

# **Redford Court**



Enter and view report January 2024

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# Introduction

# What is an Enter and View visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

# What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

# **Details of the Enter and View Visit:**

Name of the service visited: Redford Court

Address: 7 Birt Close, Toxteth L8 7SZ

Website: <a href="https://brainkind.org/services/redford-court/">https://brainkind.org/services/redford-court/</a>

The Date of the Enter and View Visit: Thursday the 18th of January.

The Time of the Enter and View Visit: 14:00-16:00

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

Engagement and Project Officer Terence Ferguson

Engagement and Project Officer Inez Bootsgezel

This was an announced visit to Redford Court and we would like to thank staff and residents for facilitating the visit and for taking the time to talk to us.

# Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to *Redford Court* was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

# Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

# **About the Service**

# **Background**

Redford Court is a residential care home providing care and rehabilitation services for up to 29 people. The service provides support to people over the age of 18 who have an acquired a brain injury as well as other conditions. Accommodation is provided in a mixture of settings with one building accommodating 20 people; four supported living flats and a building for up to five people know as 'The Lodge'. All accommodation is adapted to meet the needs of people using the service.

At the time of our visit there was heavy ice following recent cold weather. All public areas in Redford Court were free from ice and slip hazards and had clearly been made safe. Upon entry our credentials were checked, we were asked to sign in and we were also given a temperature check which was excellent infection control procedure at the home.

# Discussion with the manager

We met with the registered manager Lisa Kavanagh and the Deputy Manager who discussed Redford court. Both have worked at Redford Court for over 20 years building up a wealth of experience in the service which was evident during our discussions and in their interactions with service users.

We had a short tour of Redford Court which included multiple communal areas and one resident's room with their permission.

### Residents

The initial stay for residents at Redford Court is for a 12-week rehabilitation stint but staff advise there are wide variations between needs and lengths of stay. Some residents can improve dramatically and are able to be discharged home quickly whilst others can be much more complex. Discharge has been delayed on occasions due to the lack of social worker availability. The longest staying resident has been at Redford Court for over 20 years.

# **Staffing**

Management at Redford Court includes staff that have been in place for multiple years which provides a consistency not often seen. Management advised that they have multiple members of staff with many years in post including a physio who has worked at the service for 25 years. Management advised that retaining staff has not been that difficult, but wages can be a problem due to historically low pay for responsibilities in the sector. Management have noticed a preference of staff working bank shifts as they can earn slightly more. Residents have been involved in interview panels when hiring staff.

Management advised agency staff are primarily usually used to cover sickness of permanent staff and are always from the same provider. Agency staff roughly

account for 100 hours of the 686 hours provided. 1-1 staff that are self-funded are not included in staffing numbers. Redford Court has in the past taken on staff permanently from the agency. Staff are offered 12 month rotating positions supporting Therapy Assistants which management feels improves job satisfaction and helps build experience. This does lead to some staff leaving to pursue careers in these fields. Staff are also supported through available apprenticeship schemes to continue development.

Staff are on rotating shifts that are capped at 7 hours to prevent burnout, and management acknowledge the challenges that staff face supporting residents with brain injuries which can be traumatic. Night staffing is a reduced number as less demand and there is a handover following every shift changeover which is recorded digitally.

# Relationships with Local GP/Pharmacy/Dentists

Management advise they have a positive relationship with Dunstan Village the local GP. They have good lines of communication strengthened by regular multidisciplinary team meetings and a community matron. Service users can keep their own GP within logistical reason but 9/10 change to Dunstan Village for the majority of their stay. There are no concerns about pharmacy services raised from management and the Medicare system is described as a positive. There are also no issues with access to dental treatment with oral health checks carried out as standard procedure as service users can arrive with severe dental trauma.

# Working relationships with hospitals and trusts

Management mentioned that there have been previous safeguarding concerns raised by themselves regarding hospital discharges to their service. This included a case of a patient being discharged with a prescribed medication being stopped but this not being communicated to the home resulting in medication errors.

Another patient was sent in for a procedure but as they could not be anesthetised the patient suffered trauma from being stuck in an unsuitable hospital environment. They suffered significant weight loss due to the length it took for them to be discharged back to Redford Court. They have since made a recovery in their weight, but staff advised that they have had to rebuild the relationship that was damaged by the experience.

### COVID

Management felt that COVID was managed well organisationally with all equipment provided to the staff promptly during the initial stages of the outbreak. They felt they had a different experience than a lot of other residential homes. The external flat was able to be used for testing and isolation and families were described as supportive and amazing during the pandemic. The COVID pandemic has had the effect of strengthening relationships with infection control teams and staff are confident in their ability to manage outbreaks in the future.

## **Visitation and activities**

Management advised that they feel that current visitation procedures are working well. Friends and family are encouraged to visit after 5pm as it reduces the impact on rehabilitation activities which are scheduled during working hours. Management report that families appreciate this and as they are provided schedules in advance (including copies in residents rooms) they can organise around this. Families can bring in pets (within reason) and can visit anytime when a resident is unwell and in emergency situations.

Activities are built around recovery with most activities based in the community. Redford Court aims to mimic accessing community life as much as possible to help residents with the reality of life after discharge. On site activities have included therapy dogs, music, art cooking and exercise groups. They also have a music therapist on site. Offsite activities include public transport skills, hydrotherapy, walking groups and others. Staff say they work hard to match personalities of residents to others in groups to help build support networks and prevent negative experiences.

Residents can also request their own activities which has helped build relationships. Activities such as taking people for trips to their own homes to help rebuild independence at their own "location". Management discussed the increase in trust that followed taking a resident on recovery visits to their home address outside Liverpool. This allowed the resident to see the value of the rehabilitation exercise and made them more motivated.

Therapy from Physiotherapists, Speech and Language Therapists, Psychologists and others is also part of the activities provided. Each resident has an individual calendar of both their therapies and activities that is available to themselves, families and staff.

Residents' clothes and bedding is kept separate to prevent residents' clothes being mixed with others. Independent units have their own washing machines, and there are other shared machines where residents are supported to do their own laundry if capable. Clothes will be replaced if lost or damaged due to staff error.

# **Complaints and feedback**

Complaints go through a dedicated member of staff. Surveys are available and displayed on a dedicated board. Easy read copies of the complaint's procedure are available, and these were shared with Healthwatch Liverpool. There is not currently a resident spokesperson but has been one previously. Management provided us with a copy of the last Redford Court resident meeting which was provided in easy read and included residents' comments and the actions to be taken.

# **Building and resident safety**

When we entered Reford Court, we were given a temperature check and our credentials examined. We did not see any fire doors left open and staff advised they have a full evacuation procedure and regular drills. Management had an emergency kit in the office in case of power cuts which includes torches, batteries and oil filled radiators to keep residents safe. We were impressed by

the readiness of staff for emergencies, and this is reflective of how well they handled the challenges of the COVID pandemic.

# Meals and food

Redford Court has a full-time chef, but several residents shop and cook themselves with staff support where necessary. Flats have their own kitchens with a separate air fryer bought specifically for a vegetarian resident. Some residents are given their own budget for food to manage as part of rehabilitation activities. Management advised that the chef didn't cook that much traditional 'English' food initially, but people asked for this, so the menu was altered to meet their wishes. The Chef is currently trying to introduce themed nights with food from specific countries.

Service users have regular meetings which includes updating menus. The Chef speaks to service users for feedback and offers alternatives. One resident only likes to eat sandwiches for example and the Chef always makes one specifically for them. Staff treat residents as having capacity for making their own food choices unless this is proven otherwise. The Chef will ensure people's individual and cultural preferences are met including providing halal food for a previous Muslim resident. The chef also has a chart detailing residents health needs such as high blood pressure, cholesterol and IDDSI requirements (thickened food and fluids) and adjusts food accordingly.

# **Observations**

# **Observations on arrival**

The car park and external areas are well maintained with security gates functioning and the area was cleared of heavy snow and ice that was on the ground in Liverpool at the time. Staff at reception were cheerful and professional and were aware of our attending.

# Observations of the building and facilities

We were shown around the home by the manager and all areas seemed bright, clean and free from clutter. The staff office had pictures of all staff on the door and printed out copies of resident's schedules were available for staff to refer to. Some corridors were painted in bright colours, and we were told that they were chosen by residents. The shared Lounge had several sofas and chairs and was big enough to have more than one seating area. The room had warm coloured walls and felt comfortable, calm and airy. Staff mentioned that residents can have issues with overstimulation and noise due to their conditions.

### **Residents room**

The resident's room we visited was very personalised with walls painted in colours chosen by the resident, lots of posters and images up, a sitting area with sofa and chair, a single bed and an ensuite bathroom. The resident appeared to have limited mobility but could control various things by pressing a button, including the tv and changed channels himself by pressing a button on a

remote control. He had communication aids and his own methods of communication which was supported by staff.

### Garden

The Garden area was large and reached via glass doors from the communal dining area. It was partly obscured by snow but seemed well maintained and a nice area with all pathways gritted and made safe. There was outdoor equipment and external gym equipment. There was a smoking shed that had recently been repainted with the support of a resident. Management advised that they are supported in gardening by a former resident who asked if he could help as his new supported accommodation has no garden.

# Observations of the kitchen and catering area

The Dining room was clean, bright and spacious, decorated in a more neutral fashion than other areas. Tables were spaced out and the area did not feel cramped. There was also a pool table and an activity wall available for residents. Photos of resident's activities were displayed on the wall near the entrance to the enclosed garden.

Residents also had their own kitchen which contained cookers, labelled cabinets for each resident and a notice board with information on IDDSI standards and upcoming events. Residents had access to their own washing and cooking facilities. There was a separate air fryer in place for a vegetarian service user to prevent food cross contamination. This kitchen felt a lot more like a home kitchen than the main kitchen area.

# Observations of the how staff engage with friends, family and residents.

During our visit staff were respectful of residents and displayed a good rapport. We saw multiple good-humoured exchanges between staff and residents, some initiated by staff and some by residents themselves. It gave the impression of a comfortable and friendly place to live and work. We noticed that staff knocked and asked for permission every time they entered residents' rooms. We also saw staff asking permission before administering medication and waiting for the response.

We spoke with a member of staff who had worked at Redford Court for 8 years who said he loved his job. He advised he organises groups, shopping, trips out for coffees, singing groups and gaming sessions. They advised that there are always options for residents, "options in everything down to you when you want to get up, what you want to wear". The staff member praised the work that the physiotherapists do and said "It's really good for clients" when we asked what was a positive at the home. When asked what things could be improved, they advised "Staffing levels and the quality of staff".

We also witnessed another member of staff speaking to the Universal Credit Helpline or Jobcentre Plus to help organise benefits for a service user. Management mentioned that clients often have difficulties accessing their own finances and benefits and this causes them emotional distress. Things like automated phone systems and an emphasis on online access are a barrier for this client base.

Residents seemed comfortable in approaching staff and were on first name basis. We witnessed two residents who were spending time together in the dining room and they greeted the manager by her first name as they were making a hot drink. They had a good-natured exchange with the manager with one of the residents joking about receiving harsh treatment before saying "They are doing alright you don't need to worry". When the residents were making hot drinks, they had spilled some water on the floor. This was spotted by staff and a wet floor sign was put down and the area was mopped up in less than two minutes by another member of staff.

# Feedback from residents, relatives, and staff.

Healthwatch spoke with four residents and 5 members of staff.

Quote from resident.



"The people are magnificent, caring folk who get your mind working"



## Resident in own room

- 1. (what is the best thing?) "The wonderful people I get to work with"
- 2. "I have lived in worse brain injury units" (3 previous units). "(this) is by far the best"
- 3. (What would improve it for you?) "More time with the therapy assistants"

4. "Lisa is a fantastic manager"

# **Members of staff**

- 5. (Home provides) "Options in everything it's down to you when you want to get up, what you want to wear".
- 6. "The aim is to get people home and as independent as they can be to improve their quality of life. Nine times out of ten taking someone home shows improved orientation as they are more used to the setting."
- 7. "This is someone's home "

### Residents in communal areas

- 8. "Amazing, all the people are very caring and know what has happened to me. I am treated in a well-mannered way".
- 9. "More headwork, puzzles and crosswords would help"
- 10. "They are doing alright you don't need to worry".
- 11. "Ava (member of staff)is a brain trainer"

# Summary and recommendations

# **Summary**

Overall, we observed numerous examples of Redford court being an effective and positive environment for recovery. The home was clean, pleasant and was based around meeting residents needs whilst allowing for the maximisation of independence and recovery. There was no instances of dirt or strong odours anywhere.

The staff that we spoke to seemed happy in their work and clear in their goals for resident recovery. They impressed us with the relationships they have built up and the care, dignity and respect that was shown. The fact that there are multiple staff on site who have worked there for many years shows Redford Court is a rewarding place to work. This consistency of staffing seems to have contributed to the good practice that was shown during our visit and is validated by the patient feedback we received on site.

From what we have seen Redford Court is performing admirably in a difficult time in the care sector and we have no concerns from our visit.

# **Recommendations**

We make the following recommendations for Redford Court

 The only recommendation that we can make is reports from residents that they would like more time with therapists.

# **Appendix**

# Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are referred to the appropriate regulator or commissioners of the service for investigation or rectification.

Any safeguarding issues identified will be referred to the Local Authority for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website <a href="https://www.healthwatchliverpool.co.">www.healthwatchliverpool.co.</a> uk or contact us using the details at the end of this report.

# healthwatch Liverpool

Healthwatch Liverpool 151 Dale Street Liverpool L2 2AH

www.healthwatchliverpool.co.uk t: 0300 77 77 007

e: enquiries@healthwatchliverpool.co.uk

@HW\_LiverpoolFacebook.com/HWLiverpool