

Akari Care Limited

Red Brick 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

About the service

Red Brick House is a residential care home providing personal and nursing care for up to a maximum of 50 people in one adapted building. At the time of inspection there were 46 people living at the service, some of whom were living with a dementia.

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

People and their relatives were positive about the support they received from staff. Staff treated people with kindness and compassion. Staff upheld people's privacy and dignity at all times.

People were encouraged to join in a range of activities to promote their independence, improve their social inclusion and allow them to pursue their own interests. The service had actively increased its links to the wider and local community, to give people a vast range of meaningful activities to be part of.

People had detailed care plans which were regularly reviewed to make sure they had all of their needs met. People, relatives and staff worked together to create packages of care that were individual and person-centred.

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 followed best practice guidance and worked in partnership with other agencies to make sure people had continuous care. Medicines continued to be managed safely.

Staff continued to be safely recruited and received regular refresher training. New staff to the service were provided with an in-depth induction which provided them with all knowledge and skills needed to safely support people.

The registered manager and provider continued to monitor the effectiveness of the service through robust quality and assurance systems. These systems allowed the service to address issues, provide action plans and improve the quality of care provided to people.

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 04 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in line with our 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.

Red Brick House

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

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

Red Brick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 the inspection

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 also reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams and

reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider, and the local Healthwatch for their feedback. 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 all of this information to plan our inspection.

During the inspection-

We reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. 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 spoke with three people who used the service, six relatives and six members of staff including the registered manager.

We reviewed the care records for two people, medicine records for six people and the recruitment records for two members of staff. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service.

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

- Medicines continued to be safely managed. We found some protocols for staff to follow were not fully detailed or legible. The registered manager was already aware of this and was reviewing these records.
- Staff had received training in safe medicine administration and their competencies were checked regularly. Nursing staff had their registration details verified with the Nursing Midwifery Council.
- Medicines were audited regularly and were stored in a locked treatment room.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help reduce the risk of abuse to people. The registered manager had appropriately raised all safeguarding concerns to the local authority and notified the commission.
- There were easy-read guides for people and relatives to access to if they wanted to raise a concern.
- Staff continued to receive training around identifying abuse and knew what action to take if they had any concerns.

Assessing risk, safety monitoring and management

- Risks to people were identified, recorded and steps put in place to remove the risk, for example, risks associated with choking and falls.
- People told us they felt safe living at the home. One person said, "I've never felt I'm not safe."
- The premises were safe. There were risk assessments in place for environmental risks, for example, fire, and regular checks and testing of the premises and equipment.

Staffing and recruitment

- There were enough staff to support people safely in line with their assessed needs. One person commented, "There's always people around checking on you."
- There was a well-established staff team working at the service. A member of staff told us, "Staffing levels feel ok and we have enough staff for what we need to do."
- Staff recruitment continued to be safe.

Preventing and controlling infection

- The premises were clean and there was regular cleaning throughout the inspection.
- There was an infection control policy in place which staff were following.
- Staff used appropriate equipment when supporting people, for example gloves and aprons.

Learning lessons when things go wrong

- The registered manager investigated all incidents fully. Outcomes and trends from these were used to improve the quality of care provided.
- We saw lessons learned were documented, shared and then embedded into the day to day tasks carried out by staff.

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

- People had their needs assessed by the service and regularly reviewed them in partnership with staff and relatives. One relative told us, "I'm in every day and they tell me if there's been any changes."
- People's records reflected people's personal choices. One person commented, "They ask me exactly what I want."
- The registered manager promoted national best practice to staff. People received support and treatment in line with best practice standards and guidance, for example, the National Institute for Health and Care Excellence (NICE) and the Mental Capacity Act 2005 (MCA).

Staff support: induction, training, skills and experience

- Staff continued to receive regular refresher training. All staff had scheduled supervisions and appraisals.
- New staff members were provided with a comprehensive induction by the provider. This induction provided staff with all of the knowledge and skills essential to their role.

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

- People were supported to maintain a healthy balanced diet. Staff referred people to other health and social care professionals, for example, the dietitian, if they identified a risk of malnutrition or choking.
- People chose what meals and drinks they wanted. Some people were supported discretely to eat their meals. A relative said, "[Person] is still being encouraged to drink more as he's never been a big drinker. He's put a bit of weight on in here which is good."
- The food was well presented, and we saw people enjoying their meals. One person told us, "The food is okay and I've got no issues with it."

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

- People told us that they received support from other health professionals, for example the GP.
- People's records showed involvement and advice from other agencies, for example dentists and nursing teams, to provide people with a consistent level of support.

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

- The service was appropriately adapted for people to access without difficulty. There was clear signage around the home to help people find their way around.

- There was an accessible garden for people to use where activities could be held. The service had recently hosted a barbeque, and this included the local community.

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.

- For people who did not always have capacity, best interest decisions and mental capacity assessments had been completed for any restrictions placed on them.
- Assessments were decision specific, for example the use of covert medicines, and showed involvement from people, staff, relatives and other professionals.
- Staff asked people for consent before providing assistance and asked for people's choices for meals and drinks.

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

- Staff were friendly and caring with people. One staff member said, "I love to look after the residents, I like caring for people."
- People and their relatives were positive about the support provided by staff. One person commented, "All the staff are great, there are some really, really great carers."
- Equality and diversity policies were in place at the service to ensure that everyone was treated with dignity and respect regardless of their sex, race, age, disability or religious belief. People told us they were supported to attend religious meetings if they wanted and the service had close links with the local church.

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

- People, relatives and staff worked in partnership when planning what support was needed. People told us that they were always involved in reviews of their needs.
- Care records were person-centred, regularly reviewed and included detailed assessments. One relative told us, "Staff do a very good job, they know his preferences."
- The service promoted advocacy and there was information available for people and relatives to access these services.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us that staff were always respectful and upheld people's privacy and dignity. One relative said, "Staff interact with people which is good, staff are pleasant, respectful, friendly and warm."
- Staff were observed knocking on people's bedroom doors and always asking for permission before entering their rooms and supporting them.
- People were encouraged to be independent. One person told us they were encouraged to keep moving and walk around by staff.

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.

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

- There was an activities co-ordinator in post who was actively seeking many opportunities in the local community for people. Each person received dedicated one to one time to reduce social isolation.
- People had their own preferences for activities recorded and staff encouraged people to pursue their hobbies. People were involved in competitions for gardening and social days.
- The service provided daily activities within the home but also trips and visits to other places, for example, Blackpool. One relative told us, "Social activities are excellent, there is lots going on."

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

- People had detailed care plans which reflected their own personal choices for the support provided by staff. Staff spent time with people during assessments and reviews to make sure all of their individual preferences were recorded and included in their care planning.
- People told us they were involved in their care planning and relatives agreed with these comments.

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.

- People had their communication needs detailed in their care plans and staff could tell us specific ways to communicate to people, for example using larger print or directly facing the person.
- Staff discussed care needs with people to make sure they understood all of the information they were given.

Improving care quality in response to complaints or concerns

- The registered manager fully investigated all concerns in line with the provider's complaints policy.
- Lessons learned and outcomes from investigations were documented and used to improve the service.
- People and their relatives knew how to raise a complaint and there were easy-read guides available around the service for people to access. One relative said, "I have no worries or concerns, [person] is in the best hands."

End of life care and support

- People had conversations about their end of life wishes with staff and these were recorded within their care plans. Staff had received training about supporting people and relatives with the delivery of end of life care.
- Staff worked with GPs and nursing teams to make sure people had all of their needs met.
- People's relatives were also involved in conversations about people's end of life wishes.

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

- The registered manager had created a positive staff culture. One staff member commented, "The staff team is good, I am a mentor and staff are happy, they learn a lot."
- The service worked to make sure everyone's needs were met physically, socially and emotionally. The staff team were passionate about making a positive difference to people's lives.
- The service was welcoming to relatives and visitors. Relatives told us they were always updated and could approach any staff members. One relative told us, "Communication is good from the home, they always keep me up to date."

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

- If things did go wrong apologies were given to people and these were used as learning points for the service.
- The registered manager used all lessons learned from investigations, feedback and the quality and assurance systems in place, to improve the service provided to people.
- Resident meetings were used to learn about new ways to improve the care provided to people.

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

- The registered manager was fully aware of their legal responsibilities and was working to improve every aspect of the service.
- During the inspection the registered manager interacted with people and their relatives. One relative told us, "The manager is great, she is approachable and I can go to her with any issues."
- There was an effective governance framework in place and the registered manager carried out audits of the service regularly to monitor the quality of care provided.

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

- People, staff and relatives were regularly asked for their feedback about the service and what it offered.
- Staff told us there were regular meetings where they were asked for their views and to share information.

One staff member said, "Meetings are held regularly and we have daily communication book and handovers to share information."

- Staff engaged with the local community to provide opportunities for people which had positive outcomes on their wellbeing.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible.
- We saw involvement from other health care professionals in people's records and people told us about visits from them too.