

Redcroft Care Services Care Home Service

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Edinburgh
EH13 9NQ

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Type of inspection:
Unannounced

Completed on:
14 February 2025

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 seven 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.

Since the last inspection the home has undergone a major refurbishment and now has six bedrooms. Three have en-suite shower and toilet facilities, one has access to a main bathroom and the other two bedrooms have access to a shared bathroom. There is shared use of the kitchen, utility room, lounge and dining room.

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

About the inspection

This was an unannounced inspection which took place on 11 and 12 February 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with four people using the service and two of their relatives
- spoke with nine staff and management
- observed practice and daily life
- reviewed documentation
- reviewed feedback responses from our Care Inspectorate questionnaire from people using the service, their relatives, staff and visiting professionals.

Key messages

- The provider had met all areas of improvement made at the last inspection.
- People using the service were supported by a team of consistent staff who knew them well and treated them with respect and compassion.
- People could be confident of having the right support to help maintain their physical and mental health and wellbeing.
- The manager should ensure recommendations made by health professionals are consistently followed by all staff.
- People and their relatives felt supported by managers and felt involved in making decisions about care and support delivery.
- Since the last inspection the home had undergone a major refurbishment. The home was bright, clean and welcoming with plenty of natural light.
- The manager should ensure health and safety audits and actions are continually reviewed.
- The manager should ensure documentation is improved to align with current values and expected standards.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were supported by a team of staff who knew them well and treated them with respect and compassion. We observed positive interactions which were warm, chatty and friendly. People and their relatives told us they liked the staff and they 'got on well'. We were assured people could build trusting relationships with staff, which helped meet their wellbeing outcomes.

People were recognised as having their own views and were involved in making decisions throughout visits. Staff spoke with people to check what they needed, which ensured their expectations were clear. This meant people were in control of how their health and wellbeing needs were met.

Managers had established good links with primary health professionals including people's GPs, pharmacists and opticians. When people were unwell, staff took immediate action to ensure they had access to the appropriate health professional. People's relatives told us they were kept informed of significant incidents or issues. People could be confident of having the right support to help maintain their physical health and wellbeing.

People had good access to specialist guidance and treatment plans from external professionals such as psychiatrists and learning disability nurses. We saw examples of good practice such as using calm tones and offering reassurance to people who may become anxious. Visiting health professionals told us staff were always open to learning ways to support and involve people using the service.

Medication was managed well and good processes were in place to provide people with the right support to take prescribed medication. Staff were trained to provide full assistance. For further information, please refer to the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Staff were attentive to people's food and fluid needs, preparing meals and drinks and providing support for menu planning. We suggested to the manager that people could be offered encouragement to be involved in making their own meals. This would promote independence and support people to learn new skills.

Details about individuals' food and drink preferences and dietary requirements were available for staff to read in personal plans. Whilst good guidance was in place, we observed some practice which was not consistent with recommendations made by health professionals. We raised this with the manager who took immediate action to ensure the recommendations were followed consistently by all staff. We have made an area for improvement to ensure good practice in this area is sustained. **See area for improvement one.**

Areas for improvement

1. To ensure people have access to meals which meet their dietary needs and preferences at all times, the provider should monitor staff practice to confirm it aligns with health professionals' recommendations.

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 leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager and other senior staff had a high presence in the home and were familiar with people using the service and staff. People and their relatives felt supported by leaders and felt involved in making decisions about care and support delivery. Comments included 'They [senior staff] are in touch regularly', 'The home is run well' and 'They [senior staff] have changed the home for the better'. People could be confident leaders demonstrated a collaborative approach to reviewing and planning within the service.

Managers promoted and modelled a good team approach. Audits were carried out by senior team members and staff were supported to take a lead role in developing practice around specific areas of knowledge. This meant responsibilities for service improvements were shared across the team.

The manager maintained good communication with team members and chaired regular team meetings to share information and exchange ideas. Some individual supervision meetings had not been held within the last 12 months, however the manager had a new plan in place for the coming year. For further information on this, please refer to the section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Daily handover meetings were held to ensure all staff had up to date information and to discuss plans for the day. People could be assured of effective consultation between all staff and leaders working within the service.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People shared very positive working relationships with a consistent team of staff who they knew well. This was underpinned by staff's ability to respond effectively to people's unique behaviours and complex communication needs. People benefitted from a relaxed and calm atmosphere at home, which helped them communicate effectively and meet positive wellbeing outcomes.

Staffing levels were based on individual need and staff had sufficient time to provide support in a safe and unhurried way. Staffing arrangements allowed for more than basic care duties and there was time for staff to support people to engage in meaningful activity and conversation.

Recruitment processes were thorough and completed in line with current guidance. We discussed with the manager, some of the terminology used during interviews with candidates which did not always reflect the values promoted by the service. For further information on this, please refer to the section: 'How well is our care and support planned'.

Staff selection was based on candidates' individual values, experience and previous training. Prior to lone

working all staff were required to carry out a period of induction and shadowing with more experienced colleagues. Consequently, people could be confident their staff were recruited appropriately and safely.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Since the last inspection the home had undergone a major refurbishment. The home was bright and welcoming with plenty of natural light. The environment was clean, uncluttered and felt relaxed. People told us they loved the changes, particularly in their private bedrooms where they chose their own décor. One person told us that after the refurbishment, 'I saw my room and thought wow!'. Another person said, 'I love this house'.

The kitchen had been renewed and modernised, creating a clean and pleasant environment for cooking. Three bedrooms had been extended to incorporate en-suite areas, giving most people within the home private shower or bathroom facilities. Plans were in place to develop the garden and decking areas for people to enjoy time and space outdoors in the coming months.

People experiencing care should be confident that their health and safety is effectively managed. Arrangements for the ongoing cleaning and maintenance of the environment and equipment were evidenced. A health and safety audit had been completed by an external consultant and a comprehensive action plan was in place to manage improvements.

Whilst most of the issues had been addressed, we saw the action plan had not been reviewed regularly and a few actions were still outstanding. The manager took immediate steps to address urgent issues, including commencing risk assessments for the safe usage and storage of household products and chemicals. We were reassured to see this work was starting, however we have made an area for improvement to ensure this is sustained. **See area for improvement one.**

Areas for improvement

1. To ensure the health and safety of the home environment is effectively managed, the manager should implement processes for the continual review of audits and actions. This should include, but is not limited to the completion of risk assessments for the safe usage and storage of household products and chemicals.

This is in order to comply with the Health and Social Care Standards which state:

"My environment is secure and safe." (HSCS 5.19).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should be confident that staff have sufficient and accurate information to deliver their care and support safely and in line with their wishes. Detailed personal plans were in place for everyone, with

information and guidance about the person's preferences, wishes and needs. Risks were assessed, giving staff information about how to keep people safe.

Plans contained details about people's backgrounds which helped staff make meaningful connections with them.

We discussed processes for further improving personal plans with the management team, to reflect people's aspirations more effectively. This would enhance the plans and demonstrate a meaningful focus on people's desired outcomes.

People were treated with dignity and respect by staff. Whilst we observed good practice, there were some documents where the language and terminology used did not reflect the values upheld by the provider. We discussed this with the management team who agreed changes would be made to ensure documentation is improved to align with current practice and expected standards.

Where people were not able to fully express their wishes and preferences, individuals with the legal authority were involved in helping shape and direct people's care and support. We were assured to see measures in place to maximise support to protect and uphold people's rights.

Individuals' needs were regularly assessed and we saw good examples of people's involvement in review meetings. Where people chose not to attend, they were supported to put forward their own agenda items which were discussed with their chosen representatives. We were confident people were listened to and they were empowered to have meaningful input into reviewing their own care and support.

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 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 (HSCS) which states: '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 26 June 2023.

Action taken since then

The provider had implemented protocols for 'as needed' medication, giving staff clear guidance about when medication should be administered.

Staff completed daily notes about people's wellbeing, including the administration of medication. Whilst notes included the reason for people having 'as needed' medication, the times and outcome of administering the medication were not always clearly documented.

The area for improvement has been met, however the provider should continue to make improvements in relation to the level of detail completed in recordings around medication.

Previous area for improvement 2

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 (HSCS) 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 26 June 2023.

Action taken since then

The manager had an audit schedule in place giving a good level of detail and oversight of the service's quality assurance processes. Regular audits were implemented to check elements of the service such as medication, personal finances and individual activities.

Completed audits demonstrated regular consultation with people using the service and documentation included action plans which were reviewed.

This area for improvement is met.

Previous area for improvement 3

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 (HSCS) 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 area for improvement was made on 26 June 2023.

Action taken since then

Regular team meetings were held and staff had some individual supervision meetings with a line manager. Coaching sessions were held where staff were provided with feedback to support good practice.

The service had undergone a major refurbishment at the end of 2024 and during this time there was good consultation between managers and the staff team in order that planning was undertaken smoothly.

Although some individual supervision meetings were not held during the period of refurbishment, the manager had a new plan in place for 2025. The plan was being implemented successfully and we look forward to seeing this being sustained throughout the remainder of the year.

This area for improvement is met.

Previous area for improvement 4

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 (HSCS) 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).

This area for improvement was made on 26 June 2023.

Action taken since then

Personal plans had been reviewed and developed. The information contained within the plans reflected individuals' needs, wishes and preferences. There were details about people's life histories and how they

liked to keep in contact with important relatives and friends. Guidance for staff around how to support people to achieve their outcomes was clear.

For further information, please see the following sections of this report:

- 'How well is our care and support planned'

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.4 Staff are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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