

Pinnacle Care Ltd

The Red House

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

The Red House provides accommodation and personal care for up to 23 older people. Twenty-two people were living at the home at the time of our inspection visit. The service was rated Good at our previous inspection in July 2016.

Since our previous inspection, we received information of concern about the service. The concerns alleged that risks were not managed, people were offered unsuitable meals, people were not treated with dignity and respect and relatives were not kept informed about changes in their relation's needs. We undertook this responsive, comprehensive inspection on 19 October 2017, in response to the concerns raised.

The concerns raised with us were not substantiated at this Inspection. The service continued to meet all relevant fundamental standards. The service remained Good in all five questions and Good overall.

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.

People were protected from the risks of harm or abuse because staff were trained in safeguarding and understood their responsibilities to raise any concerns with the registered manager. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. Medicines were stored, administered and managed safely.

People and their families were included in planning how they were cared for and supported. Risks to people's individual health and wellbeing were assessed and their care was planned to minimise the risks. The provider and registered manager regularly checked the premises, essential supplies and equipment were well maintained and safe for people to use.

People continued to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health and were referred to healthcare professionals when their health needs changed.

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their dignity.

People were supported and encouraged to socialise in the home and in the local community. People and relatives had no complaints about the service.

People and relatives knew the registered manager well and were invited to share their views of the service through conversation and regular questionnaires. The registered manager and provider regularly checked the quality of the service to make sure people's needs were met safely and effectively.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Red House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The responsive, comprehensive inspection took place on 19 October 2017 and was unannounced. The inspection was conducted by one inspector. We had not asked the provider to complete a Provider Information Return (PIR), because this second ratings inspection was undertaken sooner than our agreed methodology. We conducted the inspection because we had received information of concern about the service. The PIR 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 reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with six people who lived at the home and two relatives. We spoke with two care staff, the deputy manager and the registered manager.

Many of the people living at the home were not able to tell us about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed three people's care plans and daily records to see how their care and treatment was planned

and delivered. We reviewed management records of the checks the registered manager and area manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good. People told us they felt safe because, "The staff are good" and "They look after you." People were relaxed in staff's company and people's behaviour and response to staff's approach demonstrated they trusted staff.

The concern that had been raised with us, that staff did not understand people's individual risks and did not take appropriate action to manage those risks, was not substantiated during our inspection visit. Relatives told us their relations were safe, because staff had a good understanding of the risks related to their relation's mobility, nutrition and wellbeing and staff took appropriate action to minimise risks. Care plans included risk assessments related to people's individual and diverse needs and abilities. The assessments explained the equipment, the number of staff needed, and the actions staff should take. A member of staff told us, "The risks and actions are clear. It works."

People were protected from the risks of abuse. Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority. The provider's recruitment process included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People and relatives told us there were enough staff to support them when they needed it. The registered manager analysed people's abilities and dependencies to make sure there were enough staff on duty to support people safely. We saw there were enough staff to respond to people's individual needs for practical and emotional support. Staff had time to sit and talk with or walk with people, which distracted them when they displayed signs of agitation. Staff told us there were always enough staff, which minimised risks to people's safety.

The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Fire-fighting equipment was regularly tested and serviced and staff attended regular fire drills to make sure they knew how to help people evacuate the home safely. The maintenance person showed us the log book, where staff recorded any issues that required attention. They told us they had enough time to complete general repairs, and advised the provider when repairs required attention from qualified professionals. They had no concerns about the safety of the premises.

Medicines were managed and administered safely. Medicines were stored in a locked room and the deputy manager told us only trained staff administered them. The pharmacist supplied medicines administration records (MAR), for each medicine. Staff recorded when they administered medicines or whether people declined to take them and kept a running total of how much medicine was left. People's prescribed creams were kept in their own bedrooms, to make sure staff remembered to apply them before people dressed.

Staff used body maps to remind them where each cream should be applied. People told us they could get pain relief medicine when they needed it. The registered manager ensured GPs regularly reviewed people's prescriptions, to make sure medicines continued to be appropriate for people's needs, in line with the guidance for safe medicines management.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. The rating continues to be Good.

The concern that had been raised with us, that risks to people's nutrition and dietary needs were not managed, was not substantiated during our inspection visit. People's care plans included information about people's dietary needs, allergies and any cultural or religious preferences for food. Staff were confident they could check anyone's specific nutritional needs by reading their care plan. The registered manager planned the menus, because they had assessed people's needs and knew their individual dietary requirements. The registered manager told us they had recently changed from serving the main meal in the evening, to serving it in the middle of the day. This was because people had expressed this preference at a recent meeting.

People told us the meals were good and they always had a choice. Relatives told us their relations 'ate well', because they liked the meals. One relative told us their relation had a cooked breakfast plus two meals a day, because their complex health condition had increased their appetite. The menu showed there was a choice of main meal and pudding every day. At tea time people could choose a hot or cold meal. People were encouraged and supported to eat in the dining room, which made mealtimes a social occasion.

People who needed assistance to eat were supported by staff who spoke encouragingly to them and gave them time to savour the food in between mouthfuls. For people who could not express themselves verbally, staff showed them the different options, to assist their decision making. Staff monitored people's appetites and weight and obtained advice from their GPs and dieticians if they were at risk of poor nutrition. People who were prescribed dietary supplements in the form of drinks, were given them as prescribed and they were signed for as 'given' on their Medicine Administration Record.

People and relatives told us staff had the right skills and attitude to support them effectively. People said, "We've got everything here" and "The laundry is done well", which was important to the person. A relative told us they had seen improvements in their relation's mood and interest in life since they had moved to the home. They told us their relation used to sleep in an armchair, but staff could persuade them to sleep in a bed now, where they had a 'proper night's rest'.

Staff were introduced to the fundamental standards of care as set out in the Care Certificate during their probationary period and worked towards nationally recognised qualifications in health and social care. Staff told us they felt supported and had opportunities to discuss and reflect on their practice, because the registered manager or deputy manager were always available. A member of staff told us, "It's good here. We have training and we can always ask for more."

Staff told us people's care plans were detailed enough to know how best to support people and they learned about each person because they worked with them regularly. They told us they knew when people's needs or abilities changed, because they attended handover meetings and read people's daily records. Staff said, "The care plans work" and "Because we know people, we know what is normal for them."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities under the Act. They completed risk assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. For people who lacked capacity, and did not have another person to speak on their behalf, the registered manager requested the services of an independent advocate to represent them. When necessary for people's safety, applications had been made to the local authority to deprive people of their liberty.

People told us they made their own decisions about their day-to-day care and support. We saw people who preferred to spend time in their own rooms, came and went to the communal rooms for meals, according to their preferences. For people who were unable to express themselves verbally, staff watched their facial expression and body language to gauge whether the person wanted to be supported. Relatives told us they were involved when decisions needed to be made and were confident in staff's judgement to act in their relation's best interests for day-to-day decisions. Relatives told us, "I'm in the loop" and "They have [Name's] best interests at heart."

People's care plans included information about their individual medical conditions and health and 'health action' plans. Daily records showed people were supported to obtain advice from their GP when their health needs changed. Staff supported people to maintain their health through regular appointments with healthcare professionals, such as dentists, opticians and chiropodists. Staff kept a record of when healthcare professionals visited people, and the advice they gave.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

The concern that had been raised with us, that people were not treated with dignity and respect, was not substantiated during our inspection visit. People told us, "This is a good place. They are kind" and "The night staff are very good and considerate. They never wake you." Relatives told us staff were respectful of their relations and promoted their dignity by supporting them to maintain their appearance. Relatives told us their relations were always dressed in clean clothes and were always treated with dignity and respect. We saw staff were discreet in offering to support people with their personal hygiene. Staff offered nail care to people by offering to manicure their nails, as a form of 'pampering', rather than a necessity.

People were treated with kindness by staff who knew them well and understood them. People we spoke with were not able to explain whether they were cared for in accordance with their needs assessment, but they were able to tell us they felt cared for. Relatives told us staff were very kind, caring and understanding. They told us, "[Name] is very happy here and so am I" and "[Name] loves the girls and they love [Name]." Staff told us their training in dementia care gave them insight into people's conditions and understanding in how best to support them.

The provider's 'best friends' policy, made sure that each person had a named member of staff to look after their interests, co-ordinate their care and to develop an individual relationship of trust. The policy ensured everyone had a friend to represent them, to get to know them well and make sure their needs were met.

There was a calm and relaxed atmosphere at the home. A relative told us, "The girls are great. They distract people when they get agitated." Many of the staff had worked at the home for several years, so they knew the people and their preferred routines, and the other staff, well. Staff told us, "It's good here. It's nice, lovely" and "We have no badges or uniforms, it's more homely that way." Relatives told us staff understood their needs too and supported them to better understand that their relation's complex emotional needs were a condition of their diagnosis. They told us, "The staff are brilliant. They are very approachable" and "[Name] has such a calming nature and sense of humour. I have no stress now."

People's care plans included a section titled, 'All about me'. This section contained information about people's religion, culture, occupation, family and significant events, that enabled staff to learn about people's previous lives, if people were unable to explain for themselves. Staff had training in equality, diversity and human rights, which helped them to understand people's personal, cultural and religious traditions. The registered manager told us they had enrolled on the local authority's equality register and submitted a report in February 2017, which explained how people and staff were supported to obtain equality as individuals.

The provider's vision, mission statement and a charter of rights were displayed in the hallway, which explained what people had the right to expect of the service. The provider had obtained guidance from

specialists in dementia care, to make sure people received care that was focused on them as individuals.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The concern that had been raised with us, that relatives were not involved in planning their relation's care, and were not kept informed of any changes, was not substantiated during our inspection visit.

Relatives told us they had been involved in care plan discussions before their relations had moved into the home and continued to be involved throughout their stay. They told us the registered manager and deputy manager were knowledgeable about their relation's needs and abilities and were always available to keep them up to date with any changes. Relatives said, "I met [Name of the deputy] on day one and she understood our needs straight away" and "They keep me informed." People's care plans included a contact list, which recorded when people's relatives were contacted and the information that was shared with them.

People who had the capacity to take part in planning their care told us they were involved in discussions about their needs and preferences. They told us they were able to make choices and to change their minds and said staff supported them to do so. One person said, "I would tell if I wanted to change something. They are very understanding. We get to choose."

Staff recorded how people were, whether they had eaten well and how they spent their day. They shared this information at the handover meeting, with the registered manager and with people's families. When changes in people's needs or abilities were identified, their care plans were updated. One member of staff told us, "The head of care and manager write the care plans and I always read them to get started and we review and update it when needed." Another member of staff said, "I read them every couple of weeks and we are told at handover about any changes."

Care plans included people's likes, dislikes, preferences and interests. People told us they were happy being supported to spend time doing things they enjoyed. Staff knew people's preferences for how they spent their time and understood how to support people's diverse needs. People's history, interests and preferred social activities were explained in their care plans so staff knew the topics of conversation people might enjoy. Staff understood their role was to support people to enjoy their lives and to make the most of their time. A relative told us their relation enjoyed helping in the kitchen and playing cards with staff.

The registered manager organised monthly visits by musicians and exercise entertainers to improve people's wellbeing. One person told us they had everything they needed at the home. They said, "We play dominoes, read, have music and singing entertainments." Staff told us they supported people to go out when they wanted to. Staff said, "We have our own car and can take three people out for lunch with the driver and a carer" and "When the weather is nice, we go for a walk around the block to buy an ice cream." Staff told us they spent time indoors playing dominoes, bingo and quiz games with those people who wanted to join in.

People and relatives told us they had no complaints, but wouldn't hesitate to raise any issues with the registered manager. One person said, "I would report it if staff weren't kind" and a relative said "I would go straight to the manager or deputy if I had any concerns. They are constant." The concerns that had been shared with us had not been shared with the registered manager as a complaint, so they had not been able to respond directly. Records showed the registered manager responded to verbal complaints with the same attention as to written complaints, to ensure any changes resulted in improvements to people's satisfaction with the service.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be Good.

The concern that had been raised with us, that the registered manager did not listen or respond to relatives' views, was not substantiated during our inspection visit. Verbal and written comments and complaints were treated with equal respect. The registered manager actively sought people's and relatives views, to ensure they were satisfied with the service.

People and relatives were invited to take part in annual surveys to make their views of the service known. The most recent survey demonstrated that relatives did not feel the need to respond to written questionnaires and the people who responded were happy with the service. The registered manager planned to devise a new questionnaire in an easier-to-read format, to encourage more people to respond. No one had made any suggestions for improvements to the service and several people had taken the opportunity to compliment the management and staff. Comments included, "No problems, more than happy" and "Very happy with [Name's] care."

The home was well-led. Staff told us they liked working at the home and several staff had worked at the home for many years. Staff told us they felt well supported by the registered manager and the deputy manager because they were approachable and available to discuss any concerns. Staff were supported to progress their career by studying for nationally recognised qualifications in health and social care. Staff told us the whole team worked well together because they had worked together for a long time. A member of staff told us, "There is no need to 'delegate' actions to each other. We all know what's needed and work together. We just say what we are going to do next and say where we will be."

Staff trusted the registered manager and followed their example in putting people at the heart of the service. The registered manager's efforts to support people who lived with dementia had been recognised by an expert in the field of dementia care. Some artefacts the registered manager had created to stimulate people's curiosity, known as 'fiddle muffs', had been shown as examples of 'positive support' for people with dementia at a local dementia care information workshop.

The manager had been registered with us for seven years. They understood their legal responsibilities and sent us statutory notifications about important events at the home. The ratings from our previous inspection were displayed at the home and on the provider's website.

The registered manager analysed accidents, incidents and falls and took action to minimise risks of a reoccurrence. Their audits of the quality of the service included checks that people's care plans were regularly reviewed and up to date, that medicines were administered safely and the premises and equipment were safe, regularly serviced and well-maintained. The provider's area manager conducted the provider's quality assurance checks and worked with the registered manager to ensure their records accurately reflected how the quality of the service was maintained. The local clinical commissioning group

had recently undertaken an audit of how medicines were managed to minimise waste. Their report concluded, "The Red House has kept their waste to an absolute minimum. This is amazing. Well done."