

Unified Care Limited

Redlands Care Home

Inspection report

Redlands Care Home
44-46 Park Road
Lytham St Annes
FY8 1PN

Tel: 07989589173

Date of inspection visit:
06 December 2016

Date of publication:
17 January 2017

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 visit took place on 06 December 2016 and was announced. We told the registered manager before our visit that we would be coming. We did this to ensure we had access to the home and the management team were available.

At the last inspection in April 2015 we asked the provider to take action to make improvements because we found multiple breaches of legal requirements. This was in relation to ensure people were protected against unsafe care, arrangements were not in place to monitor risk across the service, obtaining valid consent to protect peoples human rights ; and failed to protect people against deprivation of their liberty. The provider sent us an action plan saying they would meet the legal requirements by September 2015. During our inspection visit on 06 December 2016 we found these actions had been completed and concerns addressed.

Redlands is a care home providing personal care and accommodation for up to 23 people. The majority of the people living at the home have previously lived a transient lifestyle and are not necessarily from the local area. The home is located in a residential area and arranged over three floors. There are a variety of communal rooms and a passenger lift is provided for ease of access throughout the building. Redlands is conveniently situated close to the town centre and local amenities. At the time of the inspection there were 14 people who lived at the home.

There was a registered manager in place. 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.

The management team had developed risk assessments to protect people from unsafe care. We found they were completed for each individual who lived at Redlands. For example these covered, fire and environmental safety and medication. Risk assessments had been developed to minimise the potential risk of harm to people both in the building and whilst out in the community. These had been kept under review and were relevant to the care provided.

We found the provider had improved their systems in relation to the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of related principles. We observed staff explained tasks to people and sought their consent prior to assisting them.

We found at this inspection the registered provider was addressing the issues and a rolling programme of refurbishing the building was ongoing. The bathroom facilities had been updated and a new dining room with new furniture and furnishings had been completed. Comments from people who lived at the home included, "The home is lovely now nice and bright."

People who lived at the home told us staff who supported them were kind, caring and respectful. They also commented on how professional the staff team were. One person said, "I know I am an alcoholic but the staff treat me with so much kindness and understanding."

Staff knew people they supported and provided a personalised service. The service operated a keyworker system. This is where a member of care staff is allocated to each person and acts as a focal point and will try and ensure the person's personal requirements are not overlooked. A staff member said, "It works so well and people know they can rely on us." One person who lived at the home said, "I have a good relationship with [staff member] we work a lot of things out. They look after me."

Staff spoken with and records seen confirmed an induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people who lived at the home.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when needed. Staff had received safeguarding training and they confirmed this when we spoke with them. They understood their responsibilities and process to go through should they witness any abusive practices.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found sufficient staffing levels were in place to provide support people required. This was confirmed by our observations and people we spoke with. For example one person who lived at the home said, "Always staff around the place. I go out for a coffee with them."

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People told us there were choices at meal times of different food and drink. During the day we saw regular snacks and drinks were provided. At lunchtime staff had prepared a buffet Christmas lunch following a show that had been provided. Comments about the food included, "The food is good at least there is a choice." Also, "What a lovely buffet always plenty to eat if you like that sort of thing."

There was a Christmas show put on for people who lived at the home in the morning of the inspection visit. People told us they enjoyed the event and enjoyed many activities and events put on for them. One person who lived at the home said, "I did enjoy going around the illuminations at Blackpool."

We observed staff supporting people with their care during the inspection visit. We found staff to be patient, kind and respectful. This was confirmed by people we spoke with.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

We found people had access to healthcare professionals and their healthcare needs were met. People who lived at the home confirmed the service responded promptly if they felt unwell.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, audits, staff and resident meetings and care reviews.

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff

who showed patience and compassion to people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Redlands Care 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 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 visit took place on 06 December 2016 and was announced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 06 December 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received. In addition we looked at the action plan the registered manager had completed that informed us how the issues raised at the last inspection had been addressed.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included six people who lived at the home, the registered manager, deputy manager and three staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at care records of two people, arrangements for meal provision, records relating to the management of the home and the medicines records of three people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a

safe place for people to live.

Is the service safe?

Our findings

At the last inspection In June 2015 we found the registered person had not protected people against the risk of unsafe care. This was by means of the effective assessment and management of risks to their safety. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found the registered provider had addressed the issues. For example environmental risk assessments had been carried out to make sure people were aware of any risks around the building. Procedures were put in place to minimise risks to keep people safe. Windows were now all restricted and all call bells had their wiring replaced so that people were kept safe from harm.

The management team had developed risk assessments to protect people from unsafe care. We found they were completed for each individual who lived at Redlands. For example these covered, fire and environmental safety and medication. Care records contained details of the risk and what action to be taken to reduce any risk to people who lived at the home.

The registered manager displayed guidelines for staff about health and safety that included what their responsibilities were and how to maintain a safe environment. One staff member said, "We have a much safer building now than it used to be."

The registered manager had systems to monitor and address accidents and incidents to manage people's safety. Records we looked evidenced staff outlined the accident, actions they took and the follow-up management of incidents. This showed the registered manager had suitable arrangements to maintain everyone's safety and to reduce the risk of reoccurrence.

We looked at information we received and we found there had been no safeguarding concerns raised with the local authority. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. We found by talking with staff they were aware of the process for reporting safeguarding concerns. One staff member said, "I know the safeguarding process, who to report to and the whistleblowing procedure." Another staff member said, "We have training regularly about safeguarding people from abuse."

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. For example the service employed a management team, care and domestic staff. In addition cooks were employed by the service. A staff member said, "We feel we have enough staff around and have time to spend with the residents." A person who lived at the home said, "There is always someone around to see if you need somebody to talk with."

We looked at recruitment processes the service had in place. We found checks were in place that were

required. They included information about any criminal convictions recorded, an application form that required a full employment history and references. Staff members we spoke with about recruitment told us they had completed all checks that were needed before they commenced their employment. We looked at one staff recruitment file where the person had been employed in the last 12 months. We found required checks were completed. We noted previous employment references were obtained. This demonstrated safe recruitment checks were carried out.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed, stored and disposed of correctly. We looked at medication administration records. Records confirmed all morning medication had been signed for. We checked this against individual medication packs which confirmed all administered medication could be accounted for. This meant people had received their medication as prescribed.

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. People we spoke with told us they were in agreement their medicines were managed for them. They confirmed they received their medicines when they needed them.

A member of the management team completed audits to check the safety of related procedures. Staff confirmed they completed relevant training and were not permitted to administer medication until they were safe to do so. This showed the management team had systems to safeguard people against the unsafe management of their medicines.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection in June 2015, we found the provider was not working within the principals of the MCA. Staff understanding of the act and associated DoLS was not very good. The service had not followed the MCA code of practice because no formal assessments of individuals' capacity had been undertaken. Care records did not evidence people had signed their consent to care and support.

We found that the shortfalls in respect of knowledge and procedure around the MCA was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

During this inspection, we found the management team had improved their MCA procedures and staff had received formal training. When we discussed the MCA and code of practice with the registered manager, we found they had an in-depth knowledge. They were in the process of assessing capacity levels and applying for legal authorisation to deprive them in order to maintain their safety. This was in relation to the locked front door. A member of the management team said, "We have done a lot of work around mental capacity and training for staff."

We observed staff consistently supported people to make their day-to-day decisions. They spoke in soft tones, explained what was about to happen, offered choice and checked the person agreed to tasks before proceeding.

At the last inspection in June 2015 we found the registered person did not have adequate arrangements in place to ensure people were provided with safe and comfortable accommodation. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1) (a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Bathroom facilities were found to be basic and access to assisted bathing equipment was limited and would not facilitate people residing on the first or second floor, should they have restricted mobility. In addition some other areas of the home were seen to be tired and in need of updating.

We found at this inspection the registered provider was addressing the issues and a rolling programme of refurbishing the building was ongoing. The bathroom facilities had been updated and a new dining room

with new furniture and furnishings had been completed. Comments from people who lived at the home included, "The home is lovely now, nice and bright." Also, "It was getting us down the state of the building but there has been massive changes it is lovely." All bathrooms had been completely refurbished and other areas of the home were being refurbished. Such as the games room and peoples bedrooms. One person who lived at the home said, "Definitely a lot nicer place to live."

People received effective care because they were supported by a staff team who received constant training and had a good understanding of people's needs. For example we found the majority of staff had worked at the home for many years. We confirmed this by talking with staff members. Comments from staff included, "We have a settled team with a small resident group."

We looked at the training programme for all staff and spoke with them about their training schedules. All staff we spoke with told us access to training courses was good. For instance one staff member said, "We have ample training in all areas. We have recently done some mental capacity and DoLS training." Staff members had achieved national care qualifications. This was confirmed by talking with staff. We found by looking at records staff had been encouraged to obtain professional qualifications.

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

The service employed a cook and we found they catered for a selection of food preferences and dietary requirements for people who lived at the home. During the day we observed regular drinks and snacks being given to people who lived at the home. One person said, "Yes we get drinks and food when we want they don't scrimp on anything."

At lunch time we observed staff had prepared a Christmas buffet lunch following the entertainment. in the dining room. There were staff around to support people if they required. Comments about the quality of food were positive. For example comments included, "The meals are fine." And, "The food is good."

Nutritional risk assessments were completed and monitoring of people's weight. This was to ensure any issues or concerns would be highlighted and action taken to ensure peoples health was maintained.

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits to the service from GP's when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments.

Is the service caring?

Our findings

People who lived at the home told us they liked the staff and thought they were kind, helpful and caring. One person said, "I know I am an alcoholic but the staff treat me with so much kindness and understanding." Another person said, "I have been here for three years or so and they have been kind to me all the time I have been here."

We observed during the day instances of staff interacting with people they supported. For example there was a Christmas show on in the dining room and people were joining in and dancing. One person was sitting alone and not participating with the rest of the people. One staff member went over and sat with their arm around them. After a while we returned to the dining room and the person was up and dancing laughing with the staff member. One staff member said, "[Resident] is a bit of a loner but [resident] just needs a bit of encouragement."

People who wanted to talk with staff were not left ignored. Staff were attentive and patient when talking with the people who lived at the home. One person said, "I like chatting to people and the staff are very good at that."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for, dressed appropriately and well groomed. Staff we spoke with knew and understood people's history, likes, dislikes needs and wishes.

We saw positive interactions between staff and people they supported. For example we observed a person talking with a staff member for a long period of time. We noted they appeared relaxed and comfortable in the company of the member of staff. We spoke with the person after, "Nothing is too much trouble if you want to sit and chat or go for a coffee that is no problem." We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed a drink or anything else.

We looked at care records of two people who lived at the home and found they contained a lot of information about the person and their history. They were person centred and developed with the individual who was at the centre of what should be contained in their care plan. For example any choices of recreation or community engagement was chosen by people with support from staff and the registered manager within a risk framework. One person who lived at the home said, "I like to go out on my own and that is fine with everyone. I just tell them I am going out and what time I will be back."

Documentation in care records contained information about people's daily routines and if they had any health or social appointments for each day. These records were up to date, they described support people received and what health needs were required. Care records were informative and enabled us to identify how the registered manager and staff supported people with their daily routines. There was evidence in care records that people's care plans had been reviewed with them. One person who lived at the home said, "I know we go through things every month or two."

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

We spoke with the deputy manager about access to advocacy services should people require their guidance and support. They had information details that could be provided to people if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority. No concerns had been expressed by the local authority.

Is the service responsive?

Our findings

We found at the last inspection in June 2015 care plans included details about people's valued hobbies, pastimes and lifestyle preferences. However, these were not fully completed in all cases, which meant there was no guidance for staff in how to ensure the person had regular opportunity to take part in fulfilling pastimes. On this inspection we found care records were up to date and contained consent forms for tobacco, alcohol, wheelchair belt and appointments. Also assessments for budgeting, going out and medication. One staff member said, "Care plans were informative and gave valuable information about each person to which they consented to and signed."

On this inspection care records contained in more detail individual's hobbies, lifestyle preferences and favourite social pastimes. One staff member said, "The care plans have really improved they are much more detailed to help us better understand the resident and their preferences."

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person who lived at the home said, "If I feel the need to say something for the better I do. I am not frightened to give my opinions and the staff like me for it." We found during our visit there was a relaxed atmosphere and people moved around the home freely.

Care plans we looked at were detailed and provided a good level of information about people's individual needs, wishes and what was important to them. This supported staff and the management team to provide care that was centred on the individual. Staff we spoke with demonstrated a good knowledge of the needs of people who lived at Redlands. One staff member said, "The records are good and give a lot of information about each person."

On the day of our inspection visit we saw people relaxing and were getting ready for the entertainment. This was a duo of singers that had been booked as part of the Christmas activity plans. One person who lived at the home said, "I am looking forward to this they have been before and they were fantastic." We observed all the people who lived at the home joined in with the singers. Staff were dancing with people and they were laughing and joking with each other. Comments about social activities and the entertainment were all positive from people who lived at the home. They included, "There is always something going on. The management and staff work really hard to provide us with good entertainment and social events." Also, "These two are brilliant look at how everyone joins in." We also observed people singing to records being played and we could see how much they were enjoying themselves.

People who lived at the home told us they felt the registered manager and staff were responsive and met their needs with an individual approach. For example one person who lived at the home said, "They treat each person on their own merits and do not favour anyone that is what I like."

We found there was a complaints procedure in place which described the investigation process and

responses people could expect if they made a complaint. The complaints procedure was displayed on the wall in the home. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the registered manager.

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

People who lived at the home we spoke with about the complaint process told us they knew how to make a complaint and who to speak to if they had any issues. One person who lived at the home said, "I would speak with [registered manager] if I had a problem without hesitation."

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership and the way the service operated. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. One staff member said, "There has been a lot of changes and for the better." A person who lived at the home said, "[Registered manager] is good she runs a tight ship and the home works well for me."

Staff told us they were well supported and any problems the registered manager was always there to assist people. For example one staff member said, "[Registered manager] has been great with me. I had a few problems and the support I have been given was fantastic."

There was good visible leadership shown by the registered manager and management team. They had a good knowledge of staff roles and responsibilities. We discussed people's care with the registered manager and deputy manager. They demonstrated an understanding and an awareness of people's needs. A staff member said, "They just don't sit in the office they are involved in the care of residents here."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other.

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included monitoring the environment, medication records, maintenance of the building and care plan records. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward. For example an audit of the building found new furnishings and updating of people's bedrooms required attention. This was agreed upon and redecoration and new furniture had been put in place. The registered manager told us redecoration had taken place following the last inspection had identified areas of improvement were recommended. We observed the building had been refurbished and work was ongoing. One person who lived at the home said, "It looks a lot better now." New dining room furniture had made the room more pleasant for people to have their meals. This was confirmed by staff and people who lived at the home we spoke with.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of Redlands had been discussed. One staff member said, "We discussed how to improve the home for the benefit of the residents." We noted the registered manager had discussed the outcome of the last CQC inspection and the actions required to address the issues identified. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought views of people about the service provided using a variety of

methods. These included 'resident' meetings and surveys. The latest survey done in 2016 had produced positive responses from people who lived at the home. For example out of six completed surveys all responded to the question 'do you feel safe and secure at Redlands'. All answered 'yes'. We saw the results of surveys recently returned which had been generally positive about the service. One returned stakeholder survey stated that some areas of the premises required new carpets. We found this had been actioned by the provider. The registered manager told us they would analyse any negative responses and act upon them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This is a legal requirement from 1 April 2015.