

Castlegrounds Limited

Red Court Care Home

Inspection report

Chapelton, Pudsey,
West Yorkshire LS28 7RZ
Tel: 0113 255 7313
Website: www.redcourt.org.uk

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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

This inspection took place on 14 October 2015 and was unannounced. At the last inspection in November 2013 we found the provider met the regulations we looked at.

Red Court is a 39 bedded care home for older people including those who require dementia care. Accommodation is 38 single rooms and one double bedroom. There are four choices of lounges and a conservatory which opens out to a large secluded landscaped garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us they felt safe and enjoyed living at the home. We saw care practices were good. Staff respected people's choices and treated them with dignity, respect and compassion.

Staff had a good understanding of safeguarding vulnerable adults and knew what they needed to do to

Summary of findings

keep people safe. Staff told us they were well supported by the registered manager and received regular supervision, training and opportunities to discuss any concerns.

People were protected from risks associated with medicines because the provider had robust systems in place to manage these safely. People were supported to maintain good health and had good access to a range of health professionals when this was required.

There were sufficient staff to keep people safe, although some people felt there could occasionally be more at certain times of the day. The provider ensured that staff's skills were kept up to date to ensure they had the knowledge needed to support people safely.

Recruitment and selection procedures were robust and the provider ensured that background checks were completed before staff began working with people.

People's care plans contained appropriate mental capacity assessments and the provider had applied for Deprivation of Liberty Safeguards appropriately. Care plans were person centred and included detail that would assist staff in developing caring relationships with people.

There was a pleasant atmosphere in the home. We saw staff made time to chat to people and spoke in a kind and respectful manner.

Information in care plans was sufficient to ensure people were provided with consistent, effective care and support.

There were effective systems in place to monitor and improve the quality of service provided.

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?

Good



The service was safe.

Staff understood how to recognise and report abuse appropriately. They had received training on safeguarding vulnerable adults and could describe the different types of abuse from which people may be at risk.

Staffing levels were planned to meet the needs of people, though some people said they sometimes felt there could be more at certain times.

People's care plans contained detailed risk assessments which were regularly reviewed

Is the service effective?

Good



The service was effective.

Staff were well supported to deliver good care, with regular supervision taking place.

Deprivation of Liberty Safeguards were appropriately applied for and staff understood the implications of these.

Health, care and support needs were assessed and people had regular access to and contact with health professionals.

Is the service caring?

Good



The service was caring.

The established staff team knew people well and provided support with compassion.

People's routines, preferences and lifestyles were understood and respected.

People told us they found the home to be a pleasant place to live.

Is the service responsive?

Good



The service was responsive.

People had access to a range of activities and were asked about what they would like to do in future.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

There were systems in place to manage complaints and we saw the registered manager listened to and acted on concerns.

Is the service well-led?

Good



The service was well-led.

There were effective quality assurance systems in place designed to monitor the quality of care provided and drive improvements within the service.

People and staff told us the registered manager was approachable and supportive.

Summary of findings

People who used the service were asked for their views regularly.	
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Red Court 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.

The inspection took place on 14 October 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor with a nursing background 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.⁵ Their area of expertise was in supporting a relative who used residential care.

At the time of our inspection there were 39 people living at the service. During our visit we spoke with 13 people who used the service, five visiting relatives, two visiting health professionals and nine staff including a member of the kitchen staff, a member of the domestic staff, care workers and the registered manager. We spoke by telephone with a GP who provided services to the home. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at four people's care plans.

Before our inspection we reviewed all the information we held about the home including previous inspection reports. The local authority and Healthwatch provided no additional information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We asked people whether they or their relatives felt safe. One person told us “No one has ever threatened me here. I feel safe both down here and in my room.” A relative told us “[Name of person] is very safe here.”

The provider had a policy in place for safeguarding people from abuse and staff we spoke with had received training in this. They were able to talk knowledgeably about the signs of potential abuse and their responsibilities in reporting it. They were confident that any concerns they raised to the registered manager would be listened to and acted on appropriately, and were aware of other bodies they could contact such as the local authority and Care Quality Commission (CQC). Staff told us they knew about the whistleblowing policy and said they would be happy to report concerns in this way. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We reviewed the safeguarding file and found the registered manager had kept detailed records of incidents including any changes needed to people’s care plans and risk assessments. The provider had made notifications to the CQC and referrals to safeguarding authorities..

We reviewed the care plans of four people who used the service and saw that risk was assessed across a number of areas including nutrition, falls and skin integrity. Each person’s risk assessments were reviewed monthly to ensure that people’s needs were being met, and we saw evidence that other reviews were carried out in response to incidents. For example in one person’s care plan we saw that the falls risk assessment had been reviewed immediately after they had fallen..

We looked at the recruitment records of four members of staff and saw appropriate pre-employment checks in place. All records contained two written employment references which evidenced experience and previous good conduct and an up to date Disclosure and Barring Service (DBS) check. A DBS check provides information on an individual’s suitability to work with vulnerable people and helps employers make safer recruitment decisions. One recently employed member of staff told us the recruitment process had been thorough, and we saw that all files contained records of interviews including the questions asked and the responses given.

One person we spoke with told us they thought there were not always enough staff. They said “In the daytime if I use my call bell generally staff come quickly, but at night it can sometimes be thirty minutes before someone comes.” We spoke with the registered manager about how they ensured sufficient staff were deployed in the service. They told us about people’s needs and how these were taken into account when planning rotas. We reviewed rotas and found staffing levels were being maintained. Staff we spoke with told us they usually felt they were able to meet people’s needs in a timely fashion. One staff member said “We can be a bit stretched if someone is off sick but normally we are ok.”

We looked at the systems in place to manage medicines and found they were robust and safe. Medicines were stored in a secure room at an appropriate temperature which we saw was regularly checked. Topical medication such as creams were kept in people’s rooms along with up to date records of how, when and where these should be applied. We saw staff had signed a record sheet to show this had been done and that these medicines were stored appropriately in the people’s rooms. We checked the medicine stock and medicines administration records (MAR) for seven people and found no discrepancies. We saw that these were MAR sheets contained a picture of the person and personalised detail such as ‘[name of person] likes to have lemonade with their medication’ and ‘[name of person] likes their medication on a spoon’.

We looked at the storage and security of controlled drugs. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. Medicines were stored in a separate locked cabinet and clearly recorded in the controlled drugs book. We checked the stocks of controlled drugs and found it to be correct.

The home had in place up to date certification for gas compliance, emergency lighting, electrical hard wiring and installation, water safety, fire appliances, passenger lifts and hoists. We saw evidence of fire alarm testing including drills for all staff. Firefighting equipment was available and regularly checked.

The registered manager had a comprehensive emergency plan in place to make sure the service would continue to be delivered in the event of a major incident such as flood, loss of power or damage to the building.

Is the service safe?

We walked around the home, looking in all communal areas, bathrooms, toilets and some bedrooms. Overall we found the service to be clean and tidy, however we found

some seat covers in the lounge were worn and malodorous. We brought this to the attention of the registered manager who arranged for them to be removed at the end of the inspection.

Is the service effective?

Our findings

We looked at training records and saw a regular programme of training in place at the home. The registered manager told us “I keep training up to date for everyone including non-care staff. They will speak to residents and go into their rooms so I think they need to have the same training to understand people’s needs.” Where renewal dates were approaching we saw that refresher training had already been booked, meaning there was a robust system in place to ensure staff knowledge and practice were kept up to date. One member of staff said “They are very keen on training here. Sometimes it’s in house training and sometimes we have to go somewhere else for it.”

We asked staff if they were supported through regular supervision and appraisal. All staff we spoke with said they now had monthly meetings, and that these were a mixture of group and individual supervision sessions. We also saw records of annual appraisal. Staff told us the supervisions were useful and they felt able to speak openly with the registered manager. One staff member said “I have regular meetings, sometimes with a senior, sometimes the manager..” Staff we spoke with told us they felt well supported by the registered manager and senior staff.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way which does not inappropriately restrict their freedom.

All the care plans we looked at contained an assessment of the person’s capacity and details of their consent to various aspects of their care. Where people had not signed their own consent we saw the appropriate person had signed on their behalf. We saw evidence that the registered manager had recognised when a DoLS application may be appropriate for a person and taken action to apply for this in a timely way. We asked staff about which people had a DoLS in place. They were able to tell us who was protected in this way and why it might have been an appropriate measure for the person.

Staff demonstrated a good understanding of the Mental Capacity Act 2005. One told us “It’s about protecting people’s rights, their care plan tells us which decisions they are able to make and where support with this might be needed.”

People we spoke with told us they were happy with the meals provided in the home. One person said “The food is beautiful. It’s easy to eat, not big indigestible chunks.” Another told us “The food’s fair, and if you don’t want a particular dish they’ve usually got an alternative for you.” We saw that people could help themselves to a selection of hot and cold drinks at any time.

We observed the lunchtime meal service. We saw people were given extra support to choose from the menu because staff had photographs of some of the food to show them. A member of staff told us this was a new initiative and they were still in the process of taking pictures of all menu options.

We spoke with kitchen staff and found they had a good knowledge of people’s dietary needs and preferences together with other requirements such as adapted crockery and cutlery. People’s care plans included detail about their preferred foods and any dietary adjustments needed to respect their faith.

We saw in one person’s care plan that difficulties with swallowing had been identified and appropriately documented with clear guidance for staff.

We saw from people’s records that the advice of other health professionals such as GPs, community nurses and dieticians was sought as required. One person told us “My health is not so good but if I ever need the doctor the staff make sure the GP comes promptly, and I also get to see an optician. The practice matron from the GP surgery was present during our inspection to hold a regular weekly clinic to offer support with long term conditions, disease management and care of older people. They spoke positively about the home and told us ‘They have a low number of unplanned admissions’ and ‘they ask for GP support appropriately.’

Is the service caring?

Our findings

People's care plans were person centred and included detail that would assist staff in developing caring relationships with people. This included information about people's personal preferences, chosen routines and lifestyles. For example we saw information relating to whether people wished to vote in elections, their preferred times of day for personal care and activities they enjoyed.

People spoke positively about the care workers. One person told us "I particularly like the friendliness of the place." Another person said "I know they are busy but they always make time for me, give me five minutes or so of their time." A relative told us "[Name of person] is happier now than they have ever been. I have never seen [name of person] smile so much."

People told us they or their relatives were well cared for. One visitor told us "Everything has to be just right for [name of person], their hair, their clothes, everything. And it is." People were tidy and clean in their appearance, which is achieved through good standards of care. We spoke with laundry staff who told us they returned clothes to people within a day and ensured that items were folded and put away neatly.

Throughout the day we saw care workers making time to chat with people which contributed to a calm and pleasant atmosphere in the home. We saw people walking around the home when they wanted to. We saw people were able to choose what they wanted to do and whether or not to join in with activities. We observed care in communal areas and saw people were relaxed in the presence of staff and others they lived with. We observed staff interacting with people in a respectful manner and using appropriate touch to support conversation. They used friendly and caring tones when speaking to people and spoke with fondness and familiarity when we asked about people they supported. A visiting health professional told us "They know people well here."

Staff we spoke with told us about ways they promoted people's privacy and dignity. These included being mindful of knocking on doors, talking discreetly with people when discussing personal care needs and taking care to keep people covered as much as possible when providing assistance with bathing and showering. We saw evidence of this practice throughout the inspection. For example we saw where staff were offering assistance they gave reassurance and worked at the person's own pace without rushing them, and we observed staff approaching people discreetly to ask if they wanted or needed anything.

Is the service responsive?

Our findings

People's past lives were documented in their care plans, however we found these were lacking detail. We asked the registered manager about this and they told us it had been identified and work was underway to improve this area of the care plan. We saw evidence that this was taking place.

Care plans contained information to show how each person's needs were being met. For example risk assessments were kept up to date and care plans for a range of needs including nutrition, skin integrity and falls contained regular entries and evidence of review. We saw risks and concerns were communicated in ways which brought them to the attention of staff. The daily 'Passing the Baton' handover report contained detailed notes as to each person's health, activities and any issues and related actions. This meant staff were kept up to date with the changing needs of people who lived at the home.

Relatives of people who used the service told us about their involvement in writing and reviewing care plans. One said "About once a year we review [name of person]'s care plan with staff." Visiting relatives told us they felt welcome at the home and they found staff supportive and open.

The registered manager told us people living in the home were offered a range of social activities which were led or organised by an activities coordinator. This included a cheese and wine party, card making and games. We saw the activity programme for the week was displayed in the communal hallway. The member of staff told us how

people were involved in deciding what activities would be on offer. One person told us "They have monthly meetings and I ask for things like different entertainment, food and more trips."

During the inspection there was a 'music and movement' session which we saw people participating in and clearly enjoying. At the same time other residents were engaged in conversation with care workers in another room. One resident told us about craftwork they enjoyed and said "I don't just sit here and do nothing." They asked a member of staff to bring some samples to show us. The member of staff spoke with pride about the person's work.

The home had a system in place to manage complaints and concerns that were raised, and this was supported by an up to date policy. The registered manager told us that there had been no formal complaints in the current year. They said "People are free to come into my office and talk about anything. If people were to raise any concerns we would sort them there and then, but I would still record them." We saw that such an informal concern had been logged in August 2015. There was a record of the nature of the concern, action taken to investigate and rectify it and confirmation that the registered manager had communicated the outcome to the person in writing. People we spoke with did not say they had seen the complaints policy, but told us they would speak to staff or the registered manager if they wished to make a complaint.

We looked at the compliments file and saw a range of dated 'thank you' cards from people. Sample comments included 'Thank you for your compassionate care and support' and 'Thank you for looking after [name of person] with respect and dignity.'

Is the service well-led?

Our findings

There was a registered manager in post. An external mentor provided supervision for the registered manager, and any independent investigation of incidents which was felt to be necessary.

People who used the service, their relatives and health professionals spoke positively about the registered manager and how the home was run. One person told us “The manager is very good. They are a very good leader.” Another person said “The manager is very good and very fair. You can go and talk to them about anything.” A relative told us “The manager is very good. If something needs doing they do it. They go the extra mile – nothing is too much trouble.”

We spoke with staff about the management of the home and received positive feedback. Staff told us they felt well led and supported and found the registered manager approachable and responsive. One member of staff told us “[The registered manager] listens when we speak and is open to suggestions about how to improve things. I mentioned that I thought a resident needed a different bed and we got it. The manager tells you what they’re going to do and when it has been done.”

Staff demonstrated a strong commitment to their work in the home. One staff member told us “It’s a good place to work, we can make such a difference to people. We all

really care about the residents.” Another said “We are like a family here. Everyone works well together, it’s a good team.” We saw that staff meetings were held monthly and staff told us they felt able to suggest ideas and raise concerns openly, meaning mechanisms were in place to enable them to contribute to the running of the home. We reviewed minutes of recent staff meetings and saw a range of topics discussed including training needs, ideas for activities and how to build on and improve team work.

People who use the service and their relatives were asked for their views about the care and services offered. We saw questionnaires had been returned to the registered manager and evidence that the results of this had been sent out to people using the service and their relatives. The registered manager held monthly residents meetings which were well attended

Quality assurance systems were in place at the home to assess and monitor the quality of service that people received, together with systems to identify where action should be taken. The registered manager told us “Audits are carried out to look for any trends or patterns, and anything major is dealt with straight away.” These included audits of medication, care plans and accidents and falls. Weekly checks including call bells, wheelchairs and fire alarms were also undertaken. In addition the registered manager carried out frequent spot checks of staff practice including unannounced checks during night shifts. We saw the audits showed evidence of follow-up action taken.