

Mr & Mrs R Smart

Redlands House

Inspection report

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15 June 2017

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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

This inspection was unannounced and took place on 14 and 15 June 2017. Redlands House is a residential care home that provides accommodation, care and support for up to 33 older people. It does not provide nursing care. At the time of our inspection there were 25 people living in the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People remained safe in the service. Medicines were managed safely and staff ensured people received their medicines as necessary. Staff knew how to keep people safe from harm. Risks were clearly identified and actions were taken to mitigate against identified risks.

Staff received appropriate support and training to effectively undertake their roles. People were supported to eat and drink enough in accordance with their preferences and dietary needs. People were able to access and receive healthcare, with support, if needed.

Staff sought people's consent and input regarding their care needs. The service was working in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff who cared for them and treated them kindly. Relatives felt welcome and able to visit when they wanted.

People received personalised and responsive care. Staff supported people in a way that met their individual needs and preferences. There was a range of activities on offer and staff encouraged people to participate in them.

The management team responded to complaints and concerns thoroughly. People and their relatives felt able to raise issues if they had any.

The registered manager and provider were visible in the service. They monitored the quality of the service being delivered and there was a clear development plan to help sustain and drive improvements in the home. Staff felt supported by an approachable and supportive management team, who listened and involved them in the service.

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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Redlands 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.

This inspection took place on 14 and 15 June and was unannounced. The 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.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We reviewed this information and information requested from the local authority safeguarding and quality assurance teams. The provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people living in the home, three relatives of people and another person's visitor. We also spoke with the area manager, deputy manager, two team leaders, two care assistants, the chef, one of the company directors, and a visiting health professional. We observed how care and support was provided to people in the home including during the lunch time meal.

We looked at three people's care records, medication records, three staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents, maintenance records, and records from staff meetings.

Is the service safe?

Our findings

The service remains safe. People told us they felt safe. One person said, "Yes I feel safe here, it is very comfortable." Another person told us, "I feel very safe, it is very nice here, people are all nice they wouldn't let anything happen to you. I am very happy." Relatives also told us that they felt people living in the service were safe. One relative said, "[Name] is unsteady on their feet but I don't have any worries, they are treated well." Another relative told us, "I think [name] is very safe, I have no worries or concerns what so ever."

Staff had received training in adult safeguarding. Staff knew how to identify and report concerns about people's safety. There were processes in place to protect people from abuse or harm, and these contributed to people's safety. One member of staff told us, and we saw, that there was information in a safeguarding folder for staff to use which provided them with guidance on adult safeguarding and who to contact to raise concerns.

Risks to people's welfare were responded to and well managed. A health professional told us staff had a good knowledge of people's history and risks which helped to provide them with the information they needed when they visited people. We found individual risks had been assessed and recorded in people's care plans. Guidance had been provided to staff through people's care plans although we found this guidance did not always match the actions staff were taking in practice. However, it was clear from speaking with staff that they had a good understanding of how to manage individual risks to people and that these were being managed and responded to appropriately. A relative told us, "The staff are quick to notice things, [name] had a sore on their bottom and leg the district nurses were called in, there was no problem picking the phone up and keeping me well informed."

General risk assessments and actions were being carried out to assess and mitigate against the risks associated with the home environment. These covered areas such as water safety, fire safety and the use of equipment. We found some actions in relation to fire safety, such as regular checking of fire extinguishers and fire safety doors, were not being carried out. We raised this with one of the company directors who took immediate action to address this.

On the day of our visit we observed there were enough staff to meet people's needs. Staff we spoke told us they felt staffing levels in the home were adequate. Three people we spoke with told us that on some occasions they had to wait for assistance to use the toilet. Records showed that the manager had discussed these concerns with people prior to our inspection and had reviewed the deployment of staff in the home to better address this. We saw following these changes they had reviewed this with one person who had said this had improved.

People told us they received their medicines when they needed them and with appropriate support. One person told us, "The staff give me my tablets when I should have them." Another person said, "My medication is given on time, the timing of the medication is a little critical, as not all staff are trained to give out the medicines." Staff responsible for administering medicines had received training and staff told us they received competency checks on how they administered medicines. Medicines were stored and

managed in a dedicated room. Staff completed regular audits of stock and medicine records. We checked the medicines records of three people and saw these were completed accurately.

Is the service effective?

Our findings

The service remains effective. Staff had undertaken training in areas such as fire safety, infection control, diet and nutrition, safeguarding, and falls prevention. We saw training had been provided to staff that was specific to people's needs in the service. For example, on stroke awareness or the use of catheters. Staff spoke positively of the training and support they received. One said, "I've had loads [of training]." Another told us the management team encouraged staff to undertake additional training and relevant qualifications. Staff confirmed that they received supervision, guidance and support, and we saw records that confirmed this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with had an understanding of the MCA, how to support people to make decisions, and the importance of seeking people's consent. One staff member told us, "If [people] have that capacity to make that choice then it's their choice." Staff told us most of the people living in the home had the ability to make decisions about their care and support. Records showed that consent from people regarding their support and the service was sought and recorded. The service had identified and discussed with the local authority where one person might require a DoLS and had submitted an application accordingly. We saw a mental capacity assessment had been carried out in relation to this, although there was no record of how the decision had been made in the person's best interests.

We looked at how staff supported people with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "Sometimes I like the food, if I don't they give you something else you have two choices, I get enough food and plenty of juice." Another person told us, "The food is lovely you have a choice of two things and you get plenty of it and plenty to drink." A relative told us that since their relative had come to live in the home they were, "Eating a lot better."

We saw where required that people received adequate support to eat over lunch time. We spoke with the cook who had a good understanding of the specialised diets that people required. The cook told us, "We make sure we have plenty so if they change their mind it is ok, we don't want them to be embarrassed if they change their mind." We saw there was a clear system in place to ensure staff knew people's dietary preferences as well as any dietary restrictions.

People were supported to access healthcare service and staff liaised with district nurses, occupational therapists and GPs when needed. One person told us, "The doctor comes on a Wednesday, he will always speak and ask how I am." Another person said, "I pay for a chiropodist, I have seen a doctor and an optician I

had three pairs of glasses, he came here he saw a lot of us."

Is the service caring?

Our findings

The service remains caring. People and relatives told us staff were kind and caring. One person said, "The carers are nice, kind, and they speak to you in a nice way." Another person told us, "The staff are very good, very compassionate."

We observed staff acting in a kind and thoughtful manner. For example, we saw two people were anxious during our visit and needed reassurance throughout the day. We saw throughout our visit that staff took the time to reassure both people. We heard one staff member tell one person, "You can talk to me any time you want [name]." Staff we spoke with talked about people in a caring and compassionate way. One staff member told us, "Everyone goes out of their way." They went on to give us an example of this, One person requested a specific dessert and a staff member had taken it upon themselves to ensure that they periodically received it. Another staff member told us, "We have staff that care about these people."

Records we looked at showed people were involved and consulted regarding their care. For example we saw there were resident and relative meetings. Minutes of these meetings showed people were listened to and were asked for their opinions on the care provided. A relative we spoke with told us staff listened to their family member and took in to account their wishes. One of the company directors told us they were in the process of introducing a key worker and resident of the week system which would provide people with a regular allocated opportunity to speak to staff about their care on a one to one basis.

We observed staff treated people with respect and dignity. Although on two occasions we saw people had been left sitting on moving and handling slings in chairs in communal areas. This was not dignified and may have increased risk to people already at risk of developing pressure areas. Following our inspection the area manager confirmed this practice had been reviewed for both people and ceased.

Staff told us they promoted people's independence and we saw this in practice. For example, we saw people had specific equipment to help them maintain their independence and were supported with using them. On another occasion we saw a member of staff encouraging a person to mobilise independently. We saw they gave the person lots of direction and praise. A member of staff told us, "People feel happy if they can do something for themselves."

Relatives told us they felt welcome and able to visit when they wanted. One said, "I can turn up when I want." Another relative told us, ""It is very warm, friendly here it is really good, its home, I can visit any time, I take [name] out for coffee or to see their friend."

Is the service responsive?

Our findings

The service remains responsive. People received care that was responsive to, and that met, their individual needs and preferences. One person told us, "Yes you tell them [staff] what you want and they look after you." Another person said, "You are very well looked after, they are all very helpful, they seem to know what you want." A relative told us that their relative needed a set and clear routine; they said this was well accommodated in the home.

Staff we spoke with also confirmed they catered for people's individual needs and preferences." A staff member told us, "[People] are not afraid to tell us if they don't like something or they are unhappy." Staff we spoke with had a good understanding of people's needs, preferences, and how to meet these. We saw staff had provided one person who had difficulty with verbal speech with visual aids and tools so they could communicate their needs and preferences. We saw for people new to the home, staff completed a settling in checklist with them after their first few weeks in the home to check they had the information they needed and the service was meeting their needs.

There was an activities co-ordinator in post who was responsible for organising and engaging people in activities. We looked at the activities time table for the week of our inspection and saw there was a range of activities such as a quiz, flower arranging, arts and crafts, and a visit from an external entertainer. We saw there was a planned trip out to a local garden open day and the home was in the process of arranging their summer fete. Throughout our visit we saw the activities co-ordinator engaging with people checking they were happy with what they were doing and trying to engage people in the organised activities. A member of staff told us, "[Activities co-ordinator] does a really good job, tries to involve everyone." A person told us, "I enjoy doing crosswords, jigsaw puzzles, colouring and a lady preacher visits and I attend her service. I don't really get bored." Another person said, "I love books and activities I think there is an outing planned which sounds quite good." A third person told us, "Sometimes they say come and do this [activities] and I am happy to do what they want me to do, there is always a lot going on."

It was not always clear how staff supported people to continue to engage in their own interests and hobbies. One person told us they sometimes felt bored in the home. We discussed this with one of the company directors who told us people did receive one to one support where necessary but they would review this to ensure they were fully supporting people's individual needs in relation to activities.

We looked at three people's support plans and other associated documentation. Care records we looked at detailed people's individual needs and included their personal preferences. This included details such as what was important to the person, their life history, favourite places to visit, likes, and dislikes. Care plans were up to date and had been reviewed on a regular basis to ensure they were still accurate. Care plans provided guidance for staff, although we found in some areas they would benefit from being more detailed. For example, in relation to diabetes management or behaviour that may challenge.

We looked at how the service managed complaints. We saw where concerns had been raised these had been responded to robustly with clear recording on what actions had been taken in response. People and

their relatives told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint.

Is the service well-led?

Our findings

At the time of our inspection a registered manager was not in post, however we had received an application to register the manager currently covering the service. 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 home is run.

People and relatives told us they felt the service was well managed and they would recommend it to others. One person said, "I would recommend it here you wouldn't get anywhere better, they are all so friendly." Another person told us, "I would recommend it here because the general care is good how everyone is looked after, they couldn't do any more than they are doing."

The staff we spoke with also spoke positively about working in the service. They told us communication was good, it was clear what was expected of them, and staff worked well as a team. One member of staff told us, "I love it, everyone is so helpful." Another staff member told us, "Very good communication and team work." A third staff member told us management in the home was, "Very good."

Staff told us that the management team was approachable and supportive. One staff member told us, "You can talk to them like a friend. If we have a problem we always have support from the management." Minutes from meetings showed people and staff were involved, consulted, and listened to regarding the service. One staff member said "I can go to [management] with any ideas I have." We saw a regular survey was carried out with people, staff, and relatives to consult on the service and ensure it was meeting people's needs.

The provider was actively involved in the development and monitoring of the service. Staff told us company directors knew what was happening in the home and were took the time to listen to them and people living in the home. At the time of our inspection one of the company directors had based themselves at the home so they could ensure the home was well supported whilst some changes in the management of the home took place.

The provider had re-assessed the governance system in the home. As a result of this they had introduced changes and additional audits to help monitor the quality of the service and help drive improvements. They had also developed a number of other additional systems such as designated staff accountabilities on shift and guidance for managers in their homes. We discussed these changes with one of the company directors, and looked at the new paperwork. We saw this would provide a clear oversight across all areas of the home and help to ensure areas for improvement were identified and addressed.

There were audits in place, which included audits on medicines and unannounced visits out of hours. We found the management team and provider had a good overview of the service and an understanding of any areas that needed improvement. There was a clear action plan in place to help the service sustain and continue to improve.