Care Quality Commission

Caring Homes Healthcare Group Limited

Rendlesham Care Centre

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

Overall summary

We inspected this service on 17 November 2014 and this was an unannounced inspection. Rendlesham Care Centre provides accommodation and personal and nursing care for up to 60 older people. Some people are living with dementia. There were 40 people living in the service when we inspected.

At our last inspection on 23 and 25 June 2014, we asked the provider to take action to make improvements in respecting and involving people who use services, consent to care and treatment, care and welfare of people, cleanliness and infection control and assessing and monitoring the quality of the service provision. The provider wrote to us to tell us how they had implemented these improvements. During this inspection we checked on their improvement plan and found that this action has been completed.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. There was an acting manager in post at the time of our inspection and the provider had employed a permanent manager who was due to start in December 2014.

There were systems in place which guided staff on how to safeguard the people who used the service from abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised. There were systems in place to provide people with a clean and hygienic environment to live in.

Appropriate arrangements were in place to provide people with their medication at the prescribed times. Medication was obtained and stored safely.

People were supported by sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People or their representatives, where appropriate, were involved in making decisions about their care and support. The service was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards and at the time of our inspection they were working with the local authority to make sure people's legal rights were protected.

Staff in the service were trained and knowledgeable about the Mental Capacity Act (MCA) 2005. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment. People were supported to have sufficient to eat, drink and maintain a balanced diet. Their nutritional needs were being assessed and met.

A complaints procedure was in place. People's complaints were listened to, addressed and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people. The service had a quality assurance system, records showed that identified shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

The provider had systems in place to manage safeguarding matters. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. There were enough staff to meet people's needs.

There were effective systems in place to provide people with their medication when needed and in a safe manner.

People were provided with a clean and hygienic environment to live in.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

People had their privacy and dignity respected and staff supported them to maintain their independence.

People were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People were provided with personalised care that was responsive to their needs.

There was a complaints system in place to show that complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

People were asked for their views about the service and their comments were listened to and acted upon.

Good

Summary of findings

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service continued to improve. This helped to ensure that people received a good quality service.

Rendlesham Care Centre

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 17 November 2014 and was unannounced.

The inspection team consisted of two Inspectors and an Expert by Experience for part of the inspection. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service. The Expert by Experience had experience of older people and people living with dementia.

The provider completed a Provider Information Return (PIR). 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.

We reviewed the PIR and previous inspection reports to help us plan what areas we were going to focus on during our inspection. We also reviewed other information we held about the service including notifications they had made to us about important events. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 11 people who were able to verbally express their views about the service and one person's relative. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the interaction between staff and people who used the service.

We spoke with ten members of staff, including a member of provider's senior management team, the acting manager and care, nursing, domestic, catering and activities staff. We looked at records in relation to five people's care, records relating to the management of the service including five staff recruitment and training files, and systems in place for monitoring the quality of the service.

Good

Is the service safe?

Our findings

Our previous inspection of 23 and 25 June 2014 found that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people were not always cared for in a clean, hygienic environment. The three kitchens used in the communal areas were not clean and hygienic. During this inspection we found that improvements had been made. People were cared for in a clean and hygienic environment and were protected by the prevention and control of infection. The kitchens were now clean and had been included in the cleaning schedules to ensure this was maintained.

One person told us, "They [staff] come into my bedroom every day and give it a good clean." Another person said, "I think it [the service] is always nice and clean."

Records showed that the cleaning of the service was regularly undertaken and this was checked on a regular basis by the service's staff. Staff understood the service's policies and procedures relating to infection control. We saw that the service was clean throughout and staff used good infection control procedures, for example by washing their hands and wearing protective gloves and aprons when preparing to support people with their personal care needs.

People gave positive comments with regards to feeling safe. One person commented, "Sometimes I feel a bit nervous at night when it is all quiet, a bit silly really as I know the staff are around. I can just press my bell if I am worried and they [staff] are here in no time." Another person who was using the service on a short term basis said, "I know I have a safe place to come to if ever I need them again." Another person told us, "I can have a key for my room if I want, but I'm not bothered, it is very safe."

Staff told us that they had received training in safeguarding adults from abuse. Staff demonstrated they understood policies and procedures and their responsibilities to ensure that people were protected from abuse. They explained various types of abuse and knew how to report concerns. One staff member said, "I report any concerns I have, I think people are safe here, I would not work here if I did not think that they were."

There were systems in place to identify, report and act on concerns about people's safety. The service's management notified us of events of suspected or potential abuse and they kept us updated of actions that they had taken to address these issues. This included raising safeguarding alerts to the local authority who were responsible for investigating safeguarding concerns. Prior to this inspection visit we had attended safeguarding strategy meetings where the provider and stakeholders discussed the improvements made.

Incidents about potential abuse and whistleblowing were investigated and addressed and there were systems in place to reduce the risks of incidents happening again. This meant that the staff in the service took action to minimise the risks of harm to people.

Staff interacted with people in a calm and reassuring manner. They understood how people should be supported including when they experienced distress. Care plans in place guided staff to support people in a consistent and safe way that was intended to protect them and others from potential risks.

One person told us, "When I have to use the hoist [lifting equipment] they [staff] make sure I am comfortable, I never feel that I am not in safe hands." Equipment used to support people with their mobility needs, including hoists, had been serviced and cleaned to ensure that the equipment was fit for purpose and safe to use. People's care records showed that people who needed to use hoists were provided with individual slings, which reduced the risks associated with sharing equipment.

There were systems in place to identify and reduce the risks to the people who used the service. One staff member told us about how they put kettles and toasters, if they were hot, in cupboards in the communal kitchen areas if staff were not present and people were at risk of burns. We saw that there was a risk assessment in these kitchen areas to guide staff on how they ensured people's safety. This told us that actions were undertaken and equipment was used in ways that were intended to keep people safe.

Emergency plans were in place relating to how people were supported to evacuate the service in events such as a fire. Regular fire safety checks were undertaken to reduce the risks to people.

All of the people we spoke with told us that there was enough staff available to meet their needs. One person told us, "There is always someone around when I need help, not had a problem." Another person said, "If I ring my bell, they

Good

Is the service safe?

[staff] come as soon as they can, I don't have to wait long." We saw that staff were attentive to people's needs and verbal and non-verbal requests for assistance were responded to promptly. Call bells were answered in a timely manner.

Records demonstrated that checks had been undertaken on prospective staff members before they were employed by the service. Staff confirmed these checks had been made and they had attended an interview before they were allowed to start work.

We asked people if they were happy with the arrangements for their medication and if their medication was given to them on time. One person said, "I get my tablets in the morning without fail." Another person told us, "There are no problems with my medication. I prefer the staff to bring them to me, it takes the worry away knowing I get am getting what I need when I need them."

We saw part of the lunchtime medication administration round. This was done safely and people were provided with their medication in a polite manner by staff. Where people asked what their medication was for, the staff member responded appropriately. Records confirmed that medication was managed in a way that was intended to ensure people's safety.

Good

Is the service effective?

Our findings

Our previous inspection of 23 and 25 June 2014 found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because where people did not have the capacity to consent, the provider did not act in accordance with legal requirements. During this inspection we found that improvements had been made.

People told us that the staff asked for their consent before they provided any care or treatment. One person told us, "Well they [staff] don't just come in and start getting me undressed, they ask me what I need before they do anything." We saw people were asked for their consent and the staff acted in accordance with their wishes. For example, one person did not want to have their medication but when the staff member returned to the person at a later time they agreed. This showed that people's consent was sought and assistance was not provided until the person had agreed to it.

The Care Quality Commission (CQC) monitors the operation Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that restrictions on people were lawful. Staff also understood the Mental Capacity Act 2005 (MCA) and were able to speak knowledgably about their responsibility. Records and discussions with staff showed that they had received training in MCA and DoLS.

Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included Do Not Attempt Resuscitation (DNAR) forms, and showed that relevant people, such as people's relatives and other professionals had been involved.

People told us that they felt that the staff were competent in their role. One person told us, "They [staff] seem to know what they are doing." Another person said, "They [staff] are all very good."

Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people which met their needs. For example, staff were seen to communicate with people effectively and support them to mobilise in appropriate and safe ways. We saw staff assisting people to mobilise using equipment, including hoists and wheelchairs and this was done safely. Staff had received training in moving and handling, including using equipment to assist people to mobilise.

Staff told us that they were provided with the training and support they needed relating to people living with dementia and needs associated with becoming older. Regular training was provided, a plan was in place to identify when updated training was required and staff were encouraged to achieve industry recognised qualifications. Staff told us and records showed they were regularly supervised and supported to improve their practice. This supported and enabled staff to understand and meet the needs of the people they supported and cared for.

Our observations and discussions with people showed that people were supported to have sufficient drinks to minimise the risks of dehydration. One person told us, "I can have a drink when I want one, I just have to ask. If they [staff] see I don't have one, they always offer."

People told us that they were provided with choices of food and drink and a balanced diet. One person told us, "We can have a cooked breakfast every morning if we want, and there is always a choice of other meals." Another person said, "The food is very good here and I can have what I want more or less." Another person told us about the menu, "It is very thoughtful and assorted; you would not say it is Tuesday we are having such and such, there is always something different."

Our observations confirmed what people had told us and showed that people were supported to eat, drink and maintain a balanced diet. During lunch people were supported to eat their meal in an unrushed manner, at a pace that suited them and in a way which was encouraging and promoted their independence. For example, a staff member assisted a person to eat the first few mouthfuls of their food, then placed the spoon into their hand and guided their hand and then the person was able to eat independently. As well as the set meals, people were able to eat at times that suited them. During the afternoon one person called to a staff member that they would like some food, they were provided with their choice of food from the snack menu. Records showed that people's dietary needs were being assessed and met.

People told us that they felt that their health needs were met and where they required the support of healthcare

Good

Is the service effective?

professionals, this was provided. One person told us, "If I need to see the doctor they [staff] sort it out for me." Another person commented, "Sometimes they [staff] notice that I am not myself and offer to call someone out to see me, or I can speak to the nurse." Another person said, "They [staff] keep an eye on my weight, they don't want me to lose any." They told us that where they had previously lost weight the staff had asked health professionals to check on them.

People's care records confirmed what we had been told and that they were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

Our previous inspection of 23 and 25 June 2014 found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people's privacy and dignity were not respected and their views were not taken into account in the way the service was delivered in relation to their care. During this inspection we found that improvements had been made.

People told us that they felt that their privacy and dignity was promoted and respected. One person told us, "If I need any help or if I see the doctor, this is always done in the privacy of my bedroom." Another person said, "They [staff] don't do anything that I can do for myself, they encourage me to keep doing what I can." We observed that people's privacy and dignity was respected. For example staff knocked on bedroom doors before entering the room, whether the door was open or closed. This was confirmed by people using the service. When people were being supported with their personal care needs in their bedrooms there was a notice on the door handle asking others not to disturb. Staff understood how people's privacy, independence and dignity was promoted and respected, and why this was important.

All of the people we spoke with told us that they felt that the staff listened to what they said and their views were taken into account when their care was planned and reviewed. One person said, "I can get up and go to bed when I want." Another person told us, "I feel that I am listened to, I don't do anything I don't want to." One person's relative confirmed that they were consulted about the care and support provided to their relative and they were kept updated with any changes in their relative's wellbeing. This helped them to understand the care and support provided to their relative and have an input into maintaining their relative's choices.

People's care records confirmed that they had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for and their decisions about end of life care.

All of the people we spoke with told us that the staff were caring and treated them with respect. One person said, "They [staff] are very kind and caring. They always come in to see me when they come in to work at night." Another person told us, "I would not have a bad word said against any of the carers; they are always polite and courteous." Another person commented, "They [staff] have never been rude or unkind, they are lovely to us." One person's relative told us that they felt that the staff treated their relative and others in the service in a caring manner.

We observed that the staff treated people in a caring and respectful manner. For example staff made eye contact and listened to what the people were saying, and responded accordingly.

Staff spoken with and our observations showed that they were knowledgeable about the people they supported and their life experiences. For example, one staff member engaged with a person, who was living with dementia, when they were busy undertaking tasks associated with a previous pastime. They were aware of this person's life experiences and interacted with them in a way that understood the time that the person was in at that moment.

People's care plans included information about people's personal history and their diverse needs and how these needs were met. This included how they communicated, mobilised and their spiritual needs.

Good

Is the service responsive?

Our findings

Our previous inspection of 23 and 25 June 2014 found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people's care records did not hold the most up to date information about people's personalised care and how people who were living with dementia were supported to spend their time. During this inspection we found that improvements had been made. Care records had been reviewed and staff were provided with the information they needed to meet people's individual needs and people who were living with dementia were provided with meaningful activities.

All of the people we spoke with told us that they were satisfied with the care and support they received and were happy living in the service. One person said, "The care here is very good." Another person told us, "I am very satisfied." Another person commented, "I am perfectly happy living here." One person's relative told us that they were satisfied with the care and support that their relative received.

Staff spoken with were knowledgeable about the personalised care and support that people were provided with. For example risks associated with moving and handling and accessing services in the community were discussed and agreed with people. Through this they were supported to find ways to maintain their independence and choice. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. This told us that the service responded appropriately to identify when people's needs had changed and documented this to ensure that staff were provided with the most up to date information about how people were to be cared for. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in. One person commented, "There is always something going on." Another person said, "We have lots of activities that we can choose to join, if I don't fancy it there is no pressure on me to join in." People told us that they were regularly asked what types of activities they wanted and were provided with one to one time if they wanted to pursuit their individual interests. For example we saw one staff member looking at a magazine with a person which was about an interest that they had.

People were provided with the opportunity to participate in social group and individual activities. There was an activities room on the first floor of the service which held various items including arts and crafts materials, board games and we saw that there was an unfinished jigsaw on a table that people could complete as they chose to. This meant that people could choose how they wanted to spend their time.

There were several items around the service where people, who were living with dementia were accommodated, that they could handle, use and to stimulate their interest. For example these included scarves, handbags and boxes with items such as socks, napkins and beads. Staff told us that these had provided interest to people and this was confirmed in our observations. One person was busy sorting and tidying the items in the boxes, including pairing of socks. They told us that they were having a, "Clean up," and liked to keep their home tidy. We also saw that staff engaged people in day to day routines, including laying the tables for meals and washing up. One person was knitting, another person was doing art work with a staff member and others were engaged in one to one discussions with staff and with each other. This told us that people were supported to participate in meaningful individual activities that interested them and met their individual needs.

People knew how to complain and were able to share their experiences with staff if they were unhappy. They told us they were comfortable speaking with staff if they needed to make a complaint or raise a concern. One person said, "I have nothing to complain about." Another person said, "I would speak to someone, but I would not stay here if I was not happy." Another person commented that they had not made a complaint but when they had raised concerns these had been acted upon, "Immediately."

We looked at records of complaints which showed that they were documented, acted upon promptly and used to improve the service. Staff were aware of the actions that they should take if anyone wanted to make a complaint. Staff told us that they spoke with people daily and observed then for changes in their wellbeing, this assisted them to identify if people were not happy. There was a complaint procedure in place which was displayed in the service, which explained how people could raise a complaint if they needed to.

Good

Is the service well-led?

Our findings

Our previous inspection of 23 and 25 June 2014 found that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider did not have an effective system to regularly assess and monitor the quality of service that people received. During this inspection we found that improvements had been made. Action had been taken to address the shortfalls found at our previous inspection to provide people with a safe, effective, caring, responsive and well-led service.

We asked people if they felt that the service was well-led. One person said, "It seems to be, everything is going well." Another person told us, "I know who the manager is, they come and have a chat now and then to check I am alright." People told us that the service's management were approachable. One person said, "They [staff] ask us to fill in forms about what we think and we have meetings. I think our comments are listened to."

There was no registered manager in post, the previous registered manager had submitted an application to cancel their registration with us in September 2014. There was an acting manager in post at the time of our inspection. A member of the provider's management team told us that a new permanent manager would be starting in December 2014. We will continue to monitor and seek assurances that the service has sustained these improvements.

Discussions with the acting manager and a member of the provider's senior management team showed that they understood their roles and responsibilities in delivering quality care to people which was safe, effective, caring, responsive and well-led. The management identified shortfalls and took action to address them in order to continually improve. For example a training academy had been set up for all new staff and the provider had further plans for driving improvements in the service.

Staff were aware of the changes in management in the service and felt that the acting manager was approachable. They were positive about the improvements made in the service and understood their responsibilities in providing a good quality service to the people who used the service. However one staff member said that they were unsure about reporting issues as they felt that a previous concern had not been acted upon. However, we found that concerns raised by staff were being investigated. Staff told us that the staff team worked well together and supported each other.

People were regularly asked for their views about the service and were kept updated with any changes. The minutes from meetings attended by people who used the service and their relatives showed that they were kept updated with any issues in the service and gave them the opportunity to express their views about the service provided. The minutes showed that updates of actions from the previous meeting were discussed. This was confirmed by a person's relative who told us that they regularly attended these meetings and was kept updated with changes in the service.

Records showed that actions had been taken as a result of comments made in satisfaction questionnaires completed by people who used the service and their representatives. This told us that people's views and experiences were valued and acted upon to improve the service.

The service had notified us of any incidents that were required by law, such as the death of people, safeguarding or accidents and injuries. Where incidents or accidents had happened these were linked people's individual records. We were able to see, from people's records, that actions were taken to learn from incidents, for example, when accidents had occurred they had reviewed risk assessments to reduce the risks of these happening again. Incidents were monitored and analysed to check if there were any potential patterns such as risk areas or times (for example at night) which might be a factor and improvements that they could make. This helped to make sure that people were safe and protected as far as possible form the risk of harm and that the service identified risks and took action to improve.

There were quality assurances in place to show that the service identified shortfalls and took prompt action to address them. These included audits on infection control, falls, pressure sores and medication and provider visits. The results of this quality assurance were used to improve the service and take action to minimise the risks to people.

Emergency plans were in place relating to how people were supported to evacuate the service in events such as a fire. Regular fire safety checks were undertaken to reduce the risks to people.