

## Red Rocks Nursing Home Limited

# Red Rocks Nursing Home

### Inspection report

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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?

**Outstanding** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

### Overall summary

The inspection took place on 28 January 2015 and was unannounced. Red Rocks Nursing Home is registered to provide accommodation and nursing care for up to 24 people. There are 22 bedrooms and some bedrooms could be shared. All have private washing facilities and some have their own en-suite facilities.

The manager was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We last inspected the care home on 12 December 2013. At that inspection we found the service was meeting all the essential standards that we inspected.

Some people had lived at Red Rocks Nursing Home for a considerable time and considered it to be their home, others had moved in more recently. There was a team of

# Summary of findings

15 staff on duty, five care staff, two nursing staff, the activities coordinator, two kitchen staff, two cleaners the maintenance person and the deputy manager and manager. All of the staff had completed induction training and received regular training by the provider.

The staffing levels were seen to be sufficient in all areas of the home at all times, to support people and meet their needs and everyone we spoke with considered there were enough staff on duty.

The home used safe systems of recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

People were able to see their friends and families when they wanted there were no restrictions. Visitors were seen to be welcomed by all staff throughout the inspection.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding. We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor. Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal off the menu that was planned. People we spoke with said they always had plenty to eat. The food we tasted was very well presented and tasted very good.

The five care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

The expert by experience commented:

"People were extremely happy with the staff and the care provided. I spent time talking to people and visitors who were all extremely positive about Red Rocks Nursing Home. All staff were friendly and provided care in a respectful way. The lunch looked amazing so tastefully laid out, the queens pudding I ate was lovely. People were happy with the food provided and there was plenty".

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were enough staff to support people and keep them safe. All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean, tastefully decorated, comfortable and well-maintained and records showed that the required safety checks were carried out.

Medicine management was in accordance with current and relevant professional guidance. Medicines were being administered as prescribed and stored at an appropriate temperature.

Good



### Is the service effective?

The service was effective.

All staff had received training and were being provided with an on-going training plan. Staff had good support with supervision and annual appraisals taking place.

The communication with staff and the people living at Red Rocks was respectful, calm and reassuring.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly.

People were all registered with a local GP. People were supported to access community health services including dentist, chiropodist and optician.

Good



### Is the service caring?

The service was caring.

People told us that staff treated them extremely well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment. People were encouraged by staff to be independent and staff never told people what to do, the staff always discussed options.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

Outstanding



### Is the service responsive?

The service was responsive.

The care plans we looked at contained information about the person's life and their preferences. Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

Good



# Summary of findings

People were encouraged to follow their hobbies and interests. There was an activities programme that was aimed at meeting all of the people's interests and likes.

There was a good system to receive or handle complaints. The home had a complaints procedure. People told us staff listened to any concerns they raised.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

## Is the service well-led?

The service was well led.

The home had been owned and managed by the same family for more than 67 years and the manager worked alongside the staff. There were systems in place to assess the quality of the service provided at the home.

Staff were supported by the management team.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

**Good**



# Red Rocks Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 January 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the manager. The local authority informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. The afternoon was spent looking at medication, care plans and records related to the running of the service.

During our inspection we spoke with eleven people who lived in the home, seven visitors and two visiting professionals, three care staff, two nurses, the maintenance person, a domestic assistant, the cook, the deputy manager and the manager. We observed care and support in communal areas, spoke with people in private, looked at the care records for three people and looked at three staff records. We also looked at records that related to how the home was managed.

We requested information from the provider after the inspection. The information sent by the manager was the staff training matrix, staff rotas and induction training programme and environmental certificates for the gas and electricity maintenance and servicing.

# Is the service safe?

## Our findings

The expert by experience asked people if they felt safe at the home and they replied “Yes, I do I give staff top marks I’m very safe”, “This is my home and the staff look after me.”, “I am safe here.” and “Yes, staff always make me feel safe”. We asked the seven relatives we spent time talking with if they thought the home was safe, all said it was.

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed annually. An assessment was completed at the end of the training programme and, if successful, a certificate was awarded. The certificate showed the course syllabus and we saw that this was comprehensive. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. CQC records showed that the manager had made a safeguarding referral to social services in 2014 to report a concern regarding a person who lived at the home. We saw that this had been dealt with appropriately.

We spoke with the manager about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that detailed risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in the three people’s care plans we looked at and they were reviewed monthly. Accident and incident policies and procedures were in place.

We spent time in all areas of the premises and could see that Red Rocks was well maintained and comfortable for the people living there. Health and safety had been checked through various risk assessments and audits. There was a designated member of staff who was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We found that the home was clean and well-maintained and provided a safe environment for people to live in. We saw records to show that regular health and safety checks were carried out and that regular servicing and checks were also carried out on equipment. The catering arrangements had received a five star food hygiene rating. A fire risk assessment was in place and had been reviewed and updated in June 2014. A premises risk assessment was dated June 2014 and a detailed business continuity plan

was in place. This showed that the provider was ensuring any identified risk areas had action plans in place to minimise any risk at Red Rocks. Information was on display for staff in case of emergency and gave details of people’s mobility needs.

Eight staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We asked people if there were enough staff to support them and they all said “Yes”. One person said “I never have to wait long at all for staff to help me if I need them, I ring my bell and they come straight away”. The manager told us that staff numbers were always flexible and additional members of staff could be deployed if anyone required extra support or for social outings. We looked at the staff rotas for December 2014 and January 2015 the staff ratios were sufficient to meet people’s needs.

The manager and the deputy manager were aware of the checks that should be carried out when new staff were recruited. We looked at three staff recruitment files including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

The expert by experience asked people if they got their medicines in a safe way and on time. People confirmed that they did and one person added “They always make sure I have taken them.” Another person said “I get my pain killers when I need them, staff are very good”.

We spent time with the two nurses on duty who were responsible for medication at the home on the day of our inspection. We saw that medicines were stored safely in the medication room and in people’s rooms in locked cupboards. Records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for four people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. The manager said it was the practice of the home to keep the medicines with

## Is the service safe?

the person. The nurses went to their rooms at the appropriate time and administered the dosage required. We looked at the controlled drugs records and medication that was stored in a secure drugs cabinet in the medicines room and saw that all of the controlled drugs had been administered appropriately.

The records we looked at indicated that people always received their medicines as prescribed by their doctor. We saw no missed signatures. Some people had items prescribed to be given 'as required PRN'. This was written on the medication administration record sheets and recorded in a book that showed what had been given with the amounts checked every time. All nursing staff received regular training about the safe handling of medicines.

The manager told us they had designed and introduced a new method of recording and auditing the medication and that the medication procedure was changed to reflect person centred care. The local authority after a quality visit to the home told the manager and nursing staff that it was

a really good procedure and was to be put forward as a best practice initiative for homes on the Wirral. The people we spent time with were fully aware of the new medication procedure and told us that their medication was always discussed with them. One person told us "The nurses always talk me through my medication so I know what I'm taking" another person said "I like the medication being kept in my room; it is for me after all".

We spent time talking with the local authority who told us that the medication procedure was very good and person centred.

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection. There were sufficient soap dispensers within the corridors for staff and visitors to have the opportunity to wash or disinfect their hands appropriately. People were protected as the staff did follow universal safe hand hygiene procedures. There was an audit of hand hygiene completed by the provider in December 2014.

# Is the service effective?

## Our findings

We asked eleven people about the skills of the staff and if they were competent in their roles. Comments received included; “Staff are more than competent, they seem to be picked for their compassion and personality not just qualifications”, and “Lovely, most are really good at their jobs”. One person expressed concern about the use of the hoist to us and their relative also spoken with explained their relative was unsure of the hoist and “didn’t like it”. The relative said staff had been “Very accommodating in providing the care in the way that was comfortable for her”. The person added staff now supported her leaning over the bath which she preferred rather than using the hoist. Another relative told us “The staff here know how to look after my mum and have the skills to look after her properly when I leave I can relax because I know mum’s safe here”.

We looked at the staff training matrix for all staff. Staff were up to date in training for providing care and support for people living at Red Rocks. We looked at the training materials and information and saw that training was provided in house by the provider and externally. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. Specialist training was also provided as the home provided end of life care. We saw the training records and the nurses confirmed this.. A nurse spoken with had recently attended a seminar and skills training to update their competency for using a syringe driver.

The staff we spent time talking with were aware of the Mental Capacity Act 2005 (MCA). All care staff and nursing staff spoken with had completed training and were aware of what the MCA was and what the Deprivation of Liberty Safeguards (DoLS) procedure meant if implemented. The manager told us he had an effective and good working relationship with the local authority. The manager was knowledgeable and had implemented a clear concise procedure with records in place to show what actions had been taken in relation to mental health. We looked at three

care plans and all clearly showed that MCA assessments had been undertaken and when the local authority had been liaised with. There were no DoLS in place at the home at the time of this inspection.

The eight staff we spoke with had completed the provider’s mandatory training for required areas. Staff told us that they were happy with the training provided and there was a lot of it. Comments made were “I am always learning something new, I have done loads of training” and “I attend a lot of upskilled training. The manager is very good at encouraging staff to do training”. There was an induction programme that included shadowing other staff and completing training specific to their roles. Care staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

Staff told us that they had supervision meetings with senior staff and the manager. There was an annual appraisal procedure that had been implemented for staff. We were told by all staff spoken with said that they had received an annual appraisal from the manager or senior member of staff. They said they were appropriately supported and that there was an open policy at Red Rocks where they could talk to the manager about any concerns they had and they always felt listened too.

We observed staff interacting with people throughout the day and evening. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting people to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People we spoke to and their relatives informed us that staff met the individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day and night if they requested it. Breakfast was provided at any time the person chose to have it, one person told us that they like their breakfast provided at 8 am and that staff ensured this was always done. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We spent time in the kitchen at lunchtime and tasted the lunch being served that consisted of fresh lamb and vegetables and queens pudding for the desert. We spent time in the conservatory



## Is the service effective?

which was the dining area of choice for three people. The other nineteen people chose to have their meal served to them in their room. The staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. The expert by experience had the queen's pudding and informed us that it was extremely good. Comments from people were that the food was, "Very nice", "Lovely, always tastes good". One person said "The only complaint is that it's so good I'm putting on weight". We were told that no one living at the home required support to eat by staff.

We observed the cook and assistant constantly going to people's rooms and chatting about the meals provided. The cook when spoken with was very passionate about the food served and told us that they enjoyed their job very much. In the afternoon, people were served afternoon tea that consisted of small sandwiches and cake with tea.

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed one observational record for a person who was being monitored for food and fluid intake. The observational records were seen to be completed appropriately.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change. There were discussions throughout the inspection about people's health checks. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The manager told us that doctors visited the home as required. A physiotherapist was visiting two people who the provider had arranged to pay for privately, to support to encourage their mobility.

We saw that people had been enabled to personalise their own rooms. All of the people told us they were happy with their rooms and if they had an issue with their rooms, they told us they would report it to the manager. We looked at the maintenance records that showed that any repair issues were dealt with promptly. There was a lift access to the first floor and the premises were accessible in all areas for wheelchair use.



# Is the service caring?

## Our findings

The eleven people we spoke with told us that staff treated them very well. Comments included, “Lovely staff”, “Very friendly and caring”. “Nothing to complain about it’s a lovely home and I am as happy as I can be. Obviously would like to be in my home but I’m not confident on my own any longer, so here is perfect”. We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported where necessary, to make choices and decisions about their care and treatment. Staff were seen and heard to encourage people asking them what they wanted, not telling them and discussing options.

We saw a member of staff talking to a person who was worried about their family visiting due to the stormy weather. The member of staff was compassionate and respectful to the individual and calmed them down. We observed staff reacting in a timely and respectful manner if they were assisting or supporting people.

We spent time talking with seven relatives of the people living at Red Rocks. All were very positive about the care and support provided. We were told that they all visited different times of the day and evening and that staff were always welcoming. Comments made included “My mum chose this home, the staff are very good and genuinely care. Mum is happy and comfortable”, “The staff are excellent, and they are so caring”. Another commented “Staff are considerate and caring, I’m quite fond of them all”.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in the conservatory. A physiotherapist visited the home and was escorted with the person to their bedroom to provide the treatment in private. Another professional was reassessing an individual’s care needs from the NHS Continuing Care team; they told us the care they had seen being provided at Red Rocks was good. They also said that records were always up to date and a good reflection of staff input to providing the healthcare and care and support to people.

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. It was clear from the content of the conversations that such matters were often discussed and their views sought and respected. The relationship between the staff members and the managers, with the people at Red Rocks was respectful, friendly and courteous.

The manager and staff told us that all of the people could express their wishes and all had family/friends to support them to make decisions about their care. The provider had an effective system in place to request the support of an advocate to represent people’s views and wishes if required. We were told by the manager that no one had recently utilised this service but that they accessed this service on behalf of people if they thought it was required. The information for advocates was displayed on the notice board opposite the front door.

Most people were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen.

Red Rocks Nursing Home provided end of life care, the manager told us that this was a person’s home for the rest of their life when they moved in, if that was their choice. The provider had the ‘Gold Standard Framework’ this was an award to inform that staff were appropriately trained and competent to care for people at the end of their life. There were regular assessment and reviews by the nursing staff and other professionals ensuring people were receiving the relevant healthcare. We were told that there was no one currently living at the home was being provided with this care.

The expert by experience commented:

During my observations I noticed staff being attentive to the needs of individual people. This included asking if they were warm enough. Getting blankets to put over peoples’ knees, and shutting a curtain to stop the sun going in a person’s eye. All staff were very caring throughout the day”.

# Is the service responsive?

## Our findings

People we spent time with were happy with the care provided by staff. Two people told us “Staff are always popping in to see if I’m alright” and “I get my nails done, and a hairdresser is in every week, this is what I like and they make sure I get it”. We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

We looked at three people’s care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed to inform staff what care to provide. The records fully informed staff about the person’s emotional wellbeing and what activities they enjoyed. Staff were very knowledgeable about all of the people living at the home and what they liked to do.

We spent time talking to people about activities and were told by all eleven people that there was always something taking place. Comments included “Lots of activities here if you want to do things” another comment “We have ladies who does lots of things with us”. Another person told us “People come in to see us, sing songs, it’s lovely”. We spent time with the activity coordinator on duty discussing activities and looking at the programme for January and February 2015. Activities included, coffee mornings, reminiscence and discussion, classic movies, poetry, quizzes, pamper day, communion services, morning walks and going to church if requested. There was outside entertainment including singing provided in the evenings at Red Rocks. The activities were mainly group activities, we discussed one to one activities and were told that they do take place, the activities coordinators visit people in their rooms. We observed the activity coordinator going to people’s rooms in the afternoon; one person had the newspaper read to them, another person was heard to be happily chatting with the activity coordinator.

During our inspection we saw that people would go to the staff to have a conversation and discuss what was on their mind. Also, staff were seen and heard to confirm and encourage people living in the home in their decision making judgements.

People’s needs were formally reviewed monthly or more frequently, if required. There were monthly comments on the care plan records to inform staff had assessed the person and informed if there was any changes to the care and support provided. People when asked about their reviews of care and care plans were aware that they were receiving the care they required and had agreed to. A relative told us that they were very involved in the care review process and that the care provided was what was agreed. Another relative praised the information pack they were given when their mother was first admitted to the home. They said this gave them valuable information and included how to make a complaint.

People told us staff listened to any concerns they raised. There were no complaints raised at the home in the last twelve months. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the front door. Also the complaints procedure was given to all of the people living at the home and their relatives.

The manager told us that they had a residents/relatives meeting in on 5 November 2014. We looked at the record of this meeting that informed how issues raised in discussions were actioned and by whom. The meetings take place every three months and people were made aware well in advance. The relatives that we spent time with told us that staff were good at communicating with them.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people’s treatments for their health and wellbeing.

The expert by experience spoke with the physiotherapist visiting on the day of this inspection, who reported they was pleased at how staff were working with them and encouraging a person to walk. The physiotherapist was pleased at the person’s progress in becoming more mobile which was due to staff following their advice.

# Is the service well-led?

## Our findings

The eleven people we spoke with and seven relatives told us that the manager and senior staff were always available. People's comments included "The manager is really nice", "He's a nice chap, very approachable" and "I feel comfortable if there was a problem he'd sort it out." Relatives' comments included, "This is easily the most efficient and well managed nursing home I've been in and I've visited many in the last thirty years" (They explained the visits had been in a professional capacity) and "I've told the family I'm coming here". Another comment "It's just like a big family we've all got to know each other".

The leadership was visible and it was obvious that the manager knew the people who lived in the home well. Staff told us that they had a good relationship with the manager and senior staff and that they were supportive and they listened and actioned issues raised quickly. We observed staff interactions with the manager which was respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home. The manager also lived next door, we were told that they were always available if needed.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a brilliant place to work, I love working here seriously. We provide really good care" and "We do provide really good person centred care here, people know what they want and we do the best to provide it". Another comment was "I love working here the staff are great we all help each other. It's really important". The professional we spoke with from the local authority had no concerns about the care being provided. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were systems in place to assess the quality of the service provided in the home that included, weekly medication audits, staff training audits, health and safety audits, infection control, incident and accident audits and falls audits.

We looked at the ways people were able to express their views about their home and the support they received. We were told that open days and residents /relatives meetings were held. Information looked at showed that meetings took place every three months and people were asked if they had any issues. We looked at six feedback forms, all had very positive comments including, "Very comfortable its home from home" and "Very high standard of care provided". We saw that relatives and professionals were provided with feedback forms. We looked at three comments from professionals that included a McMillan nurse who said "It's lived up to its expectations", a podiatrist who commented it's an "Excellent home" and a spiritualist who told us the home was "excellent, all of the people's needs are met".

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the day. All were seen to be up to date and relevant. Monitoring records looked at for three people were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's needs. Confidentiality was maintained with locked filing cabinets and password protected computers which were in a secure place.