

Nightingales Care Limited

# Redbricks Care Home

## Inspection report

512 Queens Promenade  
Little Bispham  
Thornton Cleveleys  
Lancashire  
FY5 1PQ

Tel: 01253854008

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Redbricks Care Home is a residential care home without nursing registered to provide personal care for 9 people. At the time of our inspection visit there were 7 people who lived at the home, 6 of these received the regulatory activity of personal care.

The home is situated on the sea front in Cleveleys and comprises of the following accommodation, open plan lounge/dining room, kitchen and laundry facilities. Bedrooms are located on the ground and first floors and comprises of nine single rooms with ensuite facilities. A passenger lift is available to facilitate access between the ground and first floor.

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

Medicines were not stored or consistently administered safely. We have made a recommendation about this. People were supported safely, and the provider had plans in place in case of emergencies. There were enough staff to meet people's needs and the provider ensured staff were of good character. Staff had received training to keep people safe and knew what action to take in response to any allegations of abuse. The premises were clean, tidy, and maintained, and there were no restrictions on family and friends visiting.

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.

The service was led by a manager who was described as approachable, supportive and caring. The culture at the service was open and inclusive. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems. The manager and provider acted upon suggestions or ideas that were made by people, to ensure the service continued to improve.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for this service was good (published 21 October 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Redbricks Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Redbricks Care Home is a care home without nursing care. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post and a manager who was going to register with CQC. During this inspection we only met and worked with the manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. 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 this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the manager, regional manager and care staff. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were not always stored or consistently administered safely.
- Temperature checks were not completed for the medicine storage area. Storage conditions can influence the effectiveness of medicines. The administration of some medicines was not completed in line with best practice.

We recommend the provider consider current guidance on the safe management and administration of medicines and take action to update their practice accordingly.

- The provider introduced safeguards to ensure medicines were stored safely. Staff had refresher training to ensure they were competent to administer medicines safely.
- Staff administered medicine in a person-centred manner. People received their medicine at a relaxed pace with staff explaining what each medicine was.

### Systems and processes to safeguard people from the risk of abuse

- The manager had systems to record, report and analyse any allegations of abuse to keep people safe.
- Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Redbricks Care Home. One person told us, "I feel quite safe living here." A second person said, "Of course I am safe. They [staff] are lovely."

### Assessing risk, safety monitoring and management

- The manager had assessed and recorded risk to keep people safe. They had reviewed care plans to ensure assessments were up to date and identified current risks.
- Each person had a personal emergency evacuation plan [PEEP]. A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency.
- After a visit from the local fire service, the provider took action to ensure risks around fire safety were taken.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The manager ensured appropriate staffing arrangements were in place and staff were deployed effectively to meet the assessed needs of people in a person-centred way.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home received a food hygiene rating of 1 in February 2023. This meant major improvement was necessary in the management of food safety. The regional manager told us new processes had been introduced to audit hygiene practices and safeguard people. We viewed the kitchen and it appeared clean and hygienic.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management. One relative commented, "We are allowed anytime, it's like an open door. We visit every day unannounced."

#### Learning lessons when things go wrong

- The manager and provider reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People said they received person centred care and support. One person told us, "They [staff] are really nice." A second person commented, "[Manager] she's lovely, she's seen to things I have never had done before."
- Staff were consistently complimentary about the management team and their colleagues. One staff member said, "[Regional manager] she is good to talk to, always listens." A second staff member commented, "We are a good team. We have got to do what's best for the residents."
- Relatives told us they were happy with the care family members received. One relative said, "The staff are very caring and [family member] is very safe." A second relative told us, "They [staff] all know [family member] so well. He has made unbelievable progress. [New manager], she's come in with a real passion for the role."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished.
- The manager encouraged candour through openness. The manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.

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

- Feedback from internal and external audits had driven improvement. The provider had taken action based on feedback from the local fire rescue service and Food Standards Agency. Environmental audits by the new manager had driven improvements in the home.
- The manager attended regular meetings with regional managers and other managers employed by the provider. The manager told us the meetings were useful for gaining and sharing information to improve and maintain the quality of the service people received.

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

- People told us they were formally and informally consulted on the support they received.

- Staff had the opportunity to formally share concerns through supervisions and appraisals. They received daily handovers between shifts, so they were kept up to date with people's needs to be able to provide effective care.
- Relatives told us they were consulted and updated on family member's care.

#### Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when required. This helped to ensure people's needs continued to be met and their wellbeing enhanced.