question remained good. 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 we spoke with were all positive about the staff. Comments included, "The staff look after me very well." and, "Nothing is too much trouble for them." A relative told us, "The staff are lovely with mum. They are kind." We saw staff treated people with kindness.
- People and where appropriate their relatives were involved in making decisions about their care. One person explained how they made daily decisions such as what time they wished to get up, what they wanted to eat and where they wished to spend their time.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. A person told us, "I like to spend time in my room sometimes. The staff know this is important to me and let me do that."
- People felt respected by the staff. A person said, "The staff are polite and knock my door before coming into my room." A relative confirmed, "The staff are always polite and welcoming when I visit."
- People's dignity was upheld. We saw staff ensured that people's clothes covered their body appropriately when they were being assisted to move to protect their dignity.
- Staff promoted people's independence. A person told us, "I like to do what I can for myself. The staff just give me support sometimes only when I really need help." A relative said, "They [person] are encouraged to do what they can for themselves. Even small tasks such as washing their face. This helps [person] feel happy."
- People's personal information was managed securely in line with data protection law. We saw staff made sure cupboards where people's care files were kept were locked at all times.

# Is the service responsive?

## Our findings

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

At the last inspection of this key question was rated as good. At this inspection we found this key question remained good. 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 received personalised and responsive care. One person said, "I live my life how I want to. I do what I want to each day."
- The staff team demonstrated a shared commitment to providing good care. Staff knew what was important to people such as their families, their pets and previous personal interests. Relatives confirmed staff having good knowledge of their family member's likes and dislikes had a positive impact on their wellbeing.
- Care records contained information to help staff meet people's needs including their life histories and things that were important to them. Staff told us if people's needs changed, they were informed verbally, and care records were also updated. This was confirmed by people and relatives we spoke with.

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 happy with the social activities available to occupy their time. Comments included, "I like having my hair and nails done," and, "I like painting." One person enjoyed listening to their favourite singers. The staff knew this and had enabled the person to watch and hear their favourite singers on the television screen. The person was singing along to the singers for a large proportion of the day. They said, "I love listening to the music. It is great, my favourites."
- People had been supported to keep in contact with people who were important to them during the COVID-19 pandemic in a variety of ways including telephone calls and video calls. A relative confirmed how wonderful it was they could use technology to see and speak with their family member during the pandemic.

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.

- Information including food menus were available in a format people could understand such as, large print text and pictorial. This was important as some people had visual impairments and lived with dementia.

End of life care and support

- People's end of life wishes had been discussed and were documented if they had chosen to share the information.
- Staff told us they worked in partnership with health professionals for example, the district nurse and

palliative care teams, to ensure people were well cared for at the end of their lives.

Improving care quality in response to complaints or concerns

- Complaints systems were in place and accessible to people and visitors to the service. The registered manager confirmed no complaints had been received for some time.
- People and their relatives told us they were aware with the complaints procedure and would be happy to raise any issues with the staff or the registered manager. A person said, "I am happy with everything. If I wasn't I would tell the manager she would look into it." A relative said, "I have nothing but praise and gratitude. I have no concerns or complaints at all."

# 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 we found this key question remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us the home was good. They were positive about the leadership of the service. One person said, " She (registered manager) is nice. She talks to me and checks if I am okay and happy." A relative said, "I am always kept informed about what's going on. It is a well-led home."
- People's feedback was happily accepted and listened to. People and relatives had said the reception area was dark and unattractive. Action had been taken to address this. New furniture had been ordered, new flooring had been provided and the walls had been painted. This made the reception area brighter and more attractive.
- The provider had received a range of compliments about the service provided including, 'It was definitely the right decision to move mum to Redhill Court she is happy and cared for' and, 'You all do a wonderful job.'
- We received positive feedback about the leadership of the service from staff. Although there had been issues these had been dealt with. The management team were open and honest about recent challenges and how they had addressed these.

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

- Managerial and provider oversight of the service was good. The registered manager demonstrated a good understanding of the regulations and their responsibilities. They were supported by a peripatetic support manager when needed and a team of senior care workers.
- The registered manager kept their knowledge of legislation and best practice up to date in a variety of ways. They attended meetings with other managers within the provider group to share information and best practice.
- Staff understood what the management team expected of them and they demonstrated a shared commitment to providing good care. Staff practices were observed to ensure staff were competent to carry out their roles.
- The provider had invested in an electronic medicine administration system which had multiple benefits. The medication system gave staff more time to spend with people as they spent less time completing paperwork.
- A proactive approach to risk reduction was used. This included monthly analysis of accidents, incidents

and complaints to prevent reoccurrence.

Continuous learning and improving care; Working in partnership with others

- Documents highlighted governance processes were on-going. This was confirmed by staff we spoke with. Quality assurance systems were used to identify and address any areas that fell below the provider's expectation.
- The management team welcomed our inspection and understood the need to be open and honest if things had gone wrong. We found a few issues that required attention. These included taps that had to be run for some time before the water became hot and some minor issues relating to medicine management. These issues were rectified quickly after we had highlighted them.
- The nominated individual or a senior staff member delegated by them visited the service regularly and they completed additional checks of the service provided to people.
- The management team looked for ways to strengthen their governance systems to improve outcomes for people. During the restriction times of the pandemic ways to engage with relatives had worked. These included for example, telephone and video calls. A relative said, "It was marvellous we could keep in contact with the staff to know what was going on."
- The staff team worked in partnership with other health professionals. Links with the local NHS services and providers were established.