

Mother Redcaps Care Home Limited

Mother Red Caps Home

Inspection report

Lincoln Drive
Wallasey
Merseyside
CH45 7PL

Tel: 01516395886

Date of inspection visit:
31 May 2018

Date of publication:
28 June 2018

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 unannounced inspection took place on 31 May 2018. Mother Red Caps is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to accommodate up to 50 people in purpose-built three-storey premises and 50 people were living there at the time of this inspection.

The home is required to have a registered manager. 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 home had a registered manager.

At our last inspection of the home in March 2017 we found that the service overall required improvement, however there were no breaches of Regulations of the Health and Social Care Act 2008.

People we spoke with during the inspection believed the home was safe. Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

There were enough qualified and experienced staff to meet people's care and support needs. Recruitment records showed that robust procedures had been followed to ensure new staff were of good character.

Risk assessments were recorded in people's care notes and plans put in place to reduce the risks identified. A log of accidents and incidents was maintained and the records showed that appropriate action had been taken when accidents occurred.

Staff received training about safeguarding as part of their induction, with updates periodically. The manager had reported safeguarding incidents as required and full records were kept of safeguarding referrals that had been made.

The service complied with the requirements of the Mental Capacity Act and appropriate Deprivation of Liberty Safeguard applications had been made to the local authority.

People told us they enjoyed their meals and had plenty to eat and drink.

There was a comprehensive programme of training for all staff to ensure that they knew how to support people safely.

People who lived at the home told us that the staff provided them with good care and support and we observed that staff treated people with kindness and respect. Everyone had their own bedroom and

personal care was provided in a discreet way in the privacy of the person's room.

The care files we looked at showed that people's care and support needs were assessed covering all aspects of their health and personal care needs and personalised plans were written for the care and support people needed. These were kept up to date with monthly reviews.

There was a planned programme of regular social activities, including trips out.

Regular meetings were held for staff and for people living at the home and their families. The staff we spoke with told us they enjoyed working at the home and found the management very supportive.

People spoke highly of the home manager and described him as approachable and supportive.

There was a schedule of quality audits for the year and these had all been completed to date. They were accompanied by action plans for improvement as needed.

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.

People's medicines were stored and handled safely.

There were enough staff to meet people's support needs and robust recruitment procedures had been followed to ensure that new staff were of good character.

Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

Is the service effective?

Good ●

The service was effective.

The home complied with the requirements of the Mental Capacity Act.

People enjoyed their meals and individual needs and choices were catered for.

Staff received regular training and supervision to ensure they knew how to support people safely and effectively.

Is the service caring?

Good ●

The service was caring.

People told us that the staff provided them with good care and support.

We observed that staff protected people's dignity and individuality by respecting their choices and preferences.

People's personal information was kept securely to protect their confidentiality.

Is the service responsive?

Good ●

The service was responsive.

The care files contained comprehensive assessments of people's needs and plans for their support. These were reviewed and updated monthly.

A range of social activities was provided to keep people occupied.

The home's complaints procedure was displayed and complaints had been addressed.

Is the service well-led?

Good ●

The service was well led.

The home had a manager who was registered with CQC.

Regular meetings were held for staff and for people living at the home.

The manager completed a series of monthly audits to monitor the quality of the service. These were accompanied by action plans for improvement as needed.

Mother Red Caps 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.

We visited the service on 31 May 2018. The inspection was unannounced and was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before our inspection we looked at the information CQC had received about the service including notifications of incidents that the provider had sent us, complaints and safeguarding.

During our visit to the service we spoke with seven people who used the service, six visitors and seven members of staff including the manager. We also met one of the providers.

We observed care and support in communal areas and staff interaction with people. We completed a Short Observation Framework for Inspection (SOFI) in one of the communal lounges. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We looked at six people's care records and records relating to health and safety, staff, and the management of the service.

Is the service safe?

Our findings

All of the people we spoke to at Mother Red Caps said they felt safe at all times. One person said "I feel safe because there is always someone here I can call on." Another person told us "I love my life here. I feel safe and the staff are so kind and courteous." All of the relatives were happy that their family member was in a safe environment. All of the people we spoke with felt that the staff were well skilled to assist them. One person said "I have to use a stand aid to get me up and down and they all know how to use it to help me stand."

We looked at staff rotas which showed that staffing levels had been consistent over the last month. People we spoke to thought there were enough staff on duty and that staffing levels did not seem to be an issue. One person commented "They get busy at times but there are adequate staff. I use my buzzer all the time and they answer quickly." The management of the home used a dependency tool to determine what staffing levels were needed and we saw evidence that this was reviewed monthly.

We looked at the personnel files of six staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment. The provider had appropriate disciplinary policies and procedures in place.

The home had policies in place to guide staff on how to identify and report any safeguarding concerns. A whistle blowing policy was also in place. Whistle blowing is when someone reports a concern in the workplace that they believe is in the public interest. The provider had taken steps to ensure that information about safeguarding was readily available. The manager maintained a clear audit trail of safeguarding incidents, showing what action had been taken to support the person. The required notifications had been sent to CQC.

We looked at the records for accidents and incidents and found that appropriate action had been taken following each event, for example referral to the falls prevention team. The records were audited monthly and discussed at a regular 'falls meeting' that was held to identify trends.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance person. Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

All parts of the premises looked clean and a monthly infection control audit was carried out. The kitchen had a four star food hygiene rating. The sluices were clean and tidy and disposable gloves and aprons were available for staff to use when providing personal care.

Fire routes were clear and equipment to help evacuate people was located at pertinent points. Regular fire drills were held and recorded and staff we spoke with were aware of the procedures they needed to follow in

the event of a fire alarm sounding. A fire risk assessment had been carried out in January 2018. Actions for improvement had been identified and the manager provided evidence that these had either been completed or were underway. Individual personal emergency evacuation plans were available in people's care plans and in a folder kept in the reception area.

Medication was administered by nurses on the unit where nursing care was provided and by appropriately trained senior care staff on the other two units. People living at the home told us they always received their medication at the correct time.

Appropriate storage was provided on each floor and room and fridge temperatures were recorded daily to check that medicines were stored at safe temperatures. We checked the controlled drugs currently in use and found that the records were accurate. We saw good administration records with no missed signatures. Clear written guidance was in place for all medication that was prescribed to be given 'as required' to ensure that the medication was given consistently. The manager told us that there was currently nobody managing their own medication and nobody received their medication covertly i.e. disguised in food or drink. However, policies and procedures were in place for staff to follow as and when needed.

Is the service effective?

Our findings

We looked at six staff files that showed all had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff, attended the training programme required by the provider which included health and safety, infection control, nutrition and hydration, food hygiene, dementia awareness and first aid. One staff member told us "They're really hot on training."

We saw that 15 staff had achieved a Diploma level 2 in Health and Social Care and 24 staff had achieved level 3. The manager told us they were aiming for all care staff to be qualified to level 3 and this was supported by the provider.

There was evidence of a supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. Members of staff told us that they found the supervision meetings helpful.

People interested in going to live at the home had an assessment of their care and support needs to ensure it would be a suitable place for them. People's health care needs were identified and clearly recorded in their care files. All of the people we spoke with said if they had needed a doctor, they had been called promptly and with no fuss. Care plans contained records of visits to people by health professionals including GP, dietician, speech and language therapist, physiotherapist and dentist.

The menu for the week was displayed in the reception area and in the lounge/dining rooms. A visitor said "The food is good and a good quality. My Nan always makes choices and enjoys her food." People who lived at the home told us they enjoyed their meals. One person commented "There is always a choice of two meals. If I don't like what's on offer they will make something else." Another person said "The food is great. It's good, plain food that is cooked really well with good ingredients. I was a chef so it's praise indeed from me." People told us they got plenty of snacks and drinks throughout the day and were offered a milky drink in the evening. They could choose whether they had meals in their rooms or in the dining room.

The expert by experience had lunch with people in the upstairs dining area. People were sitting in the dining room from 12:30pm, some wearing clothes protection, but the food only started to be served from 1:00pm, by which time some people had become restless. The food was very tasty and hot and the atmosphere was very sociable and people were chatting with each other or staff members. People received help or encouragement with their meal as needed.

The head cook told us that they set the menus, taking into account ideas and suggestions from relatives and residents meetings. There were always two choices, but they also made other things for people who didn't fancy either of the dishes on offer. A chart on the wall in the kitchen showed people's likes and dislikes and any special diets. Nutritional risk assessments were recorded in people's care notes and we saw evidence of input from a dietician as needed.

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 be 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 or authorisations to deprive a person of their liberty were being met and found that they were.

An assessment of people's capacity to consent to live at the home and receive care was undertaken and if the person lacked the ability to consent then a DoLS application was made on their behalf. However, we noticed that relatives had signed consent forms in some people's care plans without any evidence that they had a Power of Attorney for health and welfare to enable them to do this legally. We recommend that the manager keeps a record of people who have a Power of Attorney in place.

The environment in general was bright and cheerful with plenty of pictures. The lounges were light and airy and tastefully decorated and had views across the river to Liverpool. Some of the corridors were decorated with posters and pictures appropriate to the area. Some of the bedroom doors had been made to look like a front door and painted different colours. The lower floor corridors felt more closed in with lower ceilings and some ceiling tiles that were badly stained. The stairwells had a musty damp smell and some carpets were old and stained.

The unit accommodating people living with dementia had appropriate signage around. There was equipment including 'memory mitts' that provide something people can hold and 'twiddle', helping to reduce anxiety and promote calm, dolls, nostalgic picture books, and telephones. In one lounge there was a hat stand with hats and bags on, which was a pleasing feature, however it was loose and could easily be pulled over and we recommend it is made safe.

Is the service caring?

Our findings

We spoke with a visiting medical professional who described the service as "excellent". They told us that staff were very caring and accommodating and they considered that people living at the home were "very well looked after". Another visiting health professional told us that communication was good and they had no concerns about the service. They added "The staff are really good and helpful, they seem good with the people. They seem knowledgeable. All the residents seem happy."

Relatives told us "It's a really homely home."; "It is lovely here. It is like home from home and the staff are brilliant."; and "My [relative] can be very challenging but the staff always treat her kindly." People who lived at the home said "The staff are all very helpful and kind; they will do anything for you."; "The girls are fantastic, very helpful, caring and friendly." and "They have the patience of saints and never hurry me. I don't like the way some other people talk to the staff, it is not right."

We completed a Short Observation Framework for Inspection in one of the lounges to help us understand the experience of people who could not talk to us. We saw that the staff interactions with people were positive. We observed staff asking people if they had enjoyed their meals, offering to assist them with their food and having a laugh and a joke with people. We observed a caring attitude and approach by staff and the unit accommodating people who were living with dementia had a calm atmosphere where people were able to walk around freely. Staff were attentive and clearly knew people well.

Relatives told us that their family members were treated with dignity and respect. They said they were supported patiently and not hurried in any way. They said they were kept informed at all times if their relative had required a doctor or had a fall etc. They said there were no visiting restrictions and they were always made to feel welcome and offered refreshments. We observed a member of staff quietly approach a person and ask if they wanted to 'freshen up' before lunch.

Relatives said that their loved ones looked clean and tidy at all times. We saw one gentleman smartly dressed in a suit and tie as this was how he preferred to dress every day. One person told us "The staff are very good and treat me with dignity at all times. I can shower and dress myself and they leave me to do this without interfering but they assist if I ask them." Another person said "The staff help me to have a bath and they always treat me nicely. They help me to get dressed but let me choose what I want to wear." A third person commented "It's lovely here and the staff make me feel so special."

Relatives said their family members had a good quality of life. One said "My relative's got a good quality of life because she says it's like a hotel and she doesn't have to lift a finger." Another visitor commented "My relative's life appears as good as it can be but I would love them to be outdoors more and taken round the front to take advantage of the wonderful views."

Information was available in the entrance area including the home's Statement of Purpose giving details of the services available in the home. The registered manager had recently started a Mother Red Cap's newsletter that gave information including news about the home, new staff and staff training. Noticeboards

were situated in the stairwell next to the entrance of each unit and contained a variety of information including information about advocacy services that people could contact.

We saw that personal information about the people living at the home was kept securely in the office on each of the living units which protected the confidentiality of the information.

Is the service responsive?

Our findings

The home employed a full-time activities coordinator and a programme of planned activities was advertised on the main noticeboard in the reception area. The manager told us they were recruiting another activities coordinator so that social activities would be available for people seven days a week.

People who lived at the home told us "There are activities all the time but I cannot always join in because of my poor mobility."; "I take part in all of the activities that I can, I like to be sociable." and "I take part in any activity that they offer. I have been out on the mini bus trips and I love it."

Activities included regular trips out, and regular visits from singers and musicians. They worked closely with 'Oomph', a national company that focussed on activities in care homes. The Oomph Bus was used to take people out three times a month throughout the year. Other activities included visits to the local cinema where they have dementia-friendly shows, Bingo, pampering sessions, Tai Chi, balloon tennis, and an art club.

People told us that the staff listened to them and acted upon what they said. All said they went to bed and got up at whatever time they chose. One person said "I like to stay up past midnight but the staff don't mind." We observed that staff were very familiar with each person's likes and dislikes and these were recorded in the care plans we looked at. Relatives told us they had been involved with the care plans and reviews and knew the names of most of the staff and the jobs they undertook.

People's care plans contained a series of assessments that identified their support needs. Where it was identified that the person required support from staff, then a care plan was put in place to guide staff on how to provide that support. The assessments and care plans we looked at had been fully completed and were reviewed monthly to ensure they remained current. We found that the layout of the care plans made it clear to see how the assessments informed the plans and the monthly reviews.

At the time of inspection, no-one living in the home was receiving end of life care. The home's staff had completed the Six Steps care home programme in December 2017 and had been re-audited in March. This aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.

The home's complaints procedure was displayed in the entrance area. We looked at the complaints log and we saw complaints had been responded to and resolved and there was a clear record of the actions taken, which was audited regularly. Visitors said they had never had a reason to complain but would not hesitate to raise concerns if they had any. People living at the home said they would tell the staff if they did have a complaint. One person added "I don't know how anybody could complain about anything here. It is all marvellous."

We checked whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must

make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need.

We found that some provision had been made to support people with communication needs. For example, the home's service user guide was clearly and simply presented giving accessible information. Picture card menus were used for people who had difficulty with verbal communication. The deputy manager had found a television channel that was language specific for a person who had difficulty in communicating in English.

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. He had considerable previous experience as a home manager. People living in the home, relatives and other visitors knew the registered manager by name. They said that he was approachable and felt that he would act if they made a complaint. A visiting medical professional described the manager as "excellent". Staff told us that they found the registered manager approachable and supportive. They said they would not hesitate to speak to either the registered manager or the deputy if they had any concerns. One relative told us "The manager and deputy are fabulous, so friendly, and always looking to improve."

People we spoke to were very positive about the atmosphere of the home. One visitor said "It's a pleasure to come into the home. The atmosphere is great and the staff are always very pleasant." Another visitor remarked "It is always nice and calm and always feels a happy atmosphere." People who lived at the home commented "It's a perfect atmosphere for me, it is always busy and bustling in a good way."; "It is excellent and the staff make it home from home. The facilities are wonderful and I have a fantastic view." and "It's alright here; I don't really get involved much by choice. I love just sitting and looking out over the river."

The staff we spoke with all said they enjoyed working at the home and were well motivated to provide a high quality service. A nurse told us "I love it here." A member of the care team said "We've got good communication as a team." One of the senior care staff was undertaking an 'aspiring manager' course through Skills for Care and was being supported by the manager to develop their knowledge and skills.

We saw evidence that the manager held regular meetings for the staff team. There were also daily Heads of Department meetings where the manager, nurse, senior carers, housekeeper, cook and maintenance person discussed issues of the day, for example any new people coming into the home. The manager attended the registered manager meetings with the local authority and CQC to keep up to date with local areas of interest.

There were also regular meetings for people living at the home and their families. A relative we spoke with said "I used to go to the meetings when my relative first came in but don't go now. I just wait and chat when we do the review of her care plan."

People were also able to express their views through an annual satisfaction survey. Questionnaires were sent to people living at the home, relatives and staff. We were able to see the feedback from the most recent survey which recorded a high level of satisfaction. The manager had written action plans to address any issues raised and any areas where people considered the service could be improved.

There was a suggestions box in the reception area and we saw records in the audit file to show that this was regularly checked and acted on. For example, a suggestion had been made for a mobile library to visit and the manager had taken action to address this.

The manager had a comprehensive schedule of monthly quality assurance audits to complete which

covered all aspects of the service. We saw that these had been completed up to date with action plans and dates achieved. The manager has also written a detailed action plan following the last CQC inspection which covered all areas highlighted for improvement. We saw that plans were in place for the future development of the service.

The registered provider is required by law to display their current CQC rating in a prominent place within the service. During the inspection we observed that a summary of the home's last CQC inspection report was displayed.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the manager and found that this was being done.