

Redholme Memory Care Ltd

Redholme Memory Care Limited

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Redholme Memory Care is a residential care home providing personal and nursing care to 52 people living with dementia at the time of the inspection. Redholme Memory Care can support up to 55 people across three separate wings, each of which has separate adapted facilities.

People's experience of using this service and what we found

Medication was managed safely for the majority however we identified issues with recording. This had already been identified in an external audit and the provider had planned actions in place.

Care plans and risk assessments were in place that reflected the needs of the people, however we identified that due to the provider transitioning to electronic records, the information was at times difficult to locate. This was in the process of being dealt with at the time of inspection.

We observed care being delivered in the home and saw that this was done in a caring and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support, relatives and care staff. Visitors told us staff were kind and treated their relatives with dignity and respect.

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.

Staff were recruited safely and received regular training, supervisions, meetings and had regular practice checks. Staff we spoke to said that they felt well supported.

Complaints, accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely manner when people living in the home were in need. Each person and visitor we spoke with had not complaints and were very happy with the service being delivered.

People were able to choose, and access meaningful activities that were person-centred. The feed back received regarding the food being provided was all positive and people's dietary needs were catered for.

The provider and management team had a range of audits in place that helped drive improvement and ensure quality service for people living in the home.

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 good (published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Redholme Memory Care Limited

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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.

Service and service type

Redholme Memory Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 one person who used the service and nine relatives/visitors about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, care workers, and the chef. We also spoke to three visiting professionals. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- The majority of medicines were managed safely. However, we identified aspects of the management of medication administration that needed improvement to ensure people were receiving 'as and when required' medication correctly.
- There were some examples where medication did not match what was documented on medicine administration records, and reasons for giving the medication were not always recorded appropriately. However, an external audit had recently been carried out and some of the issues identified. The provider had already accessed additional training for staff that was to be undertaken in the near future.
- We identified that there was no risk to people living in the home and we considered these issues as part of record-keeping and governance.
- Appropriate measures were in place for controlled medicines and these were regularly audited.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had no concerns about the service, were aware of safeguarding responsibilities and had confidence in the registered manager to address concerns.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.
- People told us they felt safe and family members were also reassured of their loved ones safety. We observed people were very comfortable in the presence of the staff. One person told us "I feel safe because there are always people about and they can understand me." A family member told us, "They [relative] are completely safe. I have no worries about them. I would not leave them if I thought otherwise."

Assessing risk, safety monitoring and management

- We saw that risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant, risks were assessed and managed in consultation with health professionals.
- The provider was transitioning from paper-based care files to electronic . This made the information at time difficult to find.
- The risk assessments held the required information to ensure people were cared for safely, however we could see that some information that was inputted by staff was basic cases not reflective of the care plan it was under. We saw throughout the inspection the provider was in constant communication with the provider of the electronic care plans to improve the systems.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.
- Regular health and safety checks of the environment were completed. Service agreements and certificates

were all in date.

Staffing and recruitment

- Staff were safely recruited by the service. Relevant checks were completed to ensure that only people who were suitable to work with vulnerable adults were employed by the service.
- During the inspection we saw that there appeared to be an appropriate number of staff on duty. One person said "There are loads of staff about and they come quickly if I need them." A relative told us
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

Preventing and controlling infection

- The environment was visibly clean and there was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- The kitchen had recently been awarded a score of 5 by the Food Standards Agency. This is the highest score that can be awarded.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- We saw that the management team regularly reviewed information when things did not work well or there were shortfalls in the service. There were systems in place to monitor and review accidents and incidents, and other processes in the home.
- The provider used external audits as a learning tool to update practice, knowledge and the environment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had a thorough assessment of their needs prior to them coming into the home. This ensured the provider and staff were able to safely and effectively meet their needs.
- People's needs and choices about their care were clearly reflected in their care plans. Relatives told us that they were fully involved in people's care.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge.
- All visitors we spoke with felt all the staff were trained to a high degree about dementia and also moving their relatives safely. Family member's said; "They are good with diffusing situations if anyone gets agitated. They also hoist my relative and its always two carers and they are kind and patient" and "My relative is bed bound and I was worried about pressure sores but they have never had any due to being turned regularly by the staff."
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.
- People had the option to eat their meals where they chose, and we saw that people enjoyed their food. One person told us "The food is lovely and a great choice, plenty of it as well. I love my coffee and get plenty of drinks in the day." Each visitor we spoke with said their relatives seemed to enjoy the food and had no complaints. One said "I am always here around lunch time and the food is always lovely and well presented." We were also told "[Person] loves the food and they had lost a lot of weight but since coming in this home they have maintained their weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when they needed it and were referred for healthcare assessments promptly if required. One health professional told us "They [staff] are very good, they always have the information you need when you visit."
- When other health and social care professionals were involved in people's care, any advice given was

incorporated within their plans of care. This included dental and dietetic advice.

- Visitors told us that doctors were called when required and they were always notified of any health issues.

Adapting service, design, decoration to meet people's needs

- Specialist aids and equipment were in place as required to provide essential care and support needed when bathing.
- There was dementia friendly décor in place and there were furnishings that were of a specific decade in areas of the home that was age appropriate for the people living in the home.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. All visitors we spoke with said staff always asked before offering help and always knocked before entering their relative's rooms.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed that people living in the home looked comfortable with the staff. One person told us "The staff are great here, you can always have a laugh with them and they always have time to chat to me."
- Visitors spoke very highly of the staff without exception. One commented "The staff are lovely and talk so kindly to my relative and to me. They are patient at all times and always have time for the visitors as well." Another said "All the staff are very good. We are so happy with the care they give our relative."

Supporting people to express their views and be involved in making decisions about their care

- All the visitors we spoke with said they were comfortable expressing their views to any of the staff and they all felt they were listened to.
- Relatives said they were involved in some ways with care plans and the others said it was other family members who dealt with the care plans. One said "I am involved with my relatives care plans and called to any meetings if health professionals come to the home." Another said "I was involved in my relatives care plan and also involved when it altered. I completed a life history when my relative came into the home, I know they had read it because one of the staff was asking me about a certain aspect of it."
- We observed staff asking people their wishes during the day and respecting their choices.
- We saw how meetings were held with relatives and if possible with people living in the home where they could put forward their opinions on aspects of the home. The management had listened to people and changed the menus to reflect their choices.

Respecting and promoting people's privacy, dignity and independence

- People and visitors we spoke with felt their privacy was respected at all times.
- We saw how the provider had strategies in place to keep people's independence. One relative said "My relative is helped by two staff to get to their feet, they encourage them to keep walking."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs had been assessed and care plans developed to meet them.
- As the provider was transitioning to an electronic care plan system the information was at times hard to find. However, the registered manager and staff we were fully aware of people's needs, likes and dislikes and could discuss them in depth. The registered manager and deputy manager were in the process of addressing the issues with the company who were providing the care planning systems.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support of glasses.
- At the entrance of the home the provider had clear pictures of what meals were on offer for the day so people were able to make informed choices about their food.
- Documents were available in different formats for people for example, large print and braille.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw how people were encouraged to get involved in social activities and have effective relationships with their relatives. The provider employed an activities co-ordinator to help facilitate this.
- There were regular tea dances, themed parties and people had access to two mini buses that were regularly used.
- Relatives we spoke to told us of how the registered manager and care staff encourage relationships. We were told "My relative is not interested in activities. They were getting agitated in the large lounge area. The staff had the idea to set up a small area away from the main activity. They have set it up like a small lounge in our own house with a television and two couches. My relative is quite happy to sit and watch the TV and they are less agitated."
- One person told us "I take part in all the activities; I love the card games. I like going out on the mini bus for days out. I like it when [activities co-ordinator] takes us downstairs to the gym."
- The registered manager had asked people living in the home what they liked to do if they had the ability and one person would have wanted to go back to New Brighton beach. As this person was unable to make the journey the registered manager and staff endeavoured to bring this to the person in the grounds of the

home, including old style beach changing cubicles.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and visitors.
- Visitors told us they knew how to make a complaint should they need to, and we were told that if they had had to raise a concern this had been dealt with appropriately and to the families satisfaction. One visitor told us "I'll not have a word said against them. Just wonderful."
- The registered manager maintained a log of any complaints received and records showed they were investigated and responded to appropriately.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans documented their wishes if they wanted to discuss it.
- The registered manager told us how they would support people's wishes and we were provided with the providers end of life policy.
- We saw compliment cards the provider had received following end of life care being delivered. Comments included "All of you who cared for [person] were as friendly and supportive as I could have wished for", "No words can express enough my gratitude to you all for the happiness, safety and dignity [person] had while with you" and "Bestow on [person] complete understanding of all [persons] complex nursing needs together with TLC and kindness."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives and staff told us the registered manager was approachable. One relative told us "[Registered manager] is lovely, she is easy to talk to and very down to earth." Another said "[Registered manager], she's amazing and so is [nurse], nothing is too much trouble for them." One person told us "It is nice and homely here and I don't want to leave. I would recommend this home to anyone."
- We observed the person-centred culture of the service in the way the registered manager, and staff spoke about their work and the people they worked with.
- Relatives we spoke with told us how the staff and registered manager were constantly communicating with them and that they felt they could approach them with anything they wanted or needed.
- Staff told us they were well supported and listened to. One staff member told us "You can always ask for further training if you are unsure of anything." All staff said they felt part of a good, well run team. One said "We get to know the people and their families really well and this makes you feel like you are part of their families." Another said "[Registered manager] knew I was struggling with [problem] so she altered my hours to suit my needs."
- The provider had also forged relationships with local primary schools, nursery's and colleges and the children visited the home regularly. This had proven to be a great success.

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

- The registered manager had shared information with the CQC as required.
- The registered manager and staff were clear with regards to what was expected of them within the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the internal and external audit systems, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- Policies and procedures were in place to help ensure staff were aware of the expectations of their role and were held accountable for their actions.

