

Redcroft Care Services Care Home Service

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Edinburgh
EH13 9NQ

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Type of inspection:
Unannounced

Completed on:
13 March 2023

Service provided by:
Rajen & Joanne Mawjee, (A
Partnership)

Service provider number:
SP2008009890

Service no:
CS2008183684

About the service

Redcroft Care Home is located in the Colinton/Oxgangs area of Edinburgh and provides care for up to 11 adults with learning disabilities. The provider is Rajen & Joanne Mawjee, (A Partnership).

The care home is located close to public transport services and local amenities. Each person living in Redcroft has their own bedroom located on the ground or first floor. There is shared use of bathrooms, the kitchen, lounge, dining room and quiet room.

There are steps to the front alongside ramped access. There are gardens to the front and back of the house . The back garden can be accessed by steep steps leading from the utility room, or from the front garden.

At the time of this inspection, six people were living in Redcroft Care Home.

About the inspection

This was an unannounced inspection which took place on 1 March 2023 between 09:30 and 17:00; 2 March 2023 between 09:00 and 19:00 and 9 March between 10:00 and 12:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with five people living in the home
- spoke with family members
- spoke with staff and management teams
- observed staff practice and daily life
- reviewed a range of documents, including completed questionnaires.

Key messages

- People who experience care needed more opportunity to have their views, preferences and wishes taken into account.
- Improvements were needed to ensure people's health and wellbeing was monitored and promoted.
- There were missed opportunities to promote and develop meaningful relationships for people living in Redcroft.
- Improvements were needed to ensure strong leadership drives sustainable change within the home.
- Staff would benefit from protected time to reflect on practice, share good practice and improve outcomes for people.
- Significant improvement was needed to ensure that the home environment remains fit for purpose, is safe and clean for people living in Redcroft.

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? | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| How good is our setting? | 2 - Weak |

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

While people experiencing care benefitted from fun, jovial interactions with many staff, these were undermined by inconsistent practice and occasional poor practice which did not promote peoples' rights. A lack of forward planning around menus, household supplies and activities led to staff responding to day-to-day issues in an unplanned way. This disrupted the frequency and ease of meaningful interactions between staff and people who experience care.

There were limited opportunities for people who experience care to be involved in decisions about their home. Where people had expressed their views there was little evidence to demonstrate how these had been taken into account. The manager and staff needed to improve practice and processes to ensure that all people living in their own home felt respected and their views are taken into account. This would ensure staff promote the rights of people as outlined in the Health and Social Care Standards (see requirement one).

The systems in place for managing people's individual finances were unclear and were not transparent. This made it difficult to track individual spending. Processes did not reflect best practice. The provider addressed some of the issues raised during inspection. Further improvements were needed to ensure people's money is managed in a more transparent and individualised way where needed (see area for improvement one).

Processes to support effective monitoring of people's health needed significant improvement. We saw some examples of care staff reporting healthcare concerns to senior staff who followed these up appropriately. However, health monitoring charts were either not in place as needed or not completed fully. This could lead to an omission or delay in staff seeking healthcare assistance for people. The monitoring of peoples' weights was inconsistent and people had not been weighed for a considerable time period. While the manager rectified this during inspection, peoples health and wellbeing was compromised because of a lack of effective processes being sustained to recognise and respond to changes in their health (see requirement two).

Options for meals, snacks and drinks were limited and did not always reflect people's preferences or dietary needs. There was limited choice for people at mealtimes, in part due to staff completing food shopping on a day to day basis. People were not involved in developing menus of their choice and where menus had been in place, these were no longer being followed (see requirement two).

Records of administration of prescribed medication were poorly completed. Changes to medication were not clearly recorded with no source of change identified. This meant people could not be confident that they were receiving medication as it was prescribed. The use of medication to support people experiencing stress and distress or pain was not clearly laid out in line with good practice guidance. This made it difficult to establish if such medication was consistently administered effectively and appropriately (see requirement three).

While we found several examples where the service worked hard to promote meaningful connection for people who experience care, there were missed opportunities that need to improve to further enhance these through planned activity and mealtimes. Families valued the way staff promoted their relationships with

their relative, and particularly appreciated planned opportunities for them to meet with other people who experience care, their families and staff.

While training on infection prevention control had taken place, staff's ability to put this into practice was undermined by the availability of appropriate PPE and resources to support handwashing. Cleaning systems did not align with best practice. Please see key question four, requirement one for more information.

Requirements

1. By 21 April 2023 the Provider must ensure people who experience care are confident their views, preferences and rights are taken into account and acted upon. To do this the provider must, at a minimum, ensure that staff fully demonstrate the principles of the Health and Social Care Standards; namely dignity, respect and compassion in their interactions with people and through written records including , but not limited to, care notes, personal plans and reviews of care.

This is in order to comply with This is to comply with Regulation 4 (1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state: "I am recognised as an expert in my own experiences, needs and wishes." (HSCS 1.9).

2. By 21 April 2023, the provider must ensure people can be confident their health and wellbeing is effectively monitored and promoted. To achieve this the provider must, at a minimum, ensure:

- a) Monitoring charts are put in place when the need is identified
- b) Monitoring charts are correctly completed and evaluated
- c) People's weights are monitored at the frequency deemed necessary (monthly or more frequently based on risk) to calculate MUST to establish nutritional risks
- d) Where people are unable to be weighed, a risk assessment is completed and alternative methods identified
- e) Any actions needed because of evaluation should be pursued, involving people in decisions about referrals to other professionals where necessary and
- f) People have access to healthy, nutritional meals that meet their dietary needs and preferences.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which states:

"I experience high quality care and support because people have the necessary information and resources"(HSCS 4.27).

3. By 21 April 2023, The Provider must improve policies and procedures for medication management to ensure medication is managed and administered safely. In order to achieve this the Provider must, at a

minimum ensure:

- a) all staff who administer medications are trained in line with best practice guidance
- b) processes are in place to regularly assess staff practice and competency in medication management and records maintained.
- c) accurate records are kept for all medications being administered, where there are handwritten entries or changes made to medication records these should be signed, dated and indicate the source of the change.
- d) Medication Administration Records clearly indicate the correct name of the medication, dose, and times of administration in line with the prescriber's instructions
- e) Protocols for additional medication prescribed 'as required' are in place for each relevant medication and are referred to when the medication has been administered.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) regulations 2011, (SSI/2011/210) Regulations 4 (1) (a).

This ensures care and support is consistent with the Health and Social Care Standards which state, 'If I need help with medication, I am able to have as much control as possible.' (HSCS 2.23)

Areas for improvement

1. To ensure that peoples' money is managed and a safe and transparent way, the provider should continue to improve their systems for managing people's money and recording financial transactions. This should include, but not be limited to ensuring:

- a) a detailed and clear procedure is in place for the management of peoples' finances
- b) staff are trained in financial procedures and understand their responsibility in managing peoples' finances
- c) all financial transactions are recorded
- d) regular audits are completed by the manager of the service to ensure best practice
- e) ensuring that regular financial assessments are completed by partner agencies
- f) changes in peoples financial circumstances are communicated to the relevant benefits agencies.

This is to ensure care and support is consistent with the Health and Social Care Standards which state I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20)

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

While systems were in place to monitor aspects of service delivery, managers did not consistently utilise these to inform action plans to drive effective and sustainable improvements.

Managers did not fully understand the role and function of quality assurance measures and how to use these to improve outcomes for people. Where auditing processes picked up issues, managers did not act on these to ensure identified improvements were made (see requirement one).

The management team were unable to demonstrate a clear understanding about what was working well and what needed to improve. Improvement plans were not kept up to date or used to effect meaningful change in the service (see area for improvement one).

Limited evaluation of people's experiences meant they were not supported to meet their outcomes. This lack of oversight of review processes meant the needs, outcomes and wishes of people who experience care were not being used as the primary drivers for change.

While managers responded to individual concerns, accidents or crisis as these arose, there was limited evidence of learning from adverse events to reduce the chance of the same issues recurring.

Requirements

1. By 19 May 2023 the provider must ensure effective management oversight of the service is in place with strong leadership and enhanced quality assurance measures to drive sustained improvement.

In order to achieve this, the service provider must, at a minimum, ensure:

- a) quality assurance systems effectively enable areas for improvement to be promptly and accurately identified.
- b) the outcomes as a result of any audit are clearly recorded
- c) where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- d) systems to monitor whether documentation provides accurate accounts of service provision, quality assurance and is fit-for-purpose are developed and implemented.
- e) all current quality assurance arrangements are reviewed and developed to ensure these are systematic, effective and integral to service provision.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

Areas for improvement

1. To improve the quality of people's experiences, the provider should develop and update the service improvement plan, ensuring that objectives are informed by quality assurance and auditing processes. The plan should be specific, measurable, achievable, realistic and time-bound; reviewed regularly; and relevant to improving the outcomes of people experiencing care.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes." (HSCS 4.19)

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

While there was a clear framework for learning and development in place, recent staffing issues meant the staff team was not fully trained in many basic areas of learning. While there are staffing issues currently impacting care across Scotland, it is essential that staff complete the available training appropriate to their roles in line with the service's training plan (see area for improvement one).

While there was some evidence staff competence was checked, this was not regularly and consistently completed for all staff. Arrangements for assessing ongoing competence were sporadic and unplanned. Consequently people who experience care could not be assured staff have the knowledge, skills and competence to support better outcomes.

Team meetings were not held regularly, meaning staff did not have the opportunity to discuss good practice guidance. Discussions about practice were unplanned and informal. There was no forward planning or commitment to protected time for staff to learn from each other.

Staff supervision was not taking place regularly. There were missed opportunities for staff to reflect on their skills, knowledge and learning. The provider needs to make improvements to assure people experiencing care that staff are performing well and have an opportunity to reflect on their skills, knowledge and learning (see requirement one).

Requirements

1. By 19 May 2023, to ensure people experience high quality care, the provider must demonstrate arrangements for staff to reflect on their practice through team meetings, observations of staff practice and regular supervision with their manager are planned and sustainable.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to comply with the Health and Social Care Standards which state: "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." (HSCS 3.14).

Areas for improvement

1. To ensure staff have the knowledge and skill to support people effectively, the Provider should ensure all staff complete mandatory training in accordance with their own staff induction and training policy.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I experience high quality care and support because people have the necessary information and resources.' (HSCS 4.27).

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

There was an overall refurbishment plan for the home to make significant changes to the layout and space. There had been no progress on the overall refurbishment since the last inspection.

While there was some effort to utilise existing communal spaces to improve the quality of life for people who experience care, this was undermined by spaces not being maintained to a good standard to encourage their use.

Staff lacked a formal system to report broken equipment or fixtures and fittings, meaning items were left in a state of disrepair for long periods of time. Systems for the ongoing maintenance of the environment and equipment were inconsistent. While the provider replaced many broken items during inspection and made environmental improvements necessary to protect people who experience care, we were not assured that these would have taken place out-with the inspection. Improved systems were needed to regularly inspect the quality of fixtures and fittings; report on issues found and make the necessary improvements to ensure the environment remains fit for purpose.

The cleanliness of the home needed to improve. People were not protected from the spread of infection because cleaning schedules and regimes were not based on good practice guidance or carried out when needed. Staff were not clear about their responsibilities to report any issues with environmental cleanliness or maintenance to the person in charge. Improvements were needed to ensure people benefitted from a clean and safe homely environment.

All improvements needed under this key question are detailed under requirement one.

Requirements

1. By 21 April 2023 the Provider must ensure that people experience high quality facilities that are well maintained, clean and fit for purpose. To do this the provider must, at minimum:

- a) establish a system to regularly inspect the quality of fixtures and fittings and the wider environment
- b) establish a consistent and effective reporting system when issues are identified to ensure items are replaced or fixed promptly
- c) ensure effective cleaning schedules and regimes are carried out in line with best practice guidance to maintain a clean and hygienic environment and

d) clearly evidence that systems, changes and improvements are sustainable long term.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 10(2)(a),(b) and (d) - Fitness of premises.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices." (HSCS 5.21)

How well is our care and support planned?

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Personal plans were of varied quality. Some parts contained personalised and detailed information to guide staff on how best to support a person. Most needed improvement to ensure that information was accurate, up to date and relevant to the needs, outcomes and wishes of the person.

Risk assessments were not in place for all areas needed. The quality of information in risk assessments was inconsistent. Plans lacked necessary information to guide staff on how to manage and enable risk. Staff were often unaware of the information contained in risk assessments which could potentially lead to poor outcomes for people.

The manager needed improved systems to ensure that service reviews took place every six months and personal plans were updated when any changes took place. While we saw some service reviews had taken place, recording of discussions held was inconsistent and there was little evaluation of how well care and support met peoples outcomes and needs. This must be improved to ensure reviews are meaningful for people who experience care.

The required improvements for this key question are detailed in requirement one.

Requirements

1. By 21 April 2023, the provider must ensure people will have confidence their personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks. To achieve this the provider must ensure:

- a) Plans and records are accurate, sufficiently detailed and reflect the care planned or provided.
- b) Plans are updated in a timely manner when a person's care and support needs change.
- c) Plans identify how to support a person should their health deteriorate.
- d) Plans are developed, implemented, and documented for each person, in consultation with them and their friends/relatives/carers.
- e) Plans are regularly reviewed with people, and/or their family/friends/carers as appropriate, to evaluate how accurately the plans reflect the needs of the person and how well the service is meeting these needs.

f) All staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this.

g) Demonstration that managers are involved in monitoring and the audit of support plans.

This is in order to comply with Regulations 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

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

The Provider should continue with the refurbishment of the external environment, ensuring pathways and patio areas are accessible and safe for people experiencing care. Health and Social Care Standards-My Support, My Life (2018),

5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

and

5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

This area for improvement was made on 6 December 2021.

Action taken since then

We observed some progress had taken place to refurbish external areas of the home. We have made a new requirement under key question 4 about ongoing maintenance and improvement of the home environment.

Previous area for improvement 2

Previous AF12

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.

This area for improvement was made on 21 September 2021.

Action taken since then

Areas requiring address under this area for improvement have been captured in a requirement made under Key Question five.

Previous area for improvement 3

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.

This area for improvement was made on 21 September 2021.

Action taken since then

Insufficient action had been taken in relation to this area for improvement. This is now detailed in the requirement under Key Question Five.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

| | |
|--|----------|
| How well do we support people's wellbeing? | 2 - Weak |
| 1.1 People experience compassion, dignity and respect | 2 - Weak |
| 1.2 People get the most out of life | 2 - Weak |
| 1.3 People's health and wellbeing benefits from their care and support | 2 - Weak |
| 1.4 People experience meaningful contact that meets their outcomes, needs and wishes | 2 - Weak |
| 1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure | 2 - Weak |
| How good is our leadership? | 2 - Weak |
| 2.2 Quality assurance and improvement is led well | 2 - Weak |
| How good is our staff team? | 2 - Weak |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 2 - Weak |
| How good is our setting? | 2 - Weak |
| 4.1 People experience high quality facilities | 2 - Weak |

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