Mother Redcaps Care Home Limited

Mother Red Caps Home

Inspection report

Lincoln Drive
Wallasey
Merseyside
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Tel: 01516395886

Date of inspection visit:
14 July 2022

Date of publication:
05 September 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Mother Red Caps Home is a care home providing nursing and personal care for up to 51 people, some of whom are living with dementia. There were 43 people living in the home at the time of the inspection.

People's experience of using this service and what we found
We identified issues of concern with COVID 19 weekly testing regimes that did not fall in line with government guidance.

People and relatives were not always invited to attend resident and relative meetings to discuss any updates or changes in the home.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. Staff were knowledgeable about people's health needs and the provider had sought support from other health professionals as appropriate to support people's needs.

Care records were individualised and reflected each person's needs and preferences. Risks were assessed and identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. We did however see missing entries in daily records and some key information missing in people's care records that we looked at.

Staffing levels were appropriate. However due to current difficulties recruiting new staff, the home used a high volume of agency staff. The provider did show us that they were taking action to recruit more permanent staff.

The provider had addressed issues identified from the last inspection and internal quality assurance audits relating to the environment. Changes had been implemented to the building that made it safer. On the day of inspection, we identified concerns regarding doors that would not fully close and beds not having their brakes engaged appropriately.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had the necessary capacity assessments and legal processes in place to ensure their rights were fully respected.

People received their medicines as prescribed. These were stored and disposed of safely.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires Improvement (published 26 August 2021).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remains requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last inspection, by selecting the 'all reports' link for Mother Red Caps Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

At this inspection we have identified breaches in relation to safe care. Please see the action we have told the provider to take at the end of this report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

Mother Red Caps Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team consisted of two inspectors and an Expert by Experience who carried out telephone interviews. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Mother Red Caps Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service did not have a registered manager in place. A manager had been recruited, however, had not yet started at the service and not submitted their application to the Care Quality Commission to register.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with ten relatives about their experience of the care provided. We spoke with eight staff that included the interim manager, area manager, a registered manager from another service and care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found during the inspection and the evidence provided after the site visit.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The service did not always have effective infection, prevention and control measures to keep people safe.
- The provider had not ensured that testing for COVID-19 was taking place in line with government guidance. Records showed that rapid lateral flow tests (LFT) for COVID-19 were not completed twice weekly by all staff. The provider has now put a system in place to record and maintain appropriate recording of LFT results for all staff.
- The environment was not always well maintained and monitored. We found people's personal toiletries in shared bathrooms. We saw that one room was mopped with an excessive amount of water making it unsafe to walk on.

The provider had failed to take reasonable steps to mitigate risks regarding infection prevention and control. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was aware of the concerns highlighted and took action following our inspection to make improvements.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People regularly received visitors throughout the day, in line with Government guidance.

Assessing risk, safety monitoring and management

- People's support needs were not always monitored accurately. For instance, we found some inconsistencies in repositioning and personal care monitoring records.
- We identified several beds that did not have their brakes fully engaged putting people at risk.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed, and care plans contained guidance for staff about how to keep people safe.
- The issues highlighted were quickly addressed by the management team and acted on following our

inspection.
● People were involved in managing risks to themselves and making decisions about their own safety.
● Personal Emergency Evacuation Plans (PEEPs) were in place and described how staff should support people to evacuate the building in the event of an emergency.
● People, relatives and staff we spoke with all expressed that safe care and support was provided. One relative said, "Yes we are happy she is there, and she is happy with being there, good little community, warm, secure and safe."

Staffing and recruitment
● During the inspection we saw that there was an appropriate number of staff on duty. There was a high volume of agency staff being utilised to maintain these levels.
● Staff told us that the high level of agency usage was having a negative impact on staff morale. Staff said, "Sometimes regular agency and sometimes not and depends who is available." They said the provider was supportive and listened to staffing concerns raised. The provider was reviewing recruitment and showed us that they were actively recruiting for permanent staff.
● Staff were recruited safely and had a Disclosure and Barring Service (DBS) check in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Safeguarding and whistleblowing procedures were in place and staff knew how to report their concerns and the importance of keeping people safe.
● Staff understood what to do if they had safeguarding concerns. This included how to 'whistle blow' to external bodies such as the CQC and local authority. Training compliance for safeguarding was 98% and overall training compliance was 87%.
● Safeguarding incidents were appropriately reported to the local authority and CQC.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely
● People were supported by staff who followed systems and processes to order, administer, record and store medicines safely.
● Any support people needed with their medicines was detailed in their care plans. People's medicines were regularly reviewed to monitor the effects on their health.
● Medicine administration records (MARs) showed people had received their medicines as prescribed.
● PRN protocols were in place to inform staff when and why people might need additional medicine. The

protocols included information such as if people were able to tell staff if they were in pain.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance and quality assurance procedures and processes were in place. We did however identify IPC issues in relation COVID-19 testing regimes.
- Staff were clear about their roles and their level of responsibility in keeping people safe.
- Staff were familiar with people they were caring for without having to refer to documentation.
- Checks and audits, including those completed by the provider, had identified areas for improvement which were underway.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare. We had received notifications relating to events that occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were not always fully engaged in the running of the service. Resident and relative meetings did not always take place on a regular basis. One relative told us, "No meetings, no virtual meetings, communication good." This was highlighted with the provider and they quickly addressed this shortfall following our inspection to make improvements.
- Relatives said they were kept informed about any changes to their relative's care or health needs. One relative said, "The nursing staff and the management, really good and communicate a lot with us."
- Staff met with the manager for regular one to one supervision. Staff told us they felt supported by the manager. Staff said, "One million percent and I would never leave Mother Red Caps. Such good support and whatever we want or need the manager is always there."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and relatives spoke positively about the service. Comments included, "Dad is really happy" and "Residents seem very happy, good support with the staff, really caring staff, wonderful."
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- One staff member told us, "The current manager is on floor quite a lot and we can approach them whenever. I don't think there is anyone in home that doesn't have good relationship with the manager."

● We observed caring and supportive interactions between people living at the service and staff.
● The provided worked in partnership with other agencies and health professionals to improve outcomes for people and ensure they received specialist healthcare when they needed it.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care
● The provider understood the requirements of the duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.
● The provider notified CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
● Concerns, incidents and accidents were reviewed. The provider was open and transparent and willing to learn and improve people's care.
● The home ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams and GP practices.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that staff completed lateral flow tests (LFT) for COVID 19 in line with government guidance.