Bupa Care Homes (BNH) Limited

Red Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We visited Red Court Care Home on 18 and 19 May 2016. The inspection was unannounced.

At the previous inspection in July 2014 the service was meeting the Regulations we inspected.

Red Court Care Home provides residential and nursing care for up to thirty-five people.

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.

The service did not always manage medicines appropriately. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Staff had completed safeguarding training and knew how to recognise abuse and report safeguarding incidents. Handovers between shifts ensured staff were up to date and well informed about people they cared for. People's needs were assessed and reflected in clear risk assessments. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. The service provided a safe and comfortable environment for people, staff and visitors. The service was clean and hygienic.

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. Staff completed regular training. Staff were aware of the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were provided with a balanced diet. People using the service were supported with their healthcare needs including weekly GP rounds.

Care was delivered by staff in a patient, friendly and sensitive manner. People were supported to express their views and be involved in the planning and delivery of their care and support. People's preferences were taken into account. Staff treated people with dignity and respected their privacy. People were encouraged and supported to maintain their independence wherever possible.

People received person centred care that was responsive to their needs. They provided a framework for staff to deliver safe and appropriate care and support. People benefited from various activities which reduced the risks of boredom or isolation. The service regularly obtained feedback about people's experiences of the service with service improvement in mind. The service had appropriate processes for dealing with complaints.

Staff spoke positively about the management team and said they were approachable. The service had a system of staff meetings that enabled staff to feedback concerns and ideas. There was a system of reviews,

checks and audits to assess and monitor the quality of service provided and identify any risks to the health safety and welfare of people using the service, staff and visitors. We found that records relating to the provision of care by the service were fit for purpose.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe. The service did not always manage medicines appropriately.

People felt safe. Staff understood their responsibilities to protect people from the risk of abuse or harm. There were sufficient staff to support people's needs. The service provided a safe and comfortable environment.

Is the service effective?

Good

The service was effective. Staff received relevant training and management support. Staff understood the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have a healthy diet and to maintain good health.

Is the service caring?

Good

The service was caring. People were supported to express their views and preferences and were involved in their care and support. Staff respected people's preferences, privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received care that focussed on their needs, goals and preferences. People were encouraged to take part in activities. The service had systems to listen and learn from people's experiences.

Is the service well-led?

Good

The service was well-led. People and staff spoke positively about the manager. Staff were provided with opportunities to feedback about service provision. There were systems to assess and monitor the quality of service provided.

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.

This inspection took place on 18 and 19 May 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the service. The provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we spoke with six people using the service, thirteen members of staff from all areas of the service (including the manager) and three visitors. We looked at records relating to the provision of the regulated activity including five care plans and three staff files. After the inspection we spoke with two healthcare professionals for general feedback about the service.

Requires Improvement

Is the service safe?

Our findings

We found the service was not always safe in relation to the management of medicines. We checked medicines records and found anomalies between the records and actual medicines. For example, Paracetamol was either prescribed for people with regular dosages or as pro re nata medicines (PRN) which are commonly known as 'when required' medicines. When we checked the actual number of Paracetamol tablets available it was not possible to identify how many tablets there should be or they did not tally with medicine administration records (MARs).

One person was prescribed one or two Paracetamol tablets and MARs did not clearly identify whether one or two tablets had been given. The box had not been marked with the date opened (this was how the service tallied medicines not dispensed in a monitored dosage system) so it was not possible to make any calculation about how many tablets there should have been. Even if we knew the date the box had been opened the fact that MARs did not make it clear whether one or two tablets had been given would have cast doubt on the accuracy of the records.

We found two further examples where people's Paracetamol tablets did not tally with records. We also found that one person's Warfarin records were inaccurate as we found there was one more tablet than there should have been. These records must be accurately maintained to prevent the risks of under or over dosing and to meet the requirements of the clinician who prescribed the medicines. These inaccurate medicines records were a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the failings mentioned we found medicines were otherwise safely managed and securely stored in appropriate conditions. Medicines policies and procedures were available to support staff. Only registered nurses administered medicines. We checked the controlled drugs and records which were correctly administered and recorded.

People using the service felt safe. One person told us, "They have all been very nice, I do feel safe." We spoke with staff about their understanding of safeguarding adults. Staff satisfied us they would recognise signs of abuse and knew how to report concerns and where necessary how to escalate them including whistle blowing procedures. One member of staff said, "I have full confidence the manager or the area manager would act appropriately." Staff had completed safeguarding training.

The service completed a handover between each shift. We observed a handover from night staff to day staff at 8am. Two day staff came on duty at 7am to relieve the night duty team. The nurse in charge of the night shift discussed how each person had been overnight so that the incoming shift were aware of any clinical issues and how people had slept and behaved. This meant staff were up to date and well informed about people they cared for.

The premises were purpose built as a nursing home around a listed building. Since the last inspection there

have been improvements to the interior and exterior of the building including the gardens. All bedrooms were located in the purpose built part of the premises. Overall, the premises and gardens were tidy and well maintained. Equipment used in the delivery of care and treatment was also regularly maintained and serviced at appropriate intervals.

We found that people were assessed before they moved into the service. This pre-admission assessment involved input from people, relatives and professionals where appropriate and identified if the service could meet the person's needs. If 48 hours elapsed between the assessment and admission to the service the assessment was reviewed and recorded. These assessments formed the basis for care plans and associated risk assessments that were developed to meet people's needs. Risk assessments clearly identified risks and provided staff with clear guidance on how to address these risks. In our conversations with people using the service and staff and the records we looked at it was evident that risks were assessed and addressed. Risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.

There were sufficient numbers of suitable and experienced staff to meet people's needs. At the time of the inspection there were 30 people using the service out of a possible maximum of 35. Two nurses and five care assistants covered the day shift reducing to four care assistants at 4pm. A 'twilight' care assistant covered 7pm until midnight to assist the night staff at the busiest time. Night staff comprised a nurse and two care assistants. Day shifts were supported by domestic, catering and laundry staff and there was an activities coordinator. In addition, the manager and two deputies were available at various times with one covering weekends. The service only used agency staff to cover nurses. They used the same agency and wherever possible requested a particular agency nurse who regularly worked at the service.

The provider ensured there were systems to prevent unsuitable staff being employed. Every member of staff was required to pass an enhanced check with the Disclosure and Barring Service (DBS) before starting work at the service. We also found in staff files an application form with a full work history, identification documents and two references.

The service had systems to manage and monitor the prevention and control of infection. We found the premises were clean and tidy. Domestic staff followed a daily cleaning schedule and were well equipped to carry out their role. The service met the requirements of the Control of Substances Hazardous to Health Regulations (COSHH). Such substances were stored in locked COSHH cupboards. Where appropriate we saw staff washing their hands and using and removing single use personal protective equipment (PPE) to reduce the risk of transporting and transferring microorganisms. The manager was aware of the Department of health Code of Practice on the prevention and control of infections and related guidance. An annual statement was completed to meet the requirements of the Code.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. New staff completed an induction that included two weeks working with a more experienced member of staff as a supernumerary. This meant they could shadow their buddy and get to know people using the service without being included in staffing numbers.

Staff told us they regularly attended training relevant to their roles and this was confirmed in records we examined. We examined a training matrix which identified courses the service considered necessary to support their staff to deliver safe and appropriate care and treatment. These included subject areas such as safeguarding, mental capacity, moving and handling, first aid, fire safety and infection control. Staff were supported to obtain further, relevant qualifications. One member of staff told us they had and were being supported to complete qualifications relevant to their role. Staff skills were also monitored and supported by the service through regular one-to-one supervisions. A member of staff told us, "Supervisions are every four to six weeks. They ask how you are, what you want to do, training, workloads, things like that." We checked records to confirm supervisions were taking place regularly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff had completed training in these areas and understood the principles. We saw entries in care records about mental capacity and assessments. Where appropriate relatives were involved and if required the service could access independent mental capacity advocates to support people and ensure their best interests. When required, the manager had submitted applications for DoLS authorisations. The service was waiting for decisions on the applications when we inspected.

People had sufficient food to eat and liquids to drink. People were provided with a balanced diet and if necessary specific dietary needs were accommodated. Care records included risk assessments to identify if people were at risk of malnutrition. The 'Malnutrition Universal Screening Tool' (MUST) helped to assess whether people were at nutritional risk and care plans recorded how the service met the needs of people with these needs. For example, some people were on special or fortified diets. We saw evidence of consultations with GPs and dieticians and referrals to specialist teams such as the Speech and Language Therapy team.

Throughout the inspection and whilst observing mealtimes we saw people had cold drinks within reach or were offered hot and cold drinks. We saw staff encouraged people to drink. One person using the service told us, "The food is excellent." A member of staff explained people were allocated plenty of time to eat the first course of the meal before the main meal was ready to serve. This meant people weren't rushed to eat and ensured the main meal was hot and fresh when it was served.

People were supported with their healthcare needs. A range of healthcare professionals visited the service to provide advice, care and treatment for people. For example, the service was in the process of transferring people to one GP who carried out a weekly ward round. Staff supported people with external appointments.

Good

Is the service caring?

Our findings

A person visiting the service told us, "The staff are really caring, they are very good. I would put my mother here. I have been coming here for years."

Care was delivered by staff in a patient, friendly and sensitive manner. We observed and listened to interactions between people and staff throughout the duration of our inspection. We saw numerous examples of positive and caring interactions. For example, we observed lunch in the dining room. People we spoke with were looking forward to the meal. Most people in the dining room were relatively independent when it came to eating. Staff serving meals were friendly and chatted with people. There was a calm and pleasant atmosphere. The food served was hot and looked very appetising. People really seemed to enjoy their meals. I spoke to one person after lunch who said, "The food is always pretty good here."

We also looked for people being assisted to eat in their rooms. In one bedroom, where the door was open, a care assistant was providing such assistance. They had their back to the door and were unaware of our presence nearby. We watched and listened to the care assistant explain what they were doing and telling the person what kind of soup it was. They patiently encouraged the person to have some soup from a spoon; they took their time and spoke to the person throughout. During the time we were watching and listening, the care assistant was totally focussed on the person they were helping.

We found people, their relatives or representatives, were encouraged and supported to express their views and be actively involved in their care and treatment. People's care and treatment was reviewed with them once a month when they were 'resident of the day.' (People were resident of the day once a month that entailed their rooms being checked and repaired, a deep clean took place and all aspects of their care and treatment were reviewed) Where appropriate relatives or representatives of people using the service were invited to be involved. When we looked at care plans we found evidence of people and their representatives being involved.

Staff respected people's preferences, privacy and dignity. People were referred to by their preferred form of address which in most cases was by their first name. People's choices and preferences were recorded and respected. Staff were able to give us examples of people's preferences in what they ate, the best way to communicate with them and the activities they enjoyed.

People using the service were clean and tidy in appearance. Staff ensured people were dressed appropriately and if people's clothes became dirty, they assisted them to change into clean clothing. Men were clean shaven if that was their preference. In the conversations we heard and interactions we observed people were treated kindly and with dignity. Staff also respected people's privacy. Personal care was carried out in people's rooms. Before staff entered rooms they knocked on the door and asked if they could go in. The service tried to meet people's spiritual needs. A local clergyman attended once a month and held a communion service.

We found people's preferences for end of life care had been discussed with people and their relatives and recorded in line with their wishes. People could choose to spend their final days at the service. In order to meet people's needs the service worked closely with St Christopher's Hospice and the GP to ensure they were appropriately prepared to provide the necessary care and support. Staff were supported with relevant training and guidance.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. The manager, or an appropriately qualified member of staff, met prospective clients wherever they were living and completed a pre-admission assessment to ensure the service could meet their needs. The assessment provided a basis for subsequent care planning which was reviewed an updated once they came to live at the service.

Staff were knowledgeable about and attentive to the needs of people they supported. Each person's care plan contained a 'history' of their life before they came to the service providing prompts for topics of conversation. Staff were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. We looked at a random selection of care records. They were person centred in the way they were written and identified people's needs, goals and preferences and how they were expected to be delivered. This information about people provided guidance that supported staff to deliver safe and appropriate care and support. There were areas of care planning that required some improvement but these had already been identified by the manager and were being addressed.

People's care and treatment were regularly reviewed to ensure the most appropriate response to their needs. For example, clinical risk reviews were completed for each person every week. Any changes in people's needs were responded to. There was a weekly ward round with the GP. The resident of the month scheme ensured people's care plans were reviewed every month. In addition to these periodic reviews the service responded immediately to any changes in people's needs.

One visitor told us, "The food is excellent and they have an entertainment programme. It's a lovely home." We found that people benefited from various activities which reduced the risk of people becoming isolated, frustrated, bored and unhappy. These activities ranged from people carrying out day-to-day tasks to organised group activities. If able, people were encouraged to maintain as much independence as possible by carrying out daily living tasks such as personal care, making drinks for themselves and reading. We spoke with the activities coordinator who told us there were lots of organised activities. Entertainers, such as singers, came three times a month. A pottery tutor came in once a week. We saw the raised flower beds in the garden where people could plant flowers and vegetables. The service was purchasing some greenhouses so people could plant and tend plants when the weather was inclement. Other activities included poetry readings and dances. If people were unable to attend group activities the coordinator and staff involved people in one-to-one activities.

We saw activities during the inspection. On the first morning we observed 12 people taking part in mobility and stretching exercises. People were sitting and following the instructor's movements in time to music that they knew. People were really engaged, watching every movement of the instructor and trying to replicate them. They were obviously enjoying the music at the same time as some people were mouthing the words or singing along. There was a quiz later in the day.

The service had systems in place to listen and learn from people's experiences, concerns and complaints.

The manager completed a weekly walk around to speak with people. There were meetings with people using the service and their relatives every quarter. Any matters raised at these meetings were addressed before the following meeting. There was also an annual survey of people using the service. The survey was completed and analysed by an external company. This year's survey showed a significant improvement on the previous year.

People told us if they had any concerns or were not happy with something they would approach staff or the manager and were confident they would be listened to. The service had a formal complaints procedure that was brought to the attention of people and visitors through a poster and leaflets in the entrance. The procedure complied with recognised good practice outlining acknowledgement and response periods. The manager tried to deal with concerns before they reached this stage. Any complaints received were reviewed by the manager and if required an investigation took place. People were provided with a written outcome including an apology where appropriate.

Accidents and incidents were recorded including actions that were taken in response both at the time and subsequently. If necessary, accidents and incidents were further investigated by the manager. The feedback and information gleaned from regularly speaking to people, meetings, surveys, complaints and accidents and incidents was reviewed to address any improvements required and to identify any learning at a service or provider level.

Good

Is the service well-led?

Our findings

The manager of the service was a registered general nurse and appropriately registered with the Care Quality Commission. The manager was supported by two registered general nurses who were heads of department. One person said, "The manager is very pleasant." One member of staff told us, "The manager and the area manager are very approachable and support us." Another member of staff said, "I love working for her (the manager). She is very supportive, very knowledgeable and I support her 100 per cent. It's not perfect yet but we are getting there."

The manager had an open door policy that encouraged people, staff and visitors to speak openly. The manager's office had been moved from the centre of the building to a position on the entrance foyer. The manager's door was open whenever possible removing any physical or psychological barriers around access to the manager. The manager was very visible throughout the service. People using the service and visiting relatives regularly saw the manager outside of the office

There were regular staff meetings where information about any service issues, changes to service delivery and improvements were disseminated and discussed. The manager told us staff were encouraged to engage in discussions about the service and put forward ideas. Each year the provider carried out a staff survey that was collated, analysed and the results were fed back to the service. Where appropriate the service was expected to address areas that required improvement.

The service and the provider used a system of reviews, checks, internal and external audits to assess and monitor the quality of service provided and identify any risks to the health safety and welfare of people using the service, staff and visitors. Care records, support plans and risk assessments were checked and reviewed periodically or in response to specific needs or incidents. A system of periodic audits was completed by staff, the manager and senior management to identify any failings and areas where the service could improve.

We found records relating to the provision of care by the service were fit for purpose. They were readily accessible, up to date, legible and accurate. Where required records were stored securely and restricted to those people with the authority and need to see them.

We checked our records for statutory notifications and found the occurrence of incidents fell within the parameters for comparable services. Any such incidents were reviewed by management on behalf of the provider to identify learning opportunities and areas for improvement. The manager had responded promptly and openly to any of our enquiries about notifications submitted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe and proper management of medicines. Regulation 12(2)(g).