

1st Care (UK) Limited

Redcote House Residential Care Home

Inspection report

Redcote Drive
Lincoln
Lincolnshire
LN6 7HQ

Tel: 01522500796
Website: www.redcotehouse.co.uk

Date of inspection visit:
20 June 2017

Date of publication:
13 July 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

Redcote House Residential Care Home is registered to provide care and support for up to 18 people. The care provided is mainly for older people, some of whom experience memory loss and have needs associated with conditions such as dementia. At the time of our inspection there were 18 people living at the home.

At the last inspection on 31 March 2015 December the home was rated Good. At this inspection we found the home remained Good.

Our inspection was carried out on 20 June 2017 and was unannounced.

The home was run by a company that was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. In this report when we speak about both the company and the registered manager we sometimes refer to them as being, 'The registered persons'.

Staff knew how to respond to any concerns they identified so that people were kept safe from harm. People were helped to promote their wellbeing and staff followed the care needs identified for each person in order to reduce the risk of accidents occurring.

Background checks had been completed before any new staff started to work at the home and there were enough staff available over each shift to ensure people's social and health care needs were met.

Staff had received the right levels of training and guidance and had the skills each needed in order to care for people in the ways required. In addition, people had been supported to receive all of the healthcare assistance they needed. Arrangements were also in place for helping people to take the medicines they needed safely.

People received all of the help they needed to maintain their physical health and had access to the food and drinks they enjoyed and needed to ensure they maintained a balanced diet.

People had been consulted with regarding the care and support they needed and were able to undertake a range of planned and individual activities in order to help them maintain and further develop any interests they had.

People were involved in making decisions about their care and how they wanted to be supported. The registered manager had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best

interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken the necessary steps needed to ensure that people's rights were protected. At the time of this inspection seven people had their freedom restricted and the registered persons had acted in accordance with the Mental Capacity Act 2005 (MCA).

Staff understood people's needs, wishes and preferences and people were treated with kindness and compassion. The registered manager and staff recognised people's right to privacy, promoted their dignity and respected confidential information. People had access to information about advocacy services so that they could make informed choices about using these if they chose to.

There were systems in place for handling and resolving any concerns or complaints they received from people and the registered persons had ensured the home was run in an open and inclusive way.

People benefitted from staff acting on good practice guidance and learning and staff were encouraged to speak out if they had any concerns.

The registered persons had a range of meetings, checks and audit systems in place to enable them to assess, monitor and continually improve the quality of the services they provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Redcote House Residential 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 was planned to check whether the registered persons were meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home and to provide a rating for the home under the Care Act 2014.

We visited the home on 20 June 2017. The inspection team consisted of two inspectors and the inspection was unannounced.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the home, what the home does well and improvements they plan to make. We also looked at other information we held about the home. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the home that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the home. We did this so that they could tell us their views about how well the registered persons were meeting people's needs and wishes.

During the inspection we spoke with six people who lived at the home and a visiting relative. We also spoke with two care workers, a senior care worker, the cook and the registered manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the home. We also looked at records that related to how the home was being managed including the staffing, training and quality assurance systems in place.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us direct.

Is the service safe?

Our findings

Care staff we spoke with described the actions they undertook to keep people safe. For example staff said they ensured communal areas of the home were free from any trip hazards and described how they applied any moving and handling techniques needed to help people move safely. We observed staff helping people to move as independently as they wished to and use equipment such as wheelchairs and walking aids when people needed additional assistance to move safely. Staff also said and we saw they took action to give people assistance quickly when they were called to help them in their rooms.

Care records contained up to date information to support staff to provide safe care. For example, we saw people had records to show if they needed support to move in their room or to turn in bed to reduce the risk of them becoming sore. Staff told us and we saw the records were easy to follow to show any changes needed and subsequent action taken. For example, when we looked at the records in place to show how often two people needed help to change their position in bed they were up to date and had been regularly reviewed.

Staff had also taken the practical steps needed in order to reduce the risk of people having accidents. For example, windows on the upper floor of the home had been fitted with restrictors to ensure people were safe when they opened them and people had access to call bells so they could summon help if they had chosen to move and felt unsafe. We saw some people had also been provided with equipment such as bed rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed.

Risks identified were regularly reviewed by staff, with records updated to show actions taken to respond to any increase or decrease in the risk. When any accidents had occurred they had been checked, recorded and analysed by the registered manager so that steps could be taken to help prevent or reduce the risk of them happening again.

The registered persons had a fire risk assessment in place and the registered manager described how all of the people who lived at the home had personal evacuation plans in place. Care staff told us they would know what to do in order to help people leave the building quickly in an emergency and the registered manager told us fire safety equipment and the alarm system was checked regularly to include fire safety drills.

When we spoke with care staff, the cook and the registered manager they demonstrated a clear understanding of the registered persons safeguarding policy and procedure and how they would follow these if they identified any concerns related to the safety of people. Training records showed and staff confirmed that they had received training and appropriate updates about how to keep people safe from harm. Staff were clear about who they needed to report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said they were also confident that if required, any concerns or allegations would be investigated fully by the registered manager and registered persons.

People who lived in the home and staff told us there were enough staff on duty to support people with their needs and wishes. Staff rotas showed that the numbers of staff required to meet people's needs were consistently on duty.

Records showed that the registered persons had carried out background checks on staff before they commenced employment. Staff we spoke with confirmed they had experienced this part of the recruitment process. The registered persons had checked areas such as employment history and obtained references from previous employers. They had also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with people who lived in the home.

Staff told us, and records confirmed, the staff who had the responsibility to help people take their medication had received training to make sure they did this safely. The registered manager told us that staff always carried out medicines administration in line with good practice and which was person centred. We saw an example of this during the morning of our inspection when we observed the staff member responsible for medicines explaining to a person what the medicine they were about to take was for and then asking them about how they preferred to take it. We observed another example when medicines were given at lunchtime when one person was offered their medicines but declined to take them. The staff member then offered an alternative method for the medicine to be taken which the person happily accepted.

The registered manager showed us how they ordered, recorded, stored and disposed of medicines. This was in line with national guidance and included medicines which required special control measures for storage and recording. People's care records showed how and when they were supported to take their prescribed medicines.

The registered manager carried out regular audit checks to identify and address any issues related to the medicine records and processes in place. This meant that people's individual medicines were always available for them when needed and were managed in a consistent way.

We saw that arrangements were in place to protect people from the risk of financial abuse. People told us that when it had been needed they received support to help them keep their money safe whilst having regular access to it. Where the registered manager had been asked to look after day to day money for people we saw it was stored securely. In addition, the registered manager and deputy manager had kept records which they both signed to confirm any transactions they supported people with. During the inspection we checked a sample of two of the financial records held. The information was fully up to date and each person's remaining cash balance was correct.

Is the service effective?

Our findings

Care staff we spoke with and records confirmed that new care staff had undertaken introductory training before working without direct supervision. The registered manager said that this training was aligned to the guidance set out in the Care Certificate. This is a nationally recognised model of training for new care staff that is designed to equip them to care for people in the right way. The registered manager also maintained a training plan so that they could check and provide update training for staff when this was needed.

Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, staff had completed training in subjects such as helping people to move around safely, dementia care, equality and diversity, food hygiene and fire safety. Refresher training was planned in advance so all of the staff team could keep updating their skills. The registered manager confirmed that where appropriate, staff had obtained or were working towards achieving nationally recognised care qualifications. These qualifications covered all of the key principles of supporting people who lived in the home.

In addition, the registered manager and care staff we spoke with confirmed they held meetings together so that the registered persons could review their work and plan for their professional development. The registered manager said they provided supervision in a number of ways. This included face to face meetings and working alongside staff during work shifts. Some record information was available to confirm that supervision meetings had taken place. However, records had not consistently been maintained to demonstrate the frequency of the meetings. The registered manager said they had already recognised this and was planning to review the processes for recording supervision together with the registered person.

We found that people were supported to make various decisions for themselves. Examples we observed included people deciding when they got up to have their breakfast, where they chose to spend their time and who they chose to speak with. One person told us, "We get up when we want. I ring the bell when I want to get up and the staff come and help me."

Records also showed that where people lacked mental capacity, the registered persons had consulted with key people, including social and healthcare professionals and family members when a decision about a person's care needed to be made. This was necessary so that they could confirm that important decisions were made in the people's best interests. An example of this was the registered manager liaising with a range of social care professionals because two people had chosen to enter into a loving and personal relationship together.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that seven people were protected by an up to date authorisation and that applications had been made for a further five people to be protected in this way. We noted that care staff were complying with any conditions attached to the authorisations and that as a result the people concerned were only receiving lawful care.

People told us and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals when they needed to. These included dentists, chiropodists and opticians. The registered manager told us how they had good relationships with the local doctor who was a regular visitor to the home. A person we spoke with described how they had just seen a community nurse and commented that, "The nurse visited to clean and change the dressing on my leg. I knew they were coming and it's good that I can choose to see them here."

People were being supported to have eat and drink enough to maintain a balanced diet and to maintain good health. Records showed people had been offered the opportunity to have their body weight regularly checked so that any significant weight changes could be followed up and if needed brought to the attention of a healthcare professional. We also noted throughout our inspection that care staff were making sure that people were eating and drinking enough to keep their strength up. This included enabling people to eat their meals independently through the use of equipment such as plate guards and encouraging them to have plenty of drinks to keep them hydrated. Drinks were offered throughout the day and care records included records and charts to measure the amount of fluids people actually had. This was so that care staff could be sure fluid levels were being maintained.

People told us they were involved in making decisions about the food they liked to eat and that the menus at the home were planned in line with the food they enjoyed in mind. One person said, "The food is good here." Another person commented that, "The food here is excellent." When we spoke with the cook they showed us they had information about the dietary needs and preferences people had. This information showed that some people had diabetes and needed to have controlled diets. This was recorded in their care record information and through our discussions with them it was clear the cook and care staff knew about how to support those people in maintaining their diets in the way it was needed.

During lunch we observed people sat where they chose to and we saw this made lunchtime a social occasion for people who we saw were content in one another's company. Condiments were available on the dining the tables with flowers. Meal portions varied depending on people's wishes.

Where people required assistance this with their chosen meals this was offered. When help was declined people's wishes were respected. One person took a long time over their lunch because they wanted to eat independently; staff did politely prompt the person but fully respected their right to be independent. One person ate with their hands and a member of staff sitting at the same table having their lunch tried to prompt the person to use a fork. However the person went back to using their hands as their preferred method to eat.

People were offered a choice of two options for mains, deserts and drinks. One person didn't want the desert on the menu. A care staff member suggested a choc ice to the person instead and they happily accepted this because the staff member said they knew they enjoyed them.

Is the service caring?

Our findings

People we spoke with told us that positive and caring relationships had been developed with them through the interactions and care they received from staff at the home. One person said, "[Staff] enjoy life with you." Another person said, "[Staff] always have a natter and laugh together with us all."

We observed staff interacted well with people and responded to requests for help in a personal and professional way. When they communicated with each other staff and people knew each other's preferred names and we saw staff spoke with people in a way which showed they knew them and their needs very well. During our conversation with people one person told us how they had been, "Knitting squares for a local baby clinic and the staff have been really caring. They helped me with sending them off." The person also showed us a personal letter of thanks they had received directly from the clinic.

People also told us how they were helped to maintain their dignity with one person saying, "I make the choice about what clothes I wear. I choose them the night before and staff get them out for me." When we asked people if staff respected people's privacy. A person replied, "Oh gosh yes, definitely."

We saw people had access to their own rooms whenever they wanted to be in them. Where people had chosen to live in a room which was shared with another person their consent to do this had been obtained. Privacy curtains were in place in these rooms and care staff said they always used these to help maintain privacy for people when they gave care. Any direct care people needed was undertaken with staff explaining what they were planning to do before giving the care. We saw this helped people to be more relaxed and reassured.

People also spent time in the home's main communal area and dining room area. Staff noticed and took action when people needed any additional support but recognised the importance of not intruding into people's private space. When people had chosen to be in their rooms we saw staff knocked on the doors to the rooms before entering them. Staff also ensured the doors to rooms and communal toilet and bathing areas were always closed when people needed any additional help with their personal care in these areas.

The registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the home and the local authority and can support people to make decisions and to communicate their wishes. We also saw information was available in the home for people and their relatives to make contact with the advocacy service direct themselves if they chose to.

The registered manager and staff told us about the importance of always respecting the personal information people had shared with them. We saw staff and private administration records were stored securely in the registered manager's office so only the registered persons and staff could access them. We also saw that the home's computer was password protected so that only authorised persons could access the information. Most of the information regarding people's care needs was stored in the same way. However, we did see that some daily care record information contained in a separate folder was stored in a drawer in one of the main communal areas of the home. The registered manager told us this was so care

staff could easily access it for handover meetings and quick reference. They did however recognise the drawer was not lockable and the risks associated with maintaining confidentiality using the drawer in this way. The registered manager took immediate action to secure the draw and assured us they would further review the way this information was stored.

Is the service responsive?

Our findings

People were encouraged to be involved in deciding what support they wanted and needed, and how that support was provided for them. One person commented, "Sometimes I go to bed early and someone [care staff] will always help me." Another person said, "The manager and staff are good at responding to my needs. They learn about me and the care fits around my wishes."

During our inspection people said they enjoyed using the garden area. We saw the garden was available for everyone to use and that it had been developed so there were seating areas for people. One person said, "We can sit out there when it's warm and it's a nice place to be." A section of the garden had been developed for people to grow plants and vegetables in and planting areas for people who were interested in gardening. The garden was fenced so that it was secure for people to use and the gate to the garden was kept locked. However, when we looked at the gate we saw that although it was secure there was a risk it could be forced open if pressure was applied to it. We discussed our concerns about the safety risks associated with the gate with the registered manager. They took immediate action to review and order additional fencing to help make the area more secure.

People and staff told us about various types of activities taking place whether at the home or out in the community on excursions or trips. People told us and photographs on display in the home confirmed much good work had taken place with afternoon teas, visiting entertainers and groups, themed evenings and daily activities. People were supported to maintain their religious beliefs and we saw that Christian services were arranged for those people who had chosen to maintain their faith.

The registered manager told us the home was equipped with internet access to enable people and their families to share information with each other electronically if they chose to. The registered manager told us some of the relatives who visited used access to the internet to share family photographs with their loved ones when they visited the home. People also said when it was someone's birthday the cook always baked a cake. Everyone was extremely complimentary of the cook's baking skills and even suggested that she be signed up for television's 'Bake off' competition.

However, information about what activities were due to be provided was not clearly displayed in the home for people to see. The registered manager told us relatives had also fed back to them through a recent questionnaire that more information about activities available and undertaken, particularly for those relatives who were not always able to visit would be useful. The registered manager assured us they would make this information more accessible.

During the inspection we met with a group of four people who lived at the home together with a staff member and the registered manager. One person said, "We have meetings like this to talk about what we want to do, the sort of food we like and anything else about the home." The meeting led to a discussion about day trips. People said they had been out for some trips but that they would like to do more. One person suggested a trip to the local beach to have some fish and chips followed by an ice cream. This suggestion brought a smile to everyone's face. The registered manager agreed to arrange this by using a

recently acquired vehicle owned by the registered persons. After we completed our inspection visit the registered manager confirmed the vehicle had been booked for a trip to the coast and that further trips were being planned.

After lunch we observed some people in the conservatory had chosen to have their finger nails painted. We saw this was a relaxed and positive experience. When the activity had been completed people proudly showed us their painted nails which were very neatly presented.

People we spoke with said they had no concerns or complaints about the services they received but felt very able to complain and how to do this if they needed to. One person told us how happy they were and shared that, "I cannot say a bad word about the home." The registered persons had a complaints procedure and policy in place and the information was available for people to access if needed. We noted that the information about how to complain contained in the registered persons statement of purpose did not include up to date contact details for the local ombudsman. We raised this with the registered manager and immediate action was undertaken to update the document.

Is the service well-led?

Our findings

People we spoke with told us they were asked for their views about how the home was run and the support they received as part of everyday life. They said they talked regularly with the registered manager and staff and felt that their views were listened to. One person who came in for a short period of respite spoke fondly of the people they lived with and of the registered manager and staff that supported them saying, "I came in for rehab and decided to stay." A relative we spoke with said, "In my mind it's a homely house not a care home. I always feel welcome and the approach from the manager is always friendly and helpful."

Through our discussions with them the registered manager demonstrated a good understanding of their roles and responsibilities. They knew the type of notifications they were required by law to tell us about, including accidents and DoLS applications. Our records showed that the manager had submitted appropriate notifications to us in a timely manner.

Care staff described the registered manager as a 'Good leader' and one care staff member commented that, "The manager knows her stuff and is very clear about our roles and that our responsibility is first and foremost to the people we care for. She mucks in and doesn't just sit in the background."

The registered manager, records we looked at and care staff we spoke with confirmed that fifteen minute handover meetings were undertaken between shifts. Care staff said helped in their understanding of any changes in need for people and ensured people received a consistent and responsive service. Staff told us arrangements were in place to ensure management support was also available outside office hours and if the manager was not on duty. This meant that they had access to advice and guidance whenever they needed it.

The registered manager told us how they used team meetings to share and discuss developments related to improving professional care practices together with staff. Care staff we spoke with said they benefited from considering options for continually improving care and said they could contribute to this process at any time. One of the care staff told us how the registered manager had helped support the team in their understanding of dementia saying, "The one thing people sometimes forget is the right people have to make their own choices. One couple are being supported to develop a loving relationship in the way they want to. We have learned their dementia does not define them."

The registered manager gave us an example of how they were continuing this team development through their attendance at a dementia champions meeting aimed at raising awareness about the condition. Following our inspection visit the registered manager sent us clear information about how they planned to share and implement their learning with staff.

Staff told us they were encouraged to express their views and share ideas and felt their contributions to the running of the home were valued by the registered persons. They also said they were aware of the registered person's whistleblowing policy and felt confident that the manager would take action if they raised any issues about poor practice. Staff also said if they had concerns they felt were not being addressed they could

take to escalate these to external agencies, including the Care Quality Commission, and would not hesitate to do this if they needed to.

The registered manager showed us they completed a range of regular audit checks. These included those related to medicines, care records and the day to day running of the home. Safety checks were included in the audits the registered manager completed. These included gas, fire safety, and infection control and water temperature checks. The registered person's had also developed an environmental action plan which included timescales for actions identified, for example changing carpets and re-decoration work.

People and their relatives were invited to comment and make suggestions about how their home was being run and developed. For example, residents meetings were held every three months at the home and survey forms were sent out to people and their relatives to seek feedback on the quality of care provided. We looked at some of the feedback submitted after the last survey carried out in May 2017. Although the overall feedback was positive, the registered manager had produced an action plan to confirm any actions taken in response to the survey. One action included information to confirm how the registered manager was following up on feedback from relatives to have more information about activities highlighted in the responsive section of this report.