Gainsborough Care Ltd

Redcote Residential Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 20 August 2015 and was unannounced. Redcote Residential Home provides care for older people who have mental and physical health needs including people living with dementia. It provides accommodation for up to 28 people who require personal and nursing care. At the time of our inspection there were 27 people living at the home.

At the time of our inspection 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

On the day of our inspection we found that staff interacted well with people and people were cared for safely. People and their relatives told us that they felt safe and well cared for. Staff were able to tell us about how to keep people safe. The provider had systems and processes in place to keep people safe.

Summary of findings

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed and care planned and delivered

to meet those needs. People had access to other healthcare professionals such as a dietician and GP and were supported to eat enough to keep them healthy. People had access to drinks and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

There were usually sufficient staff to meet people's needs and staff responded in a timely and appropriate manner to people. Staff were kind and sensitive to people when they were providing support and people had their privacy and dignity considered.

Staff had a good understanding of people's needs and were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs. The provider had a training plan in place and staff had received regular supervision, however they had not received appraisals.

We saw that staff obtained people's consent before providing care to them. People had access to activities and community facilities.

Staff felt able to raise concerns and issues with management. Relatives were clear about the process for raising concerns and were confident that they would be listened to. The complaints process was on display.

Regular audits were carried out and action plans put in place to address any issues which were identified. Audits were in place for areas such as medicines, health and safety and infection control. There were cross infection issues which had not been identified by the infection control audit.

Accidents and incidents were recorded. The provider had informed us of incidents as required by law. Notifications are events which have happened in the service that the provider is required to tell us about.

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 consistently safe.

Arrangements for cleaning laundry and sanitary equipment needed improving to prevent the risk of spread of infection

There were sufficient staff. Staff were aware of how to keep people safe. People felt safe living at the home.

Medicines were stored and administered safely.

Requires improvement

Is the service effective?
The service was effective.

Staff received regular supervision and training.

People had their nutritional needs met.

The provider acted in accordance with the Mental Capacity Act 2005.

Good

Is the service caring?
The service was caring

Staff responded to people in a kind and sensitive manner.

People were involved in planning their care and able to make choices about how care was delivered.

People were treated with privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People had access to activities and community facilities.

The complaints procedure was on display and people knew how to make a complaint.

Care plans were personalised and people were aware of their care plans.

Good

Is the service well-led?
The service was well led.

There were effective systems and processes in place to check the quality of care and improve the service.

Staff felt able to raise concerns.

The registered manager created an environment of openness.

Good

Redcote Residential 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.

This inspection took place on 20 August 2015 and was unannounced. The inspection was completed by a single 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information which we held about the home and looked at notifications which we held about the organisation. Notifications are events which have happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we observed care in the home and spoke with the registered manager and 4 members of care staff, 3 relatives and 8 people who used the service. We also looked at three people's care plans and records of staff training, audits and medicines. We spoke with one visiting professional.

Requires improvement

Is the service safe?

Our findings

During our inspection we found issues relating to infection control which presented a risk to people living at the home. A member of staff had been appointed as lead for infection control however we found issues relating to infection control which had not been picked up by the audit process. We observed that there were areas within the home which required refurbishment and as a result presented an infection control risk. For example, a waste bin in a toilet area had a broken lid and other bins in the toilet areas were not fit for purpose as lids had to be touched in order to dispose of waste. This presented a cross infection risk. In the shower room we saw that there was plaster coming off the walls and the shower tray and mat were soiled and stained. We spoke with the registered manager who told us that the provider was due to refurbish the shower room however they did not have a plan of refurbishment to evidence this.

The home did not have a sluice for cleaning commode pans and staff were using a small sink, in the laundry area. The sink was also used for other tasks such as hand washing which would create a risk of cross infection. There was no process in place for carrying out the safe cleaning of commode pans and the laundry did not have clear clean and dirty areas identified to reduce the risk of cross contamination.

We observed that there were facilities for staff and visitors to wash their hands throughout the building. Staff wore protective clothing when providing personal care to prevent the risk of cross infection. When we spoke with staff they told us that they had received training on infection control.

People who used the service told us they felt safe living at the home and had confidence in the staff. A person said, "You feel confident someone is keeping an eye on you." Another person said, "Yes, I feel very safe here. There's nothing to worry about." A relative told us “[My relative] is safe now. I used to worry about her all the time, but not now I know she's safe." A visiting professional said, “Feel it’s a safe environment.”

People told us that there was usually enough staff to provide safe care to people and they rarely needed to wait for attention. We observed staff responded to people promptly. The registered manager told us that they did not have any vacancies and did not have to use agency staff. They said that they had sufficient staff to cover the shifts and that staff were very flexible in order to ensure that shifts were covered.

The registered provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. When we spoke with staff they confirmed that they had had checks carried out before they started employment with the provider. These checks ensured that only suitable people were employed by the provider.

Staff were aware of what steps they would take if they suspected that people were at risk of harm. They told us that they had received training to support them in keeping people safe. The registered provider had safeguarding policies and procedures in place to guide practice and we had evidence from our records that issues had been appropriately reported.

Individual risk assessments were completed and where there were specific risks such as falls these were highlighted to make sure that staff were aware of these and how to support the person to keep them safe. For example, a person was at risk of being isolated because they remained in their room most of the day and could not use a call bell. A risk assessment and plan of care had been put in place to protect the person. Risk assessments were also in place where equipment was used such as bed rails and lap belts.

Accidents and incidents were recorded and investigated to help prevent them happening again. However a person had tripped as a result of raised flooring in the bathroom area and we observed that the flooring was still raised. Plans were in place to support people in the event of an emergency such as fire or flood.

We saw that medicines were administered and handled safely. Staff ensured that people were aware of their medicines and observed that they had taken them. Medicines were stored in locked cupboards according to national guidance. Processes were in place to ensure that medicines were disposed of safely and records maintained regarding stock control. Staff told us and records confirmed, they received training about how to manage medicines safely and that their competence was reviewed on a regular basis.

Requires improvement

Is the service safe?

We saw that the medication administration records (MARS) had been fully completed according to the provider's policy and guidance. One person was recorded as refusing their medicines on a regular basis and a risk assessment and plan of care had been completed to support staff in the management of their medicines.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. One person said, "The staff are excellent. I couldn't fault any of them."

Staff told us they were happy with the training that they had received and that it ensured that they could provide appropriate care to people. They told us that they had received training on areas specific to people's needs such as dementia care.

We spoke with a member of staff who told us that they had received an induction when they started employment with the provider which they had found useful. We saw a record of the induction process which included the opportunity for staff to shadow other staff before commencing full duties to ensure that they were confident in starting their role.

The registered manager told us that there was a system for monitoring training attendance and completion. It was clear who required training to ensure that they had the appropriate skills to provide care to people and that staff had the required skills to meet people's needs. Staff also had access to nationally recognised qualifications.

Staff were also satisfied with the support they received from other staff and the registered manager of the service. They told us that they had received regular support and supervision and that supervision provided an opportunity to review staff's skills and experience. The registered manager told us that staff had received supervision every three months. Staff told us that they found the supervisions useful. We saw evidence of the supervision process and observed that they included discussion about people's training and performance.

We observed that people were asked for their consent before care was provided. For example, people were asked if they required help before staff assisted them. Where people refused care this was documented and risk assessments put in place.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find. At the time of our inspection there was no one who was subject to DoLS. However the registered manager told us that they were in the process of putting in an application for a person. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. When we spoke with staff about the MCA and DoLS they were able to tell us about it and how it applied to people within the home. The provider did not have a policy for MCA available. We spoke with the registered manager about this who told us that they would address this.

People who used the service told us that they enjoyed the food at the home. One person told us, "The fish and chips here are wonderful" and "It's just the sort of stuff I like." Another person said, "If you don't like it they'll get something else. You never go hungry here"

We observed the lunchtime meal and saw people were offered a choice of meals. Staff told us if people didn't like the choices they were able to offer alternatives. We observed a person refused their meal at lunchtime and became distressed whilst sitting at the table. Staff offered the person an alternative of sandwiches which we observed that they ate. When we looked at their care record we saw that it detailed that the person preferred finger foods but that they should be offered the usual meal initially in order to ensure that their nutritional needs were met. The care plan included guidelines on what to offer the person if they did refuse their meal to ensure that their needs were met.

People had been assessed with regard to their nutritional needs and where appropriate plans of care had been put in place. Where people had allergies or particular dislikes these were highlighted in the care plans. A care plan for a person who had lost weight stated, "Encourage [person] with small meals which are high in calories." We observed people were offered drinks during the day according to their assessed needs. Staff were familiar with the nutritional requirements of people and records of food and fluid intake were maintained appropriately. One person

Good

Is the service effective?

refused their drink at lunchtime and we observed that staff returned to the person on a regular basis to ensure that they eventually had a drink and received the appropriate fluids.

We found that people who used the service had access to local and specialist healthcare services and received on-going healthcare support from staff. For example people had been referred to the speech therapist and dietician for specialist advice. People said that they were always able to see the doctor or nurse if they were unwell and they got regular visits from opticians and chiropodists.

Where people had specific health needs such as diabetes or required catheter care, information was available to staff to ensure that they provided the appropriate care. Staff received daily handovers where they discussed what had happened to people on the previous shift and their health and wellbeing. Records showed that when people were ill staff had acted in a timely manner and obtained advice and support from other professionals such as the GP and district nurse. We spoke with a visiting professional during our inspection and they told us, that the provider carried out care effectively and worked well with the visiting team. They said, “They carry out treatment plans well.”

Good

Is the service caring?

Our findings

People who used the service and their families told us they were happy with the care and support they received. Relatives confirmed they thought the staff were kind, courteous and treated the residents with respect. All the people we spoke with said that they felt well cared for.

One relative told us that they felt that their relative had, "Been given a new lease of life." They described them as being withdrawn and lonely in sheltered accommodation, but said that since [their relative] had been in the home they had "made new friends and come to life again." A member of staff said, “This is like an extended family to me.”

One person said, "If you look a bit down they ask if there's anything they can do to make things better." Another person told us, "The staff are very good, they get me everything I need." A visiting healthcare professional told us, “People appear to be happy.”

People who received care told us that the staff provided care which met their needs and were very kind to them. We observed a person held out their hand to a member of staff and they responded by kneeling down and holding their hand. They asked the person if they were alright and chatted with them for a while. The registered manager told us that this was people’s home and they ensured that people’s needs were met. They told us that when people’s health needs had deteriorated they had worked with other services for example the district nurses to ensure that they could stay at the home if they wanted to.

People were involved in deciding how their care was provided. We observed that all the staff were aware of respecting people’s needs and wishes. For example, staff asked people if they would like to come for their lunch and if people wanted help before providing it. One person’s care plan said, “Likes to wear Chanel no 5 perfume.” Another said, “Likes a glass of water at night.”

We saw that staff interacted in a positive manner with people and that they were sensitive to people’s needs. We saw staff and residents having discussions together on the history of the area and there was also lots of laughter both between residents and between staff and residents. When administering care, staff explained to people what they needed to do, for example when administering medicines they said, “Sorry to disturb you can I give you your tablets” and “These are to stop you feeling sick.”

When staff supported people to move they did so at their own pace and provided encouragement and support. Staff checked that they were alright and comfortable during the process. Staff explained what they were going to do and also what the person needed to do to assist them. We observed staff walking with people in the garden area and saw that they were chatting with them as they provided the support.

People who used the service told us that staff treated them well and respected their privacy. People told us and we observed that staff knocked on their bedroom doors. We saw that staff addressed people by their preferred name and that this was recorded in the person’s care record.

People could choose where they spent their time in the service. There was a variety of communal lounges and people also had their own bedrooms. We saw that people had been encouraged to bring in their own items to personalise them. The registered manager told us that everyone had their own rooms and they no longer used the double bedroom as a shared room unless someone specifically requested to share a bedroom.

Good

Is the service responsive?

Our findings

Activities were provided on a daily basis. We observed people taking part in a group activity during the afternoon. The registered manager told us that they usually did activities in the afternoon and that all the staff were involved in it in order to support people to participate. They told us that a member of staff usually led on the activity but that it was a social event for everyone. They said that they didn't usually have a plan for the week for activities but asked people on the day what they would like to do.

People had access to community facilities and activities. For example, a local church group came in on a regular basis and led singing. People told us that they had recently visited a local wildlife park and also had trips to a garden centre and a stately home. People and their relatives were able to use on line communication systems to keep in contact with other family members living abroad with the help of the home's broadband

Relatives and people who used the service told us that they were aware of their care plan. People's care records detailed people's past life experiences in order to help inform staff about people's interests. Staff were able to tell us about the residents and their family and backgrounds and appeared to know them well.

We looked at care records for three people who lived at the home. Care records included risk assessments and personal care support plans. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. For example one person preferred to access the chiropodist whom they had used before coming to the home rather than the visiting chiropodist and this was detailed in the care records. We observed the person was supported to access the chiropodist. Care records included information about people's past and what areas of interest they liked to discuss.

Care plans had been reviewed and updated with people who used the service. Staff told us that they sat down with the resident and involved them in the review of their care needs. They said, "They tell us what they want." Where people had specific needs such as physical health issues advice was included in the record about how to recognise this and what treatment was required to ensure staff were able to respond to people's changing needs. One person was unable to communicate verbally and the record explained how staff should communicate with them. The record said, "Likes to talk to staff by holding their hands." Another record said, "Unable to see faces, so staff need to introduce themselves."

Where people's needs had changed care plans reflected this and identified what care the person required. For example one person had started to lose weight due to refusing meals and there were clear guidelines following referral to a dietician on how to support the person.

A complaints policy and procedure was in place and on display in the entrance area. Relatives and people who lived at the home were aware of how to make a complaint if they needed to. The complaints procedure was only available in a written form which meant not everyone may be able to access it. However, people told us that they would know how to complain if they needed to. Complaints were monitored centrally for themes and learning. At the time of our inspection there were no ongoing complaints.

Good

Is the service well-led?

Our findings

Systems and processes were in place to ensure the delivery of a quality service within the home. External audits had been carried out in relation to medicines and there was an internal audit system in place to check the current service and drive improvements forward. The internal audit process included audits carried out locally by the registered manager on areas such as health and safety, infection control, handwashing and medicines. We observed that the recent infection control audit had not identified some of the issues regarding the fabric of the building that our inspection identified. The registered manager said that they would amend the audit tool.

Staff were aware of their roles and who they were accountable to. Members of staff and others told us that the registered manager and other senior staff were approachable and supportive. The registered manager told us that although people were aware of their core roles the cleaning staff were all trained as carers so that there was some flexibility in staffing rotas to ensure that people were cared for appropriately. One member of staff said, “Get good support, emotional support is provided and the manager will take an interest in the whole person.”

Staff said that they felt able to raise issues and there were a range of forums when they could do so, for example supervisions. Although the registered manager had not carried out yearly appraisals, staff had received regular support. They told us that they did not have staff meetings but if there were specific issues which needed discussing they would either raise these individually with the manager or at a handover. They said that handovers were held on a daily basis and provided an opportunity for staff to be updated but also to raise issues of concern.

People told us that they had regular meetings where they could bring up any issues they wanted to. They said they had recently asked for a variety of sandwich fillings and this had happened.

Residents’ meetings were held every three months and relatives were invited to these. The registered manager told us that relatives rarely came to these but that they also carried out surveys on a regular basis. Surveys had been carried out with people and their relatives and positive responses received. We saw that surveys were in words and pictures so that everyone could access them if they wished. Relatives told us that they would be happy to raise any concerns they had. A relative said that they would go to the registered manager and were confident that they would sort it out quickly. The registered manager also told us that she encouraged people and staff to come and speak with her at any time and that she had an ‘open door’ policy. A newsletter was also provided and displayed around the home. The newsletter detailed forthcoming events such as a barbecue and what events had taken place.

The service had a whistleblowing policy and contact numbers to report issues were displayed in communal areas. Staff told us they were confident about raising concerns about any poor practices witnessed. They told us they felt able to raise concerns and issues with the registered manager.

We observed that the registered manager had a good knowledge of the people who used the service and the staff. The registered manager told us that they regularly spent time out of the office in the main areas of the service so that they were aware of what was happening and be available to people for support and advice, staff confirmed this. They told us that the registered manager and other senior staff were very visible in the home. One member of staff said, A relative told me that the felt their [relative] was supported by the friendship of other residents. They said they felt that "It’s a community itself. A community within a community.”

The home had recently received an award from Care Home UK naming it as one of the top 20 homes in the country. The award had been given following a system of voting which relatives and professionals took part in. The carehome.co.uk Top 20 Care Home Awards 2015 highlight the most recommended Care Homes in each region of the UK. The Awards are based on reviews received from Residents and Family during 2014.