

Redleif Care Ltd

# Redleif Care

## Inspection report

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Yeovil  
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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

Redlief Care provides personal care to people living in their own homes and within a supported living setting called Redlief House in Yeovil. Not everyone supported by the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to seven people.

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

There was a person-centred culture in the service. The whole team sought to ensure they were delivering care in a way that suited each person. People who received care described the impact of receiving this care. One person told us, "They are excellent. I have had a really good experience." A relative commented that their loved one was always "treated as an individual".

People were supported to have maximum choice and control of their life 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 felt safe with staff coming into their homes and rooms to support them. Staff knew how to recognise and report any safeguarding concerns. Risks were assessed and managed and people told us that they were supported safely by the staff. One relative told us, "We have no worries about safety."

People received safe support with their medicines and were enabled to take control of their own medicines whenever possible. Guidance was put in place during our visit to further reduce risk and ensure clarity for staff about when people should take medicines that they did not always take. This included medicines for pain and anxiety. Staff knew people well and understood when these medicines were needed.

People were supported by staff who understood how to reduce the risks associated with communicable diseases. Staff were confident explaining their use of personal protective equipment (PPE) and the people and relatives told us staff always wore PPE appropriately.

People received their care from a consistent, and committed, team of staff who knew them well and understood their needs and preferences. People, and their relatives, told us staff got to know people well and provided support at appropriate times.

Staff felt very well supported and trained to ensure they had the skills to provide safe, effective and respectful support. They told us they were supported to develop their skills and knowledge. An enhancement was made to the recruitment process during our inspection.

People's needs were assessed before the service began to provide care and support. This ensured that the

service was able to meet people's needs. The assessment process included people's aspirations and preferences and this informed a clear care plan outlining how staff should deliver care.

There was an open culture within the staff team that maintained a focus on supporting people to achieve the outcomes they had identified as important to them. People, relatives and a professional were very complimentary about the management and staff team.

Oversight was in place to monitor the quality and safety of the service. These systems were being developed to meet the needs of the growing service.

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

This service was registered with us on 21 May 2020 and this is the first rating inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Redleif Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team was one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service is also a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were two registered managers in post. This was an interim situation. One of the owners intended to deregister now a fulltime manager had been appointed.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection visit. This was because it is a small service and we needed to be sure that the provider or registered managers would be in the office to support the inspection and we wanted to be able to speak with the person who received the service.

Inspection activity started on 31 May 2022 and ended on 8 June 2022. We visited the location's office on 31 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since registration. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with four people and three relatives about their experience of the care and support provided. We visited the office and spoke with the two registered managers and a representative from the provider. We also spoke with five members of staff. We looked at records related to four people's care and the oversight and management of the service. This included two staff files, training records and audits. The provider sent us further information about risk management and oversight. The last information provided for the inspection was received on 8 June 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they always felt safe with the staff who supported them. One person told us, "I feel safe because of the way things are. They are all kind and treat you well." Another person told us, "It is friendly and comfortable here and I feel safe because I know there are people around."
- Staff had received safeguarding training. They knew the potential signs of abuse and described confidently what they would do if they were worried about anyone they supported.
- The management team understood how to report potential safeguarding incidents to all appropriate agencies.

Assessing risk, safety monitoring and management

- People were protected against identified risks and the team had systems in place to identify emerging risks. A relative described how they were kept informed and consulted as the risks facing their loved one changed.
- People, who were able to make decisions about the risks they took, were supported and encouraged to do so. Risk assessments informed care plans that detailed the measures in place to manage and minimise risks.
- Staff were trained to support people safely. They had received training such as moving and assisting, emergency aid and fire safety.
- Environmental risk assessments were completed both within Redlief House and for people living in their own homes in the local area.

Staffing and recruitment

- The provider carried out recruitment checks to ensure staff were suitable to work at the service. For example, criminal record checks and references from previous employers. We noted some gaps in employment history. A complete employment history, including explanations of gaps, is required within the regulations to reduce the risk of employing staff who are not suitable. The management team addressed this immediately and put systems in place to ensure this omission would not reoccur.
- There were enough staff to ensure that people received consistent care at a time that suited them. This meant people were able to establish rapport and build trust with the staff who provided their care. A relative told us, "The staff are always available."

Using medicines safely

- Protocols were put in place during our inspection to ensure staff had access to clear guidance about when

to administer medicines that people only took under specific circumstances. This included medicines for pain and agitation. Whilst, staff who gave medicines understood when these medicines should be given recording this detail provided a safer system.

- People and their relatives told us they were happy and confident in the way that their medicines were looked after. One person described the support they were receiving to build their confidence in managing their own medicines. A relative of a person who was not able to manage their own medicines described how confident they were with the safety of the medicine's administration. People told us they also received support to ensure any topical medicines were applied.
- Staff had received medicines training and had been assessed as competent.

#### Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19 and other communicable diseases. Staff explained how they used PPE (personal protective equipment) with confidence.
- Staff tested for COVID-19 in line with current guidance at a minimum.

#### Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- Staff spoke positively about working in as part of a team where any learning points could be discussed.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they started to use the service. This meant care needs were identified and ensured the team could both meet those needs and enable people to achieve the outcomes they wanted. Information gathered was used to create a personalised care plan and risk assessments with, and for, people. One relative described how the team 'took time to find out' what their loved one wanted and ensured they had understood their preferences.

Staff support: induction, training, skills and experience

- People told us that they received support from staff who had the skill, knowledge and values to provide safe and personalised care and support. One person said, "The staff have all the skills they need." Relatives and a professional reflected the same opinion of the staff.
- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care.
- Staff received an induction that enabled them to embed person centred, respectful values into every aspect of their work. This was effective and was reflected in the comments we heard back from people and their relatives. One relative said, "I have been very impressed by the care, consideration and courtesy."
- Staff shadowed experienced staff until they were, and felt, ready to work alone.
- Staff felt supported. They all described how valued they felt by the senior team, they described the support they received to both develop the skills needed to carry out their role to the best of their ability, and to develop their confidence and career aspirations.

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

- People told us the food was good. Staff understood the risks people could face with eating and drinking and this formed part of people's initial assessment. This meant risks were identified and plans put in place to reduce risk.

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

- Staff had worked with healthcare professionals and other agencies to support people to achieve their goals and maintain their health.
- People described the support they got to manage health conditions and to develop the confidence to do this for themselves.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care was sought. People told us staff were always respectful and checked with them before offering any support. Staff described the importance of ensuring all care was provided within the context of consent.
- There were systems in place to ensure MCA assessments and best interests decisions were made if necessary.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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, and their relatives, told us they were always treated with respect by kind, compassionate and familiar staff.
- There was a strong, person-centred emphasis that was evident in the systems that were in place and the way staff spoke about their work. A professional referred the support people received as "person centred to the max".

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

- People told us they made decisions about all aspects of their lives. The process for developing, and reviewing, the outcomes people wanted to achieve, and the care plans designed to help them achieve these goals, involved people's input on a regular basis.
- People told us that staff checked with them before carrying out any tasks.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence. Respect for privacy, dignity and autonomy was intrinsic to how staff worked. A professional told us "they give people their power back".
- Staff promoted independence very effectively. People told us the staff only did what was necessary and understood how important their independence was. One person described how the staff helped them more if they were poorly but then encouraged and supported them to regain confidence and independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care was planned to reflect people's preferences and was delivered in a way to ensure choice and continuity of care.
- People's care plans gave staff the information they needed to provide safe, effective and respectful care and support.
- People, relatives and a professional described a flexible and responsive service that they would not hesitate to recommend to others. One person who had stayed at Redlief house after a hospital stay, and now had care and support in their home nearby told us, "I was very lucky I went to Redlief House."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisation's what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs were detailed in people's care plans. This included information about preferred methods of communication and any impairments that could affect communication.
- The management team explained they would ensure that information was provided in the most appropriate language and medium for anyone considering their service or receiving care and support from them.

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 received support in a way that respected their relationships. One person talked about how much they valued being able to invite people into the room they rented in Redlief House.
- People were helped to feel part of the community of Redlief House when they moved in. People could choose to socialise and eat together in communal areas. People were chatting with staff and other tenants in the communal lounge area when we visited.
- People told us about events and activities that had been put on and were planned in the near future, these included a jubilee party, church services, card games and bingo.
- When people had achieved the outcomes, they set when they moved into Redlief House and returned to their own home, with or without support, they were invited back for a weekly lunch. People we spoke to valued the opportunity this afforded them to remain part of a community and meet up with friends.

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

- Information was available as to how to raise concerns or make a complaint if needed. No complaints had been raised since the registration of the service.
- People told us they felt able to raise any concerns with either the senior team or the staff they saw regularly. They were confident any concerns would be addressed. One person said, "I would feel comfy to raise anything but I have not needed to."

#### End of life care and support

- The service had no one receiving end of life care at the time of the inspection.
- The staff team had been discussing how best to develop this area of work and the senior team had made a decision to introduce a national framework to ensure high quality end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service was person centred with a culture that focused on achieving the best outcomes for people. The registered managers and a representative of the provider organisation described how they planned to match their growth within the local area with the development of the team. They were committed to developing at a pace that ensured their outcome focused, person centred culture was protected.
- People experienced and were experiencing the outcomes they wanted. One person moved back to their own home with the support of staff from Redlief House during our inspection. They told us this was their plan and they felt supported in achieving it. A professional told us they believed the ethos of respecting people's autonomy helped people, using Redlief House to regain skills and confidence after a hospital stay, to get home in the shortest possible time.
- People, relatives, and staff told us the service was well managed. They all told us they would recommend the service to others either as a workplace or place to receive care and support. One person told us "I do not think you could make them any better."

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; Continuous learning and improving care

- The registered managers and provider understood their responsibility to be transparent and honest when things went wrong or there were any near misses.
- The provider, and registered managers, were aware of their responsibility to notify CQC of significant events which had occurred within the service.

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

- The registered managers, provider and staff were all clear about their roles and responsibilities. The whole team were committed to the continual improvement of the service. The senior team were clear that each member of the team was equally important in ensuring that people received high quality care and the team worked well together. Staff told us this was exactly how they felt treated as employees. Staff were all proud to be members of the team.
- Monitoring systems were in place including audits and quality assurance systems to help identify and implement improvements. This included audits of care plans and records and analysis of accidents and incidents. The senior team also spent time informally with people who received support. This meant people found them approachable and responsive.

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

- People, relatives and staff all spoke positively about their communication with the service and felt they were listened to.
- People told us, and we observed, the senior team regularly sought informal feedback about the service people received. This was an effective method of communication. One person described how something they had shared with the senior team had led to a change in how staff supported them.
- There were plans in place to increase people's input as the oversight systems developed alongside the growth of the service.

Working in partnership with others

- The team liaised with professionals and organisations to make sure people received care which met their needs.
- The senior team were committed to the local area and sought to provide services that served their community.