

Redcroft Care Services Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 June 2023

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

Service provider number:
SP2008009890

Service no:
CS2008183684

About the service

Redcroft Care Services 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.

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

About the inspection

This was an unannounced inspection. Our first visit took place on 24 April 2023. We made subsequent visits on 20th and 21st June 2023. 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 six people living in the home
- spoke with staff and management teams
- observed staff practice and daily life
- obtained feedback from visiting professionals
- reviewed a range of documents.

Key messages

- People who experience care were supported well by compassionate and respectful staff.
- Significant Improvement had taken place around monitoring and promoting people's health and wellbeing.
- Improvements to leadership had taken place, which worked towards driving sustainable change within Redcroft.
- Staff benefitted from protected time to reflect on practice and share good practice to improve outcomes for people.
- Significant improvement was needed to ensure that the home environment remains fit for purpose for people who stay in Redcroft as their needs change.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	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?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

People experiencing care benefitted from fun, jovial interactions with staff. Staff showed understanding of people's rights and were committed to promoting these.

People had regular opportunity to express their views and be involved in decisions about their home. This helped ensure that people felt listened to and respected. We suggested to the manager that building on existing easy read documentation would further improve people's understanding of their rights and enable them to participate meaningfully in meetings and groups. The manager was committed to taking this forward.

Processes to manage people's individual finances were clear and transparent. People could be confident that their money was managed safely. Activities were planned and linked to individual interests. Staff explored people's pursuits with them to ensure activities were meaningful and enjoyable.

People who experience care were included in staff training in subject matters such as oral health and special diets. This enabled people to take more control over their health and wellbeing by developing their knowledge and skills.

Processes to support effective monitoring of people's health had improved significantly since the last inspection. Health monitoring charts were completed well, and processes were in place to sustain this. This meant that changes to people's health were identified promptly, and concerns reported to the relevant professionals.

People were involved in discussion about their preferred meals, snacks and drinks. Staff were clear in their roles and responsibilities in promoting a healthy diet for people. Specific dietary requirements were supported well. Food was tasty and well presented. People who experience care were keen to show us the food options that were available and spoke very positively about the meals in place.

Records of administration of prescribed medication were well organised and accurately completed. Medication used to support people experiencing stress and distress or pain, was recorded well when given. Information to guide staff on when to administer as needed medication should be strengthened to ensure its use is as effective as possible (see area for improvement one).

Staff were trained on infection prevention and control (IPC). While cleaning systems were in place and aligned with best practice, the extent to which they could be completely effected was impacted by improvements that were needed to the home environment (Please see the section of this report titled "How good is our setting" for more information).

Areas for improvement

1. To ensure that people are confident that their medication is used to effectively promote their wellbeing, the provider should ensure medication protocols contain clear and accurate information on when as needed

medication should be administered. Records should also be improved to make sure they accurately reflect the reason and outcome of administering as needed medication.

This ensures care and support is consistent with the Health and Social Care Standards which states "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

Systems were in place to monitor service delivery, identify issues or areas that needed to improve. Managers linked auditing processes action plans to drive effective and sustainable improvements. Some systems were newly established. Senior staff were growing more confident in understanding the role and function of quality assurance measures and how to use these to improve outcomes for people. Managers should continue to embed systems to drive sustainable improvement for people who experience care (see area for improvement one).

The management team demonstrated clear understanding about what was working well in the service and what needed to improve. Improvement plans were informed by different quality assurance processes, including feedback from people who experience care and their families. Service reviews were centred around evaluating people's experiences. People could be confident that their needs, outcomes and wishes were considered as the primary drivers for change. This helped to ensure that there was a focus on sustainable improvements now and in the future.

Areas for improvement

1. To ensure people have confidence that the service they use is led well and managed effectively, the provider should continue to improve management oversight, underpinned by robust quality assurance measures, to ensure that improvements made are sustainable. This should include, but is not limited to, ensuring that effective auditing links to action plans, with the experiences of people who experience care used as the primary driver to effect sustainable improvements.

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?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

There was a clear framework for learning and development in place. All staff had completed mandatory training appropriate to their roles in line with the service's training plan. Additional training around specific subject areas was available for staff, who reflected positively on their learning and development from this.

Staff had their competence observed regularly. This was planned and linked to training areas. Arrangements

for assessing ongoing proficiency were in place. Senior staff offered coaching for staff if areas of practice needed to improve. People who experience care could be assured that staff had their competency assessed and were offered additional support as necessary.

Team meetings were held and included discussions about practice. Staff welcomed the discussions held at team meetings and enjoyed the opportunity to discuss good practice guidance. This meant that staff had protected time to learn from each other and work towards improving outcomes for people who experience care.

All staff had supervision and managers demonstrated a commitment to ensure this took place regularly. As opportunities for staff development and reflection have been newly re-established, the provider should ensure that the systems that are in place are embedded and are sustained long term (see area for improvement one). This would help ensure staff have opportunity to reflect on their skills, knowledge and learning to improve experiences for the people who experience care.

Areas for improvement

1. To ensure people experience high quality care, the provider should continue to ensure that all staff have regular opportunity 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 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).

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. This meant that there was no provision in place to support people to stay in their home should their health or mobility needs change significantly.

Necessary maintenance checks had taken place. There was a system in place for staff to regularly inspect the quality of fixtures and fittings; report on issues found and make the necessary improvements promptly. This helped maintain a safe and homely environment for people.

While systems were in place to promote the cleanliness of the home, in line with best practice, their effectiveness was undermined by the quality of fixtures and fittings. The provider must make longer term improvements to the environment to ensure that people experience high quality facilities.

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

Requirements

1. By 18th September 2023 the Provider must demonstrate commitment to ensuring that people experience high quality facilities that are well maintained, clean and fit for purpose. To do this the provider must, at minimum, submit refurbishment plans to the Care Inspectorate, with planned timescale for works to take place.

This is in order to comply with Regulations 10(2)(a),(b) and (d) - Fitness of premises 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 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?

3 - Adequate

We made an evaluation of adequate for this key question. There were some strengths contributing to positive outcomes for people, however these only just outweighed weaknesses.

Personal plans were up to date and contained personalised and detailed information about the person. While personal plans detailed the outcomes and wishes of the person, the provider should continue to develop plans to guide staff on how best to support a person to achieve these outcomes in an individualised way (see area for improvement one).

Risk assessments were in place and contained the necessary information to guide staff on how to manage and enable risk. At times, there was too much information which was not relevant to the risk identified. The manager was aware of this and had begun streamlining assessments to ensure they were relevant and accurate.

Personal plans were updated when any changes took place, however this needed to be more clearly recorded to evidence that plans were evaluated regularly. We were confident the manager would take this forward. Service reviews had taken place and discussions were well recorded. Reviews evaluated how well care and support met people's outcomes and needs. This ensured they were meaningful for people who experience care.

Areas for improvement

1. To ensure people who experience care can be confident that their outcomes are promoted in a person centred way, the provider should continue to develop personal plans. This should include, but not be limited to, ensuring that personal plans contain information to guide staff on what actions they can take to support people to achieve their outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My personal plan (sometimes referred to as a care 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).

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

Requirements

Requirement 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).

This requirement was made on 13 March 2023.

Action taken on previous requirement

People had participated in service reviews. Regular meetings took place to give opportunity for people who experience care to put forward their views. The standard of written records had improved significantly. Staff practice demonstrated compassion, dignity and respect towards people. These improvements have been sustained.

Met - within timescales

Requirement 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.
- 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).

This requirement was made on 13 March 2023.

Action taken on previous requirement

Health monitoring charts were in place as necessary for each person and completed well. People could be confident that their health and wellbeing needs were monitored, with additional support sought from external professionals as needed. People had access to healthy, nutritional meals that were planned in advance and met their dietary needs. This improvement has been sustained since the previous inspection.

Met - within timescales

Requirement 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)

This requirement was made on 13 March 2023.

Action taken on previous requirement

All staff who administered medication were trained to do so. Medication records were well organised and completed accurately. Manager audits were used to improve records further. Protocols were in place for

people who needed additional medication, however these needed more information (Please see Key Question titled "How well do we support people's wellbeing" for more information).

Met - within timescales

Requirement 4

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).

This requirement was made on 13 March 2023.

Action taken on previous requirement

Quality assurance measures were in place and were driving improvement for people. Please see the section of this report titled "How good is our leadership" for more information.

Met - within timescales

Requirement 5

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).

This requirement was made on 13 March 2023.

Action taken on previous requirement

Observations of staff practice, supervision and team meetings were planned and taking place. Please see the section of the report titled "How good is our staff team" for more information.

Met - within timescales

Requirement 6

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).

This requirement was made on 13 March 2023.

Action taken on previous requirement

Systems were in place which improved the home environment for people. However, a new requirement was made regarding longer term refurbishment plans. Please see the section of this report titled "How good is our setting" for more information.

Met - within timescales

Requirement 7

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).

This requirement was made on 13 March 2023.

Action taken on previous requirement

We reviewed plans on 24 April 2023 and found while progress had been made, more time was needed to bring all personal plans up to a better standard. We extended the time frame of the requirement to give the provider more time to action this.

On our next visit, each person had an up to date personal plan which contained detailed, personalised information.

Please see the section of this report titled "How well is our care and support planned" for more information.

Met - outwith timescales

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

To ensure that peoples' money is managed in 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)

This area for improvement was made on 13 March 2023.

Action taken since then

The process for managing people's money was transparent. Records were accurate and up to date. This area for improvement is met.

Previous area for improvement 2

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)

This area for improvement was made on 13 March 2023.

Action taken since then

The service improvement plan was in place and was informed by quality assurance processes. This was being used to drive improvement in the service and lead to better outcomes for people who experience care.

This area for improvement is met.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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