Your Health Limited

Redmount Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

Redmount is registered to provide accommodation, nursing and personal care for up to 42 people. However, the provider took the decision to cease providing nursing care on 30 August 2014. The service offers both long stay and short stay respite care. This inspection took place on 29 May and 3 June 2015 and was the first inspection since the service stopped providing nursing care. Nursing care is now provided by the district nursing service.

A registered manager was employed at 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 service is run.

At the previous inspection in May 2014 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found there were not suitable arrangements in place to obtain people's consent to receive care, people's needs were not assessed and planned for, medicines were not obtained, recorded and administered appropriately and records

Summary of findings

relating to people and the running of the service were not well maintained. At our inspection in May and June 2015 we found that improvements had been made in all areas, but that further improvements were still needed in relation to medicine administration and some areas of record keeping.

Information recorded on people's food and fluid charts was disorganised. Some sheets were not named, were not kept chronologically and fluid entries had not been totalled. This meant it was not possible to confirm people had received sufficient food and fluid. Poor record keeping in relation to people's care and treatment meant that staff could not judge if the care and treatment they were providing was effective. It also meant that staff were not following the new procedures that had been put in place.

There were a number of quality assurance systems in place, but these had failed to highlight the concerns relating to people's records. The registered provider had failed to act following concerns raised by the registered manager about the call bell system.

The registered manager produced a weekly walk around report. They spoke with each person and asked if there was anything they wanted or needed. Staff told us the manager was accessible at any time for help and advice and there was an open culture within the home. One staff member told us they provided individualised care to people and another told us there was a culture of promoting independence.

A monthly newsletter informed people of any changes within the home and any upcoming events. The April 2015 edition welcomed several new members of staff and let people know about the new 'snack stations' that had been put in place for people to help themselves to.

The service had a positive risk taking policy and risk assessments contained good details of how any risks were to be minimised. The registered manager had highlighted the need for a new call bell system in order to ensure staff could respond promptly to any emergencies.

There were sufficient staff on duty to safely meet people's needs in a timely manner. People were protected from the risks of abuse because staff knew how to recognise and report any incidents of abuse. Robust recruitment procedures minimised the risks of recruiting unsuitable staff.

Staff asked for people's consent before undertaking any personal care. Staff were patient, kind and understanding in their approach. Throughout our inspection we heard choices being offered to people. For example, people were asked where they would like to sit or if they wanted to go to their room.

People had differing needs and staff had received training to ensure people's needs were met. For example, staff told us about the dementia care training they had received and how this helped them care for people living with dementia. Staff told us they received regular supervision. The registered manager held both group and individual supervision sessions. All sessions were recorded and were used to ensure staff had an understanding of their role and responsibilities and they remained competent to carry out their role. Staff told us they felt well supported by the registered manager.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The registered manager was aware of recent change to the interpretation of the deprivation of liberty safeguards, which are in place to ensure people are not unlawfully restrained. They had made appropriate applications where needed.

People were supported by caring staff. People told us staff were "nice and polite", "speak nicely to me and are very respectful" and "look after me well". One person said "They [staff] need a medal!" One visitor told us staff were "tolerant and caring" and that the care their relative received was very good – "solid". Visitors told us they felt staff had the skills and knowledge they needed. One visitor told us "They [staff] understand dementia and treat everyone as a person. They understand people's behaviour and why they do things". Staff knew people well, what their needs were and how people liked their needs to be met. One person told us staff knew how they liked things done "and if they don't – I tell them!".

People's privacy and dignity was upheld. One member of staff had recently been appointed as a 'Dignity Champion' and told us they would be aiming to raise the importance of 'respecting and supporting people's dignity'. People were supported to make choices about the clothes they wore and we saw people's nails were clean and hair their was groomed. All personal care was

Summary of findings

provided in private and when staff supported people in communal areas they did so in a discreet and respectful manner. Staff spent time engaging with people. Staff sat with one person and helped them with their knitting. Other staff spent time chatting with people. One visitor told us staff "have a bit of fun and treat everyone as a person".

Care plans were based on people's assessed needs and reflected their needs and preferences. They contained detailed individual information on how staff should meet a variety of needs. For example, one person's care plan told staff how to help them if they became aggressive. Another person's care plan detailed how staff should manage a particular health issue. Signatures on care plans indicated people and or their representatives were involved in planning and reviewing their care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 was safe.

People's medicines were managed safely.

People were protected from the risks of abuse.

People were protected by robust recruitment procedures.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Good

Is the service effective?
Some aspects of the service were not effective.

Records were not robust enough to ensure staff could determine if people were receiving effective care.

People benefited from staff that were trained and knowledgeable in how to care and support them.

People were supported to maintain a healthy balanced diet.

People were asked for their consent before staff provided personal care.

People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005.

Requires Improvement

Is the service caring?
The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

People and their relatives were supported to be involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People's care plans were comprehensive and reviewed regularly.

People received care and support that was responsive to their needs.

Visitors told us they could visit at any time and were always made to feel welcome.

People were confident that if they raised concerns these would be dealt with quickly by the manager.

Good

Summary of findings

Is the service well-led?

Some aspects of the service were not well led.

The quality assurance systems in place had failed to identify concerns related to ensuring people received enough to eat and drink.

The registered manager was very open and approachable.

Meetings for people and staff were held regularly and suggestions acted on.

Requires Improvement

Redmount Nursing Home

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 was planned to check whether the provider was 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 29 May and 3 June 2015 and was unannounced. At the time of the inspection twenty one people were living at the home.

The inspection team consisted of one Adult Social Care (ASC) inspector.

Before the inspection we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We spoke with seven people using the service, two visiting relatives, five staff and the deputy and registered managers. We also spoke with two health and social care professionals and staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

Good

Is the service safe?

Our findings

At our inspection in May 2014 we found improvements were needed in the way medicines were obtained, recorded and administered. At this inspection in May and June 2015 we found improvements had been made to the way medicines had been obtained and administered.

Medicines were stored safely and records were kept for medicines received and disposed of. Medicines were stored in a locked trolley in a locked room. Medicines that required refrigeration were stored appropriately and fridge temperatures were recorded and checked. People received their medicines safely and on time. There were clear instructions for staff regarding administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times. For example, one person received their medication every eight hours.

MAR sheets confirmed oral medicines had been administered as prescribed. Arrangements for the application of topical creams ensured people received them as prescribed. For example, records contained a body map that indicated where the cream should be applied.

However, hand written entries on Medicine Administration Records (MARs) were not always double signed. This meant there was not always an audit trail to show that checks had been conducted to ensure that what had been written on the MARs was what had been prescribed.

The service had a 'positive risk taking policy' that encouraged people to do things they wanted to do. One person told us staff enabled them to look after their own personal care, and only supervised them when they requested help.

Risk assessments contained good details on how risks were managed. Moving and transferring and pressure area risk assessments were in place and had been updated when risks had changed. Staff were aware of people's risks and we heard how they monitored people in order to minimise their risks. For example, ensuring people were supervised when bathing. One persons risk assessment had identified that because they preffered to use bars of soap, there was a risk of cross infection. There were instructions that the soap, should not be used for anything other than washing the person, and that staff should always use the liquid soap provided in the person's room for washing their own hands.

Accidents and incidents were reported in accordance with the service's policies and procedures. The registered manager told us they were starting to look at falls prevention, and had produced detailed documents for staff to complete when people were at risk of falls. This included looking at any medicines that may increase the risk of falls. This system was in the early stages of use but the manager anticipated it would reduce the number of falls.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

People's needs were met in a timely manner as there were sufficient staff on duty. On the day of our inspection there were 21 people living at the home. Staffing levels had recently been adjusted as the number of people living at the home had increased. Times when people needed more help had been identified by staff and on the first day of our inspection there were four staff on duty from 8am to 8pm with five staff on duty between 8am and 9am when people were getting up. The registered manager told us they did not use a specific tool to calculate staffing levels, but held a weekly meeting with staff to discuss people's needs and decide if an increase in staff was needed.

People were protected from the risks of abuse. Staff had received training in safeguarding people. Staff were able to tell us about different types of abuse. They told us how they might recognise abuse, and what they would do if they suspected abuse was occurring within the service. They felt able to raise any concerns with the registered manager and were confident they would respond appropriately to ensure the matter was followed up. Staff were aware of whistleblowing procedures and where to find relevant contact details for any external agencies they may need to contact.

People were protected by robust recruitment procedures. The provider had a policy which ensured all employees were subject to the necessary checks which determined if they were suitable to work with vulnerable people. Three staff files contained all the required information including references and criminal records checks.

Good

Is the service safe?

Records showed that equipment such as hoists were regularly maintained and serviced to ensure they remained safe to use.

Requires Improvement

Is the service effective?

Our findings

At our inspection in May 2014 we identified that concerns about people's health or well-being were not followed up with appropriate referrals to other agencies. Prior to this inspection in May and June 2015 we had received information that one person had lost a significant amount of weight. Records showed that the service had contacted the person's GP and followed their advice. Although the service had contacted the GP the service have since been advised by other healthcare professionals that they should also have been contacted. Records relating to the person's weight loss were not robust. There had also been concerns that the person did not have a drink within reach. This person could not initiate drinking themselves and therefore relied on staff to ensure they received sufficient quantities of fluids. We saw that people were supported to receive sufficient quantities to drink. However, information recorded on food and fluid charts was generally disorganised. Some people's sheets were not named, were not kept chronologically and fluid entries had not been totalled. Poor record keeping in relation to the person's weight and food and fluid intake meant staff could not judge if the care and treatment they were providing was effective. It also meant that staff were not following the new procedures that the registered manager had put in place.

This was a breach of Regulation 12 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to receive care from a number of visiting healthcare professionals. People told us and records confirmed they received regular visits from GPs, district nurses and podiatrists. We spoke with a Community Psychiatric Nurse (CPN) who told us they thought staff were very attentive to people and often 'thought outside the box' in order to find different ways of meeting people's needs.

At our inspection in May 2014 we found that improvements were needed to they way people's consent was obtained. At this inspection in May and June 2015 we found improvements had been made. Staff asked for people's consent before undertaking any personal care. For example, staff asked if it was alright to transfer one person from a chair to a wheelchair. There was much friendly chatter during the transfer, with staff explaining everything that was going on. Staff were patient, kind and understanding in their approach. Throughout our inspection we heard choices being offered to people. For example, people were asked where they would like to sit or if they wanted to go to their room.

People received care and support from staff that had the skills and knowledge to meet their needs. People had differing needs and staff had received training to ensure people's needs were met. For example, staff told us about the dementia care training they had received and how this helped them care for people living with dementia. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people with dementia. Staff were skilled in managing potentially difficult situations. For example, when one person was reluctant to give up the TV remote control, staff reminded the person other people may want to watch different programmes and that they had their own TV in their room if they wanted to watch something particular.

Staff had received a variety of other training including moving and transferring, first aid, infection control and safeguarding adults. When moving and transferring people staff used good techniques and reassured people while they were being moved. There was a system in place to identify when any training was due to be updated. Training was provided to staff in a variety of formats including 'classroom' sessions and outside courses. The registered manager used a matrix to show when training needed to be updated.

People told us staff knew how they liked things done. Visitors told us they felt staff had the skills and knowledge they needed. One visitor told us "They [staff] understand dementia and treat everyone as a person. They understand people's behaviour and why they do things".

New staff received a comprehensive induction before they worked with people unsupervised. Staff told us they received regular supervision. The registered manager held both group and individual supervision sessions. All sessions were recorded and were used to ensure staff had an understanding of their role and responsibilities and they remained competent to carry out their role. Staff told us they felt well supported by the registered manager.

Staff had a good understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves

Requires Improvement

Is the service effective?

had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. Staff told us that most people could make their own decisions about their day to day care, but may not be able to consent to more significant decisions relating to their care. Staff told us if they felt people did not fully understand the decision they were being asked to make, they would talk with families and health or social care professionals. This procedure had been followed where staff were unsure if a person was able to consent to being checked hourly throughout the night. Following consultations and assessments it was concluded it was in the person's best interest to be checked hourly throughout the night.

The MCA also introduced a number of laws to protect individuals who are, or may become, deprived of their liberty in a care home. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests. There has been a recent change to the interpretation of the deprivation of liberty safeguards. The registered manager was aware of this and had made appropriate applications where needed. While the local authority were considering the applications the registered manager ensured the least restrictive options were used to keep people safe.

Good

Is the service caring?

Our findings

People were supported by caring staff. People told us staff were "nice and polite", "speak nicely to me and are very respectful" and "look after me well". One person said "They [staff] need a medal!" One visitor told us staff were "tolerant and caring" and that the care their relative received was very good – "solid". There was appropriate friendly banter between staff and people living at the home, with staff often sitting and chatting to people. One visitor told us they visited at various times during the day and had often seen staff sitting with people and holding their hands.

Staff knew people well, what their needs were and how people liked their needs to be met. For example staff told us about the end of life care needs for one person and how staff had received training to ensure the person's needs were met. Staff were able to tell us how they always talked people through what they were doing for them and ensured they kept eye contact. One person told us staff knew how they liked things done "and if they don't – I tell them!".

Staff told us they enjoyed working at the home and that they "love helping people" and "giving something back" to the people there. Staff spoke affectionately to people, complimenting them on how they looked and saying they smelt lovely. Staff asked people if they were warm enough, and encouraged people to "just eat a little bit more" lunch.

A member of kitchen staff asked people after lunch if they had enjoyed their meal and if they had any suggestions for improving the meals. People told us someone did this every day. They also told us staff often asked if they were happy with their care. One person told us staff asked them about their care and if they wanted or needed anything. They said staff always tried to get anything they wanted for them. Another person said staff spoke with them about their care plan regularly.

People's privacy and dignity was upheld. One member of staff had recently been appointed a 'Dignity Champion' and told us they would be aiming to raise the importance of 'respecting and supporting people's dignity'. People were supported to make choices about the clothes they wore and we saw people's nails were clean and their hair was groomed. All personal care was provided in private and when staff supported people in communal areas they did so in a discreet and respectful manner. For example, while one person was being supported to move, staff quietly explained what was happening and laughed and chatted with the person. Staff listened to people and supported them to express their needs and wants and offered them choices throughout the day. Staff told us they liked to enable people to maintain as much independence as possible and encouraged them to do as much for themselves as they could.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Visitors told us that they could visit at anytime and were always made welcome and kept informed about their relative's health and welfare.

Good

Is the service responsive?

Our findings

At our inspection in April 2014 we found that records relating to people's care were not well maintained. At this inspection in April and May 2015 we found that improvements had been made. Care plans were based on people's assessed needs and reflected their needs and preferences. They contained detailed individual information on how staff should meet a variety of needs. For example, one person's care plan told staff how to help them if they became aggressive. Another person's care plan detailed how staff should manage a particular health issue. Signatures on care plans indicated people and or their representatives were involved in planning and reviewing their care.

Staff told us they always asked people what they wanted and how they wanted their needs met. One person told us how they liked a shower in the evenings and staff made sure this happened. Any changes to people's needs were recorded in care plans and passed on to other staff via handovers. Care plans were reviewed monthly or more frequently when needed. For example, one person's care plan had been regularly updated following visits from health and social care professionals.

Staff spent time engaging with people. Staff sat with one person and helped them with their knitting. Other staff spent time chatting with people. Staff told us they had limited time to spend with people other than when attending to personal care. They told us that there had been a 'lifestyle co-ordinator' employed at the home that had been responsible for ensuring there was continued social interaction within the home, including activities and entertainments. This person had left but a new person had been employed and was due to start soon. People told us they often went out on individual outings into the local area, and that there were regular activities and entertainment provided by the home. One visitor told us staff "have a bit of fun and treat everyone as a person".

A 'ladies lunch club' had recently been started and the attendees had said they would like to know about the history of the role of mayor. The registered manager had arranged for the local mayor to visit in the next few weeks.

People were able to make choices throughout the day, including what they wanted to eat and drink and where they wanted to spend their time. People told us they could get up and go to bed as they chose. Rotas showed that night staff stayed on later to allow one person to get up as early as they wished.

A monthly newsletter informed people of any changes within the home and any upcoming events. The April 2015 edition welcomed several new members of staff and let people know about the new 'snack stations' that had been put in place for people to help themselves to. The newsletter also let people know when the local farmer's market next took place and when the mobile library was next available. The newsletter also said that relatives' meetings would no longer be held as relatives felt they were not necessary due to staff being available to discuss matters anytime.

One person told us they were often asked for any suggestions on how to improve services. They had told the manager they thought dessert forks as well as spoons should be laid on the dining tables. This had been implemented.

A complaints procedure was displayed in the entrance hall. People told us they would feel able to raise any concerns they had with the staff or registered manager. The manager recorded all complaints. Records relating to these showed they had been responded to in a timely manner, all outcomes had been recorded and complainants were satisfied with those outcomes.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in May 2014 we identified improvements were needed to records relating to the running of the service. This included the quality assurance systems that were in place. At this inspection in April and May 2015 we found that improvements had been made. There were a number of quality assurance checks and audits in place. However, these systems had not enabled the registered manager to make a robust judgement about whether people received enough to eat or drink.

The registered manager told us they were concerned people were at risk because of the type of call bell system in place. The system did not have a different tone in the event of emergency which meant there was no way to distinguish between urgent and non urgent calls. The registered manager was concerned this would result in delayed assistance in the vent of an emergency. They also felt it was a restriction on people's liberty to go outside. This was because there was no way of them summoning help in an emergency and they may choose not to go outside because of this. The registered manager had raised their concerns with the registered provider's general manager on 29 April 2015. At the time of our inspection no action had been taken by the registered provider to manage the identified risks.

There were quality assurance procedures in place for identifying areas for improvement. For example, the quarterly action plan for March-June 2015 identified that menus should be available for people who enjoy alternative diets, such as vegetarian. This had been actioned and one person who enjoyed a vegetarian diet told us they always had a choice of meal.

Accidents and incidents which occurred in the home had been recorded and analysed to identify patterns that could be used to minimise risks. This included recording any 'Near Misses' that occurred. For example, staff were unsure of the correct manoeuvre for transferring one person. They stopped the manoeuvre and checked with their supervisor who advised them correctly.

Regular audits of medicines, health and safety, infection control and the environment were completed by the registered manager. They also completed an audit of staff skills in order to identify skills needed when recruiting staff.

The registered manager produced a weekly walk around report. They spoke with each person and asked if there was anything they wanted or needed. The report highlighted a concern one person had raised and the details of how it had been dealt with. Questionnaires had been sent out to people to ask them for their opinion on the quality of care provided. Results had been collated and the results shown to people. The results showed that people were happy with the service provided and comments included "Staff always help when you need it". Meetings were held regularly and people could make suggestions. People had asked for some DVDs of Gregory Peck films and these had been purchased.

A representative of the registered provider visited the service on a regular basis and produced a report of their visit. Reports indicated that staffing and environmental issues were discussed as well as individual people's care.

Staff told us the registered manager was accessible at any time for help and advice and there was an open culture within the home. One staff member told us they provided individualised care to people and another told us there was a culture of promoting independence. One staff member told us there had been a "Drastic change for the better" since the registered manager had worked there and that they no longer felt they were "the bottom of the food chain".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were at risk of not receiving sufficient food and fluid as records were not robust enough for staff to effectively monitor people's intake of food and fluids. Regulation 12 (1) (2) (b).