

BPS Care Homes Limited

# Redclyffe Residential Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Redclyffe Residential Care Home is registered to provide accommodation for up to 27 people who require nursing or personal care. It is situated in a residential area of Rushden, Northamptonshire. At the time of our inspection the service was providing support to 23 people, with a range of needs.

The inspection took place on 17 June 2015.

The service had 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.

# Summary of findings

People told us they felt safe and secure within the environment because of the care and support they received from staff.

Staff were knowledgeable about the processes in place, in order to protect vulnerable people from harm or abuse.

People had risk assessments which identified hazards they may face and provided guidance to staff on how to manage any risk of harm.

People were cared for by sufficient numbers of well trained staff who were recruited into their roles safely and had undergone appropriate checks before commencing their employment.

Medicines were stored and administered safely.

When people had been assessed as being unable to make complex decisions, there were records of meetings with family and other professionals involved in their care.

Mealtimes were relaxed and the food served was nutritious; people had a variety of choice and were given support when required.

People were supported to see healthcare professionals in order to ensure their general health was well maintained.

People were happy with the care they received and confirmed that staff were kind, caring and courteous.

Staff understood people's privacy and dignity needs. They knocked on people's doors before entering rooms and asked people discreetly if they needed to go to the bathroom.

Members of staff were able to describe the individual needs of people in their care, and worked hard to ensure they received their preferences, choices and wellbeing.

People's care plans were based upon their individual needs and wishes. Care plans contained detailed information on people's health needs, preferences and personal history.

People told us they had no reason to complain about the home but felt able to do so if necessary.

The service was well organised which enabled staff to respond to people's needs in a proactive way. Staff worked well as a team and received good leadership from the registered manager.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff understood how to identify and report any abuse.

Risks to people were managed effectively and the guidance within risk assessments enhanced staff's ability to provide safe care.

There were sufficient staff to meet people's needs and they had been recruited following a robust recruitment process.

People's medicines were stored securely and administered safely by appropriately trained staff.

Good



### Is the service effective?

The service was effective.

Staff had received regular training that was relevant to their roles. They were also supported with on-going supervision and appraisal of their work.

As far as possible people were involved in decisions about their care. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet.

People were supported to see the GP, District Nurse and other healthcare professionals when required.

Good



### Is the service caring?

The service was caring.

People felt staff treated them with kindness and supported them as an individual, giving person centred care rather than being task led.

People's privacy and dignity were respected. Staff respected people's personal space and always asked permission to enter their rooms.

Good



### Is the service responsive?

The service was responsive.

Care plans contained up-to-date information on people's life histories, care needs and preferences.

People participated in a wide variety of activities, many of which were tailored to individual needs.

People were aware of how to make a complaint.

Good



### Is the service well-led?

The service was well led.

The registered manager promoted a good team spirit and staff felt they were supported.

There were systems in place to monitor the quality of the service.

Good



# Summary of findings

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

# Redclyffe 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 June 2015 and was unannounced.

The inspection was undertaken by one inspector 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are

information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service and three relatives. We also spoke with the provider, the registered manager and four carers.

We looked at seven people's care records to see if they were accurate and reflected their needs. We reviewed four staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and secure within the service. One person said, "It's like a home from home, I have no worries so I can say that I do feel safe." Another person told us, "They make me feel happy and content, I feel secure." Relatives also said that their family members were looked after safely at the service.

Staff demonstrated a good understanding of the signs they would look for, and explained the action they would take, if they thought someone was at risk of abuse. One staff member said, "It is our responsibility to look after people and keep them safe." The staff members we spoke with all expressed confidence that the registered manager would act appropriately to address any issues.

The registered manager also told us that they took people's safety seriously and worked hard to maintain a safe and secure environment for people. The provider had policies and procedures in place to protect vulnerable people from harm or abuse and staff worked in accordance with these processes. Records confirmed that staff had received training in safeguarding vulnerable adults from abuse. Telephone numbers of external agencies such as the local safeguarding team were displayed around the service.

The registered manager showed us records of referrals made to the local authority safeguarding team. We saw that they had worked with them to investigate concerns and address any shortcomings.

There were risk management plans in place to promote and protect people's safety. Staff told us they worked hard to keep people safe and free from harm and used all available information to support them to do so. We reviewed the risk assessments within seven care plans. We found that each person had risk assessments which identified hazards they may face and provided guidance to staff to manage any risk of harm. People's identified risks were monitored on a regular basis and risk assessments had been completed, in areas including moving and handling, falls and nutrition. Where people were deemed at high risk of developing skin damage, we saw monitoring charts for re-positioning people at regular intervals had been completed. Where risks had been identified, guidance was given within care records to advise staff on how risks could be minimised.

People told us there was enough staff on duty. One person said, "Yes, I should say there are, they always come when I need them." We were also told, "There are plenty of them." Staff also confirmed that there were enough of them to meet people's needs safely. One staff member said, "I do think there are enough of us, when people are sick which cannot be helped, we cover each other to make sure people get the right care." The registered manager told us that the service did not use agency staff. Staff had agreed they would rather work extra shifts, if this was needed, as it offered people better consistency of care. The provider and registered manager told us that if people's needs changed then additional staff would be used, the staff ratio was flexible and reviewed on a regular basis.

The registered manager told us they and the provider were on call if an emergency occurred out of hours. We found that staffing levels were based on people's dependency and saw that at times, staffing had been increased due to changes in people's needs. Our observations confirmed that the number of staff on duty was sufficient to support people safely.

Members of staff told us they had been recruited into their roles safely. One staff member said, "I was not allowed to start until the DBS was back." Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

People were supported to take their medicines safely. One person said, "They always know what tablets I need and make sure I get them when I need them." Staff told us that it was important to make sure medication was administered correctly and said they had received training to support them with this. We observed a medication round and saw that staff took time to explain to people what they were taking and to make sure they did not require any analgesia.

We looked at Medication Administration Record (MAR) charts and noted that there were no gaps or omissions. The correct codes had been used and when medication had not been administered, the reasons were recorded. Medicines for daily use were stored in trollies, which were secured to the walls of the room. We saw procedures were in place to dispose of medicines appropriately and safely. We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. An effective

## Is the service safe?

ordering system was in place and all medicines were within their expiry dates. Open bottles of liquid medicines had the

date of opening clearly recorded on the bottle in accordance with good practice guidance. We found there were suitable arrangements for the safe storage, management and disposal of people's medicines.

# Is the service effective?

## Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person told us, “They are so good with everything; they always know what to do.” Staff told us that the support they gave was based upon the knowledge they had gained from training. Our observations confirmed that staff used their knowledge to ensure that care was delivered appropriately.

Staff received the appropriate support and training to perform their roles and meet people’s needs. One staff member told us they had received an induction at the start of their employment. They said that this was useful in giving them experience of the work they would go on to do, even though they had past care experience. The registered manager confirmed that there was no set period of time for the induction process, which meant it could be tailored to staff member’s individual needs.

Staff described how elements of their training were embedded within their work. For example, staff explained the ways in which they should seek people’s consent, or undertake manual handling based upon good practice. Staff had access to regular training which was useful in helping them keep their skills up to date. One staff member said, “Yes we do get a lot of training but it helps to keep us updated. Things change so we need to know what we are doing and about any changes.” Staff had a range of training including first aid, infection control, safeguarding and mental capacity. Staff told us they were encouraged to complete further qualifications, such as Qualification Credit Framework (QCF) Level 2 and 3. Training records we looked at confirmed that staff had received appropriate training to meet people’s assessed needs.

Staff told us they felt well supported by the registered manager and provider. One member staff said, “The manager is there for us, they are very approachable and we don’t have to wait until we have a supervision to discuss something.” Staff told us they received regular supervision sessions which took place every two months and we saw records to confirm that supervision was taking place.

Staff told us they were conscious that people had the right to make their own decisions and should be supported to remain independent. They told us they had received training on mental capacity and that this was something they considered on a daily basis. When people had been assessed as being unable to make complex decisions, there were records of meetings with the person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests.

We saw the registered manager was aware of their responsibilities in relation to Deprivation of Liberty Safeguards (DoLS) and was up to date with recent changes in legislation. The registered manager told us they had applied for DoLS for people who lacked capacity to ensure they received the care and treatment they needed and saw paperwork confirming this. Our observations also showed staff took steps to gain people’s verbal consent prior to care and treatment.

People were keen to tell us about the food they received at the service. One person told us, “I really enjoy the food here. It is always nice.” We observed people having breakfast and lunch and found that the meal time was relaxed. We observed people chatting with each other and people were encouraged to eat at their own pace. Staff also supported and assisted people when required to eat their meal. Hot and cold drinks were regularly offered and also provided at peoples’ request. People who took longer to eat than others were afforded the time to do so.

People said they staff supported them to see the GP when they needed and also called in the District Nurse. One person said, “Oh yes they are good at calling people if I am ill.” Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. We saw records of referrals made to the Speech and Language Therapy team (SALT) and dietetic services. Records showed people were supported to attend GP and outpatient appointments.



# Is the service caring?

## Our findings

People and their relatives, told us they were very happy with the care provided. One person said, "The staff are all so lovely and kind." Another person told us, "I look forward to seeing them all, they really do care." One relative said, "I would come here myself if I needed a home, that is how good it is." People and their relatives confirmed that staff were friendly, kind and compassionate.

There was a homely and welcoming atmosphere within the service during our visit. This was as a result of the positive ethos that staff exhibited towards people when supporting them and in carrying out their roles. One person told us, "I miss my home, don't get me wrong, but this is the next best place. If I can't be at home then I am glad I am here." Staff took time to greet people and engage with them on each occasion they entered the communal areas. People were made to be involved and valued.

We observed the relationships between staff and people and saw that staff were positive and caring, greeting people with warmth and affection. For example, we noted that one person was anxious and saw that a member of staff took time to get down on the same level as the person and maintain eye contact, whilst holding their hand to offer reassurance. We saw staff supporting people in a patient and encouraging manner when they were moving around the home. Before staff provided assistance to people their permission was sought and staff explained how they would assist them in a caring manner. Staff also described to us how they adapted their communication for different people to help them understand what was being said to them. It was evident that staff were aware of how to approach people to ensure they felt valued and cared for.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. Staff

told us that any changes in people's needs were passed on to care staff through communication books and daily handovers. This enabled them to provide an individual and person centred service.

People and their relatives told us that they felt involved and supported in planning and making decisions about their care and treatment. One person said, "I always feel included in what they do." Relatives said they were always given explanations when they needed them and that these were expressed in a way that they could understand. Staff told us that they always tried to communicate with people in a way that they could understand; for example using simple words when people were confused and language that people could understand. This meant that people were supported to be involved in their care and treatment.

We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff said that they would try to promote people's choices and only offer assistance if the person needed it, to help promote their independence. It was evident that staff respected people's privacy and dignity and worked hard to maintain this.

We spoke to the registered manager about whether advocacy services were available and were told that the home had previously used the services of an advocate for one person. We saw that the service had available information on how to access the services of an advocate.

There were several communal areas within the service and people also had their own bedrooms which they were free to access at any time. We looked at people's bedrooms and saw that they had been encouraged to bring in their own items to personalise them. There was also space within the service where people could entertain their visitors and where family members were free to eat meals with their relatives. There was a well maintained garden and access to a patio area which was easily accessible for people to use.

# Is the service responsive?

## Our findings

People and their relatives told us they received the care they needed to meet their needs. One person told us that staff worked hard to make sure they had the right information so that they could make informed decisions about their care and how they wanted it. The registered manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before they were admitted. The registered manager also told us that they provided people and their families with information about the service when they were admitted. The information included a welcome pack which provided information about the service, the facilities and the support offered.

Staff and the registered manager told us that care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. Care plans were based upon people's individual needs and wishes. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed monthly thereafter. Care plans contained detailed information on people's health needs and about their preferences and personal history, including people's interests and things that brought them pleasure. Each care file included individual care plans for: personal hygiene, mobility, communication, health, continence, infection control, pressure care, and nutrition.

People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant to the needs of the person. People and their relatives told us they were included in these discussions. People who used the service or their representative had signed their care plan to indicate they had been involved in its review.

People told us there were a number of activities organised throughout the week. A display board provided people with information about what was taking place each day. We spoke with the activities co-ordinator who told us they would spend part of each day talking with people who did not wish to participate in any group activity. They would also speak with other people who wished to stay in their rooms, to ensure people were not becoming socially isolated. The co-ordinator told us they would sit and talk with them or read to them and had also organised reminiscence sessions, as well as encouraging people to keep their minds active with things they enjoyed. During our inspection, the activities co-ordinator had arranged for an external visitor to come in with their dog. People were encouraged to take part, and we observed they all had smiles on their faces and there was lots of laughter.

People we spoke with were aware of the formal complaints procedure, which was displayed within the home. They also told us they would tell a member of staff if they had anything to complain about. People told us the registered manager always listened to their views and addressed any concerns immediately. The registered manager and provider said that they felt they were visible and approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints.

We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that there had been no formal complaints since our last inspection. Copies of the complaints policy were displayed throughout the home.

# Is the service well-led?

## Our findings

Both people and staff told us that the management of the service was good. One person told us, “This really is a well-managed service.” Staff spoke highly of the registered manager and provider and agreed that their visible presence within the service made for good working conditions. One member of staff said, “This is the best place I have worked, the manager really is approachable and responds to any little thing we ask.” All staff said they had a good relationship with the registered manager who was very understanding. They also said that the registered manager’s ethos was understood and that staff worked hard to ensure the delivery of service was of a high standard.

The service was well organised which enabled staff to respond to people’s needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

Staff told us that there was positive leadership in place, both from the registered manager and provider, which encouraged an open and transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive describing ways in which they hoped to improve the delivery of care. We found that staff were motivated, and well trained to meet the needs of people using the service.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to the Care Quality Commission as required by registration regulations.

Records showed regular staff meetings were held for all staff including ancillary staff such as cooks and domestics. The minutes showed the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The people we spoke with were very positive about the service they received. People and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We asked the registered manager how they assessed and monitored the quality of the service provided and saw records of annual satisfaction surveys for people who used the service and their relatives. These records showed very positive responses. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the home were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.