

Redhouse Nursing Home (UK) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 23 and 24 November 2015 and was unannounced.

Redhouse Nursing Home is a nursing home providing accommodation for up to 34 older people. At the time of the inspection 29 people were living there. There was a registered manager in post.

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 2008 and associated Regulations about how the service is run.

We last inspected this home on 25 and 29 July 2014 where we found five breaches in the legal requirements were found. We asked the provider to take action to ensure that staff were knowledgeable about the Mental

Summary of findings

Capacity Act to ensure people's rights were protected, to ensure clutter was removed in corridors making them safe for people to walk around the building and furniture was suitable and safe in people's rooms, also infection control practices were developed in the service to ensure equipment was clean, to meet people's individual needs and to develop and implement a better quality assurance

system to monitor the quality of the care in the home. During this inspection we looked to see if improvements had been made in these areas. Whilst we found the provider had now met the requirements of the regulations, there were still some areas that required further improvements.

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 not always safe.

People did not always receive support when needed from staff.

People were supported to manage their risks.

Safe recruitment practices were in place and staff knew how to recognise abuse and how to report it.

People received their medicines when needed.

Requires improvement



Is the service effective?

The service was not always effective.

People's rights were not always protected through the effective use of the Mental Capacity Act.

People told us that staff had the right skills to look after them. People's nutritional needs were met.

People had access to health professionals when they required additional support.

Requires improvement



Is the service caring?

The service was not always caring.

People told us that staff were caring when they had the time to care for them. Staff did not always have time to spend with people and respond to their needs.

People's privacy and dignity was respected.

Requires improvement



Is the service responsive?

The service was not always responsive.

We saw people's individual needs were being met and staff were managing people's sore skin safely.

People were not supported to follow their preferred interests and hobbies.

People and their families told us they would speak to staff if they wished to complain and their complaints were listened to. Relatives told us they were not aware of the complaints system in the home. We saw that where complaints had been made they were not always recorded.

Requires improvement



Is the service well-led?

The service was not always well-led.

Requires improvement



Summary of findings

A quality assurance system was in place but it was not effective in improving the care people received in the home.

People and staff were asked their views but staff told us they were not always listened to or action taken when suggestions were made.

People told us there was a good atmosphere in the home. Staff felt supported by the registered manager.

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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.

This inspection took place on 23 and 24 November 2015 and was unannounced. The inspection team consisted of two inspectors 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. The expert had experience of dementia care.

As part of the inspection we reviewed the information we held about the home and looked at the notifications the

provider had sent us. A notification is information about important events which the provider is required to send us by law. We contacted the local authority to gain their views about the quality of the service and also the local commissioning group to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with eight people who lived at the home and three relatives. We spoke with six staff and the registered manager. We looked at care records for four people to see how their treatment was planned and delivered. We also looked at staff files and records relating to the management of the home.

Is the service safe?

Our findings

At our previous inspection in July 2014 we found the provider was not meeting the law because equipment was stored in corridors which meant people could not move around the home safely. The provider told us in their action plan clutter would be removed and maintenance issues around the home would be addressed. At this inspection we found corridors were accessible and not blocked by furniture. Improvements had been made in line with their action plan which meant they were now meeting the requirements of the law.

We also found at our previous inspection the provider was not meeting the requirements of the law. This was because people's safety was compromised as we found unsuitable furniture in people's room which could cause an infection risk. In their action plan the provider told us old furniture would be replaced and audits to ensure regular cleaning had taken place would be introduced. Worn furniture with hard to clean surfaces had been replaced in bedrooms, toilets and bathrooms were clean and the sinks in people's bedrooms had been replaced. The improvements had been made in accordance with their action plan which now meant they were meeting the requirements of the law.

People told us there were not always enough staff. One person said, "They are usually short of staff". Another person told us, when asked if there were enough staff, "Quite often you don't get to the toilet and you're wetting yourself." On the morning of our inspection one person told us there was not enough staff to support them to have a shower. Relatives told us that at particular times of the day there was not enough staff to meet people's needs. One relative told us, "It concerns me that if you need the toilet and they are all on their break there are not enough staff around to help". Another relative told us that when staff attended handover there was no staff around. We saw staff taking breaks together in small groups and during handover no staff were available to help a person go to the toilet. We spoke with the registered manager about our concerns. On the day of our inspection the registered manager informed us that the cook and a member of the care staff had called in sick. They called two more staff mid-morning who both came into work later in the day. Following the inspection the registered manager told us

shift times have been changed to accommodate staffing levels during shift handover. They also said new equipment has been ordered so people could call staff from the lounge to ensure staff were accessible to people when needed.

People and their relatives told us they felt safe in the home. Staff and the registered manager knew how to keep people safe. They told us what they would do to report any suspected abuse to the registered manager and knew where to go if no action was taken by the registered manager or provider. One staff member told us if they saw any abuse they would report it immediately and whistle-blow if nothing changed. The registered manager had made the appropriate referrals to the local safeguarding authority when suspected abuse had taken place in line with their legal responsibility.

People were supported to manage risks to their health and safety. Where people had risks to their health and safety risk assessments were in place. Staff told us that when people were at risk they had assessments and monitoring in place to ensure the risk was managed. For example, we looked at a person's care record where they had been assessed as high risk due to food and fluid intake. Food and fluid charts were kept up to date and monitored by staff to ensure adequate intake of food and fluid. We saw people being supported by staff with their physical needs and had specialist equipment to promote their safety and meet their needs.

Staff told us the recruitment checks and references required were undertaken prior to them starting work. We saw the provider had arrangements in place to ensure new staff were suitable to work at the home.

People told us they received their medicines when they required them and were happy with how they were supported to take their medicine. People told us they received pain relief from the staff when needed. One person said, "You only have to ask (for pain relief) and you are given it as prescribed". When people had creams prescribed they were stored in their own rooms with their toiletries. People's prescribed creams were not recorded on their medicine administration record (MAR) chart and no directions were present to tell staff when and where to apply them. The registered manager informed us following the inspection the pharmacist had included prescribed creams onto the MAR charts. People's medicines had been

Is the service safe?

recorded when they received them. We saw that there was an effective system in place to ensure that there was sufficient stocks of medication which ensured people got their medicine when they required it.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At our previous inspection in July 2014 we found the provider had not met the law as staff had not followed the principles of the Mental Capacity Act (MCA). The provider sent us an action plan following that inspection telling us about improvements they were to make to address this breach of the law. They told us staff would receive further training so they understood the principles of the MCA.

We found at this inspection the provider had made improvements in accordance with their action plan. Staff told us when people lacked capacity to make decisions about their care other people were consulted in making decisions in their best interests. One member of staff told us, "It depends on people's capacity to make decisions and is dependent on the decision they have to make". We looked in one person's care plan where they lacked capacity to make a particular decision. We saw that a capacity assessment was present to ensure the decision made was in the person's best interest. It was not documented who had been included in making the decision on behalf of this person. We spoke with the registered manager regarding this omission and they agreed this would be added in the future. We checked whether the service was now working within the principles of the MCA and whether any condition on authorisations and whilst they were now meeting the regulations of the law improvements still needed to be made.

The registered manager told us they completed assessments with regards to people's capacity. This was to ensure when people lacked capacity to make certain decisions for themselves any decisions regarding their care were made in their best interest. However, we saw where capacity assessments should have been completed they had not been. For example, we looked at one person's care record who lacked capacity to make decisions and had bed rails fitted. The registered manager told us the bed rails

were in place to keep the person safe. They said, and we saw they had not considered people's capacity to consent to the bed rails to ensure the decision was made in their best interests and the least restrictive option.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they had applied to the local authority to deprive ten people of their liberty because they lacked capacity to make decisions for themselves. Whilst capacity assessments had been completed, the registered manager had not considered their individual needs in making the applications. The registered manager told us they had not received any authorisations back from the local authority at the time of the inspection.

People and their relatives told us staff were knowledgeable about their care needs. One person said, "Yes they are pretty good". Another said, "Staff have the right knowledge to look after me". The registered manager told us they regularly checked staff were competent in their roles. An example was given by a member of staff who told us that they were observed last month whilst supporting people to get out of bed and supporting people to eat. Staff told us they had shadowed other experienced staff before they started and had a period of induction to learn about their roles. Staff told us they had regular supervisions and appraisals which supported them in their role.

People were supported to maintain a healthy diet. People told us they were given a choice of food. One person said, "You do get a variety and sometimes we have fruit". We saw people being offered a choice of main course for lunch. Special diets were catered for. One relative told us about their family member's pureed diet and thickened drinks. We saw staff supporting people to eat and offering encouragement when needed. People had a choice of where to eat. Some people chose to eat in the lounge and some in their room or dining room.

People told us they had access to healthcare professionals when they required it. One person said, "The chiropodist comes to see me". Another person told us they had been out to visit the chiropodist the previous day. Staff told us they sometimes escorted people to appointments at the

Is the service effective?

hospital. We spoke with a visiting professional who told us they visited the home regularly and that they had a good

relationship with the registered manager and the staff. We saw in people's care records that when their health needs changed the registered manager and staff sought advice and guidance from healthcare professionals.

Is the service caring?

Our findings

People and their relatives told us when staff were available and had the time to talk with them they were kind and considerate. One person said, “Yes, we get on pretty well”. However concerns were expressed by some people that staff didn’t have time to talk or listen to them. One person said, “They [staff] are not always available. If they have a bit of spare time they have a chat”. Another said, “They [staff] are always rushed off their feet.” One person told us the television is always on and they would like time without it being on as there was always background noise. One member of staff told us, “We don’t get the chance to talk to residents only when we get them up”. Relatives told us they felt comfortable talking to staff. One relative told us staff interacted well with their family member and were encouraging when they were feeling low.

Throughout the day we saw positive and caring relationships between people and staff. However, there were many times throughout the day when people sat with no interaction from staff and with nothing to occupy them.

When staff did approach people it was in a kind and caring way. We saw people being offered encouragement to complete everyday tasks and sensitive language being used when people found the tasks too difficult. For

example, we saw one person was struggling with their cutlery at lunchtime. A member of staff offered an alternative and also offered encouragement to help them remain independent when eating their lunch.

People and their relatives told us they were involved in planning their care. One relative told us that although they were not involved in the planning of the care, they were happy with the care provided. They told us, “Nothing is too much trouble”. Another relative told us they were kept up to date with their family member’s care needs.

People’s privacy and dignity was respected. One person told us staff always ensured that the door was closed when they helped them to the toilet, so as to give them privacy. A relative also gave us an example of an incident they had observed where staff had responded to ensure a person’s dignity was respected. Staff told us they ensured people’s privacy and dignity was respected when supporting people with their personal care. We saw a person asked to be taken to the toilet and staff responded discreetly speaking with them quietly to ensure their dignity was maintained.

Relatives told us they were welcomed into the home to visit when they wanted to. We saw staff and the registered manager talking with relatives and other visitors throughout the inspection.

Is the service responsive?

Our findings

At our previous inspection in July 2014 we found the provider had not met the law regarding people's individual care needs. This was because the provider had not taken proper steps to ensure people were protected from the risk of sore skin. We also found people who had areas where their skin had broken down did not have photographs, completed wound assessments or body maps. The provider sent us an action plan after the inspection telling us about improvements they were going to make to address this breach of the law. We found at this inspection the provider had made improvements in accordance with their action plan and had met the requirements of the law.

We looked at three people's care records who had sore skin. We saw staff were checking and recording people's sore skin, photographs had been taken to ensure staff could monitor changes in the skin and body maps had been completed. One person had been referred to a specialist nurse for further support and because staff had taken the correct action their sore skin had healed in three days.

At the previous inspection we found that improvements needed to be made so people got access to leisure activities. Although some changes had taken place since our previous inspection, further improvements still needed to be made. One person told us they liked doing their knitting. We saw staff helping them with this activity. People told us they spent their time doing some activities such as sing-a-longs and playing skittles but they also thought there could be more activities for them to do. We saw long periods of time where people were left sitting in the lounge with no interactions from staff and nothing to occupy their time. A member of staff told us they developed the activities and decided on what activities they did in the home and people were not involved in planning activities. Another member of staff told us, "It would be nice to see people go out more, it would lift their spirits". Following the inspection the registered manager told us improvements would be made. They said training

would be offered to staff to support them to provide more opportunities for people to do things they individually liked and to focus upon appropriate activities for all people living in the home.

People told us staff spoke to them about how they wished their care to be delivered and they felt involved in their care. A relative told us they had been involved and had provided information to help with their family member's care. Staff told us about individual's choices and likes and dislikes. Staff had detailed knowledge of people's health and personal care needs and understood the need to provide care in the way people wished. Examples were given of how some people liked to take their medicine and which people they were monitoring fluid intake for. We saw care records reflected people's needs and were up to date with any changes in their care. We saw staff communicated people's needs and any changes to their care in a handover meeting at the end of the shift.

People told us they knew there was a complaints system in the home but if they were concerned they would speak to staff or the registered manager and were confident to raise any concerns. One person told us they had complained about a member of staff and the registered manager had taken appropriate action immediately. Relatives told us they didn't know how to make a complaint but they would approach the registered manager if they were concerned. We asked the registered manager how people and their relatives were informed about the complaints process as we could not see anything to inform them of how to complain. The registered manager told us it was in their statement of purpose and in people's bedrooms. As relatives were not aware of how to complain they would display it in a more prominent position for people to see. The registered manager told us that no complaints had been made and none recorded. However, two people had told us they had made a complaint and whilst both had been responded to by the registered manager, there was no record of these. The registered manager told us they will ensure that all complaints would be recorded in the future.

Is the service well-led?

Our findings

At our inspection in July 2014 we found that the provider was not meeting the law regarding assessing and monitoring the quality of service provision. At this inspection we found that the requirements of the law had been met but further improvements were still required.

We found that the provider had systems in place to monitor the quality of care in the home. However we found that they were not always effective. We saw the registered manager had carried out audits in areas such as infection control, mattresses, care plans and accidents. The medicine audits had highlighted on a couple of occasions missing signatures on the medicine administration charts by the same member of staff. The registered manager had not addressed this or carried out an investigation to prevent further reoccurrences. We spoke with the registered manager about our concerns and were given assurances they would review their quality assurance system and make improvements where required. Although a process to monitor the quality of the service was now in place, we could not see any evidence of how the systems ensured improvements in the service as issues identified had not been responded to.

We found accidents and incidents were recorded and a summary was compiled at the end of the month. However, the registered manager had not analysed the findings to see if any patterns had emerged so preventative action could be taken. The registered manager acknowledged improvements needed to be made with the monitoring of accidents in the home and would look at implementing this following the inspection.

People and their relatives told us they were involved in meetings to discuss care and support in the home. We saw minutes of residents meetings where people had attended to discuss areas of the service where they had concerns and improvements needed to be made. We saw records of meetings where activities had been discussed with people; however no changes had been made as a result of the discussions. For example, we saw staffing levels had been discussed at the previous resident's meeting and people were told they were reviewed regularly, but no change had been implemented or considered. The views of people and

their relatives had been sought but we saw no evidence they had been listened to or effected any change in the service. The registered manager acknowledged these were areas which needed to be improved within the home.

We saw staff had been asked to contribute their opinion of the running of the home in questionnaires and in staff meetings. We saw staff had responded saying they didn't feel valued. Staff told us when they made suggestions or asked for improvements to the home they weren't listened to. Staff told us they had regular meetings but they felt they weren't effective in answering their needs. For example, a member of staff told us they had requested a staff noticeboard which they thought would benefit all staff and although it had been agreed it had not been implemented. We spoke with the registered manager about this who said they were aware of this and plans were underway to enable a noticeboard to be located within the home for staff to use.

Staff told us they felt supported where training was concerned and could approach the registered manager. One member of staff told us they had asked for further training and had received it.

We spoke with the registered manager who was knowledgeable about people's needs and of their duties as a registered manager. We found the provider had met their legal obligations around submitting notifications to CQC and the local safeguarding authority. The provider was aware they were required to notify us and the local authority of certain significant events by law, and had done so. We also saw that the provider had ensured information about the service's inspection rating was displayed prominently as required by the law.

We saw the registered manager talking with people and their relatives throughout the day. One person told us, "The registered manager is lovely. Nothing is too much trouble". People told us they found the registered manager approachable. Relatives told us the atmosphere in the home was always, "Calm and relaxed". We saw there was a welcoming environment in the home and people and staff were very relaxed and the culture was open and friendly.

The registered manager told us the provider visited the home regularly and when they had asked for equipment they had received it and they felt supported by the provider in their role.