

## Redcroft Care Services Care Home Service

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Edinburgh  
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**Type of inspection:**  
Unannounced

**Completed on:**  
22 September 2021

**Service provided by:**  
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Partnership)

**Service provider number:**  
SP2008009890

**Service no:**  
CS2008183684

## About the service

This care home is currently registered in 2009 with the Care Inspectorate to provide care for up to 11 adults with learning disabilities.

The service is located in Colinton/Oxgangs area in Edinburgh and is close to public transport services and local amenities. Residents' rooms are located on the ground and first floor with shared use of bathrooms, kitchen and communal areas. There is a steep slope leading down to the home. There are steps to the front and the provider had installed ramped access.

There is garden to the front and back of the house. The back garden can be accessed via the utility room. However, because of steps going down from a decked area an alternative access to the back garden is via the front garden.

Redcroft Care Services has a statement of aims and values including: 'We recognise that, whatever their disabilities, our service users have the same rights as everyone else and should be supported in a way that allows them to live their lives as they would wish.'

Through a process of person-centred care planning, we can help to identify the support needs of each person and work towards enabling them to achieve their goals.

All our residents are individuals, and all staff will respect their dignity and their right to privacy. Some may need help with many different aspects of their lives, from assistance with personal care or communicating their wishes through to support in their leisure activities or help in managing finances.

We aim to enable them to achieve their full potential by providing appropriate support to each individual.

The environment of residential care services is also hugely important. We ensure that there is wheelchair access when needed and that there are systems in place to promote independence for those with mobility problems. Outside space is also important, and we encourage our residents to enjoy the whole range of facilities we offer.

Residents will be supported to make their own decisions and be involved at every stage of the care planning process, ensuring that they can lead happy, fulfilling and satisfying lives.'

## What people told us

We spoke to five of the six people living in the home at the time of our inspections. We also spoke to some of their relatives and friends. Overall people felt staff were supportive, but that the home would benefit from decoration and being freshened up. Comments included:

"Staff are good, I like living here".

"Xxxxx has lived here for many years. He seems well supported and is generally very happy. He's always well presented. The service are good at keeping us informed. We would like it very much if the service had their own transport and could arrange more outings and activities"

"We feel that there have been too many changes in staffing. Staff seem very dedicated and caring. The decor is tired and needs freshened up. The management are accessible and good at keeping us up to date

with any issues that arise".

"I'm happy and I like it here"

"We're happy. We have good relationships with staff and communication is effective"

"The house is a bit run down and it's small for six people. That said, it's always clean and tidy. Staff work well with Xxxx and we appreciate their efforts. They always try and work in a way that promotes his independence. We do feel he would benefit from more activities. He spends too much time in his room"

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our setting?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

Staff engaged effectively with people experiencing care. Their interactions with people was respectful and inclusive. Staff sought to promote people's choices and independence whilst supporting them.

People and their family representatives shared the view that the care provided at Redcroft was appropriately kind and compassionate

People were well supported to maintain close family contact and to engage with community resources for social and recreational purposes. Some people had been enabled to go on holiday, helping them to get the most out of life.

Staff recognised when changes in people's presentation required referral to professionals from health and community-based services. These responsive approaches helped ensure people accessed essential resources as their needs changed.

Although there was some good quality care planning documentation, it was not always clear as to when care plans had been updated. Some care plans had notes which indicated when changes were made, but this was not consistently clear.

The manager should ensure that all care plans are current and up-to-date, clearly indicating when changes were made and by whom. Care plans should clearly evidence the author and be signed by the person

experiencing care. If the person experiencing care wishes or where appropriate, people important to them should also be involved in developing and signing the plan. This will help indicate stakeholder involvement and their consent and agreement with the care delivery strategies laid out in the documents concerned.

There were gaps in the review history of people living at Redcroft. Reviews need to be carried out a minimum of six monthly intervals. They should clearly evidence the views of people and their representatives with a greater evaluate focus on the quality of staffing and the outcomes arising from care delivery (see area for improvement 1).

## Areas for improvement

1. People experiencing care should be part of developing their own personal/care plans. To make sure people's assessments and planned care reflects their needs and things that are important to them, significant others identified by the person should be involved where appropriate.

The plans should include, but not be limited to supporting people to:

- maintain hobbies and interests which may involve positive risk taking,
- be as independent as possible which may involve risk enablement,
- highlight what is important to them,
- identify care needs and agreed support for people,
- review with people any changes to the agreed plan as needed or at a minimum every six months.

This is in order to comply with the Health and Social Care Standards-My Life, My Support (2018), which state:

1.19 My care and support meets my needs and is right for me.

2.11 My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

2. The service should ensure that they undertake service reviews with residents and family representatives at a minimum of six monthly intervals, or as people's needs change.

Reviews should be more place a greater emphasis on evaluating the outcomes arising from the support provided.

This is in order to comply with the Health and Social Care Standards-My Life, My Support (2018), which state:

1.19- My care and support meets my needs and is right for me.

1.9- I am recognised as an expert in my own experiences, needs and wishes.

2.11 -My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

4.8 - I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

## How good is our setting?

## 2 - Weak

Overall we evaluated the setting as weak. There were important weaknesses that needed priority actions to improve the environment.

In some areas of the home the standard of decoration, furnishings, fittings needed significant improvement in order to bring the care home environment to an acceptable standard. People experienced a setting that was functional rather than warm and homely.

There was worn carpet on the stairs which had been patched with tape. This tape had come loose. The carpet presented as a potentially trip hazard, as well as being unsightly.

Flooring was damaged in the communal dining room and a loose banister on the stair needed secured in order to ensure the safety of residents.

Fittings on a door closing mechanism were damaged and needed replaced and holes in the wall, from equipment which had been removed, had been left unfilled and undecorated.

Paintwork in some areas was blistered and unsightly. There were areas of skirting and wallpaper which needed renewed or replaced. We also considered later in this report how this can impact on good infection, prevention and control.

The provider must develop and implement a system which ensures that all essential repairs are carried out within timeframes that minimise impact on people and ensures their safety and well being (see requirement 1).

There were improvements to the garden area of the home. This had been made more inviting and accessible via a stair and decking area. There were planters and raised beds which allowed people to participate in gardening activities.

Although there was a designated "quiet room" in the home., this was not a space that offered people any obvious facility for relaxation or recreation. This room could be developed with the involvement of people, creating an inviting and therapeutic resource.

The provider had taken action on installing thermostatic controls on taps and the main shower room in the home. Although the manager maintained records indicating that temperatures were checked regularly, one tap ran hotter than that recorded on the audit documentation. We highlighted this to management who subsequently took remedial action to address the issue. In order to ensure people's safety, the provider must ensure that systems for monitoring tap temperatures are effective (see requirement 1).

## Requirements

1.  
Requirement 1  
In meeting this requirement people should experience high quality facilities that are well maintained. In

order to achieve this by 15 November 2021 the provider must ensure:

- that the premises are maintained, furnished and decorated to a good standard .
- any essential repairs and redecoration are logged and carried out within timescales that ensure there is no compromise to people's (service users) safety. This includes but is not limited to trip and slip hazards from floor coverings and that surfaces are of a state that allows appropriate cleaning.
- health and safety measures in the home are regularly audited in line with manufacturers and/or Health and Safety Executive recommendations,
- any issues or repairs which would compromise peoples' (service users safety are undertaken without delay,
- the environment should be kept in a good state of repair, that includes, but is not limited to repair or replacement of wallpaper that is peeling off walls. A re-decoration plan is developed and were possible people (service users) are involved in the re-decoration plan.

This is in order to comply with the Health and Social Care Standards-My Life, My Support (2018), which state:

4.27- I experience high quality care and support because people have the necessary information and resources

5.22- I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment

And

5.13 If I live in a care home, I can decide on the decoration, furnishing and layout of my bedroom, including bringing my own furniture and fittings where possible.

It is also in order to comply with Regulation 10 (2) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

## How good is our care and support during the COVID-19 pandemic?

### 3 - Adequate

Overall, there were strengths that outweighed areas to improve and we evaluated this key question as adequate.

Staff had undertaken a range of training associated with Infection Prevention Control (IPC) and the use of Personal Protective Equipment. This training was supplemented by regular management updates around Covid 19 and best practice.

More manager observation of staff practice, including new staff would help everyone to consistently implement training and promote good IPC for everyone. Observations should directly address hand hygiene, donning and doffing of PPE and safe care delivery.

To improve IPC the range and sizes of glove available should be improve so that personal care is delivered safely for people. PPE dispensers should only contain gloves suitable for safe delivery of personal care.

Staff were aware of guidance around laundry practice and infection control. We saw that laundry was carried out in accordance with best practice guidelines.

Cleanliness in the home should be improved to reduce the risks of cross infection. As mentioned earlier in the report, some areas were difficult to keep clean, for example where paint was peeling. While there were records to show cleaning had occurred, some areas were not clean.

Appropriate disposal of PPE was generally done well, but one bin not designed for PPE was being used for its disposal (See requirement one).

Although there was guidance on hand washing techniques available to staff, the staff should utilise that issued by Health Protection Scotland/NHS Scotland.

## Requirements

### 1. Requirement one.

In meeting this requirement people will experience a clean environment that reduces the risks associated with cross infection. In order to achieve this by 15 November 2021 the provider must ensure the premises, furnishings and equipment are clean, tidy and well-maintained, in particular but not limited to;

- effective arrangements are in place that follow up to date infection, prevention and control practices for care homes,
- the environment is consistently safe and well maintained.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22); and to comply with

Regulation 4(1)(a) and (d) and Regulation 10(2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

See also COVID-19: Information and Guidance for Care Home Settings (Adults and Older People) Version 2.1.

## Areas for improvement

### 1. In order to maintain a safe and infection free care home, the manager should ensure that they provide more frequent observations of staff practice. There should be a clear focus on determining competency around all key aspects of IPC and the use of PPE .

The Health and Social Care Standards (2018)-My Life My Support

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

-4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

In order to ensure that residents are safe and protected the provider must ensure that by 17 March 2020, health and safety measures in the home are regularly audited and any issues which would compromise residents' safety recorded and reported promptly.

In addition the provider must ensure that the heating system allows for adjustment to radiators to control the temperature and maintain these at a safe level.

The provider must also ensure that thermostatic controls are in place that comply with health and safety legislation for care homes, making sure temperatures at water outlets are maintained at a safe level.

The provider must send evidence to the Care Inspectorate when the required works have been completed and confirm that daily temperature recordings are being consistently completed. This to ensure care and support is consistent with the Health and Social Care Standards which state that 'I use a service and organisation that are well led and managed.' (HSCS 4.23)

**This requirement was made on 10 March 2020.**

#### Action taken on previous requirement

Although the service had documentation which evidenced routine checks of water temperature and regular management audits of this documentation, we found a tap in the bathroom where the water temperature was greater than the recorded range in the service's audit records

Whilst the service responded promptly to address this issue, we were concerned that routine staff checks had not identified this issue.

Water temperature and resident safety have been concerns at our two most recent inspections of the service. We continue to have concerns around the effectiveness of monitoring checks and the potential impact on resident health.

**Not met**



## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order to ensure that risks to residents are minimised, the provider should maintain a centralised log of all incidents and accidents. This is so that factors contributing to incidents can be analysed regularly and care and support arrangements adapted accordingly.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS. 4.11)

**This area for improvement was made on 27 August 2019.**

#### Action taken since then

The service have a centralised log for accidents and incidents. This allows management overview and analysis of key events.

#### Previous area for improvement 2

In order that residents know well in advance who will be providing their care and support the provider should ensure that staff rotas are issued well in advance.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event.' (HSCS 4.14).

**This area for improvement was made on 27 August 2019.**

#### Action taken since then

Rotas are available to service users and established in advance

#### Previous area for improvement 3

In order that residents live in an environment which promotes their rights to safety and wellbeing, the provider must carry out regular audits of infection control measures within the home and ensure that any actions arising from these are dealt with promptly.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that 'My environment is secure and safe.' (HSCS 5.17)

**This area for improvement was made on 27 August 2019.**

#### Action taken since then

Although there were regular audits of infection control measures, we found that these did not always identify areas of concern. See requirement 1, Quality indicator 7.2 of this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate

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