Argyle Care Group Limited

Redcourt 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

Summary of findings

Overall summary

The inspection took place on 12 July 2016 and was unannounced. Redcourt Care Home is located in Aigburth, a residential area of Liverpool, and provides support for up to fifty three people who are living with dementia. The home has a car park at the front and is surrounded by mature gardens.

The home had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

We found that the people living at Redcourt Care Home were treated with dignity and respect and supported to make everyday choices. People had a choice of meals and received the support they needed to eat and drink. Staff we spoke with had a good understanding and knowledge of people`s individual care needs and there was good communication between staff and people's families.

The home was clean, tidy, comfortable and safe. Adaptations had been made to support people with mobility difficulties and help them to find their way around.

During the day of our visit there were enough staff on duty and people did not have to wait for staff to attend to them. The rotas we looked at confirmed that these staffing levels were maintained by using agency staff as needed.

Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately and most of these were awaiting authorisation by the local authority. Family members visited during the day with no restrictions.

Care records we looked at showed that people's care and support needs were assessed and planned for and the plans were reviewed regularly.

The home employed an activities organiser and a wide range of age-appropriate activities was provided.

We saw evidence that regular staff meetings and family meetings took place. A significant number of satisfaction questionnaires had been circulated and returned during 2015. We saw records of a series of quality monitoring audits that were carried out.

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.

There were enough staff to meet people's needs.

The environment was clean and well maintained.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

A programme of staff training was in place.

The requirements of the Mental Capacity Act were implemented appropriately.

People received enough to eat and drink and their individual dietary needs and choices were catered for.

Is the service caring?

Good

The service was caring.

Staff responded to people in a polite and friendly way and relatives told us the staff were kind and caring.

Information was provided for people who lived at the home and their relatives and there was good communication between the home and people's families.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were assessed and planned for. Staff had a good understanding and knowledge of people`s individual care needs.

The home employed a full-time activities organiser and a wide range of age-appropriate activities was provided.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The home had a manager who was registered with CQC. People described the manager as approachable and supportive.

Regular staff meetings and family meetings took place.

A series of quality monitoring audits was carried out.

Redcourt 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 12 July 2016 and was unannounced. The inspection team consisted of two Adult Social Care inspectors. Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public since our last inspection in 2013.

During the inspection we spoke with people who lived at the home and observed the care and support that was provided for them. We spoke with four visiting relatives, the manager and five other members of the staff team.

We looked at the care records of four people who used the service. We looked at staff records, health and safety records, medication and management records. We looked all around the premises.

At the time of the inspection, 50 people were living at the home and one of these people had been admitted to hospital.

Good

Is the service safe?

Our findings

Relatives we spoke with all believed that their loved ones were safe at Redcourt Care Home. One relative said "He's happy here without a doubt. Here he's so safe and well looked after."

Polices were in place to guide staff on how to deal with any safeguarding concerns that arose or how to whistle-blow if they had any concerns. Staff knew how to access these polices and how to recognise and report any concerns they had. Training records showed that all members of the staff team had attended training about safeguarding and one member of staff told us "I wouldn't just leave it if I thought something had happened, people have to be respected and treated with dignity. You should treat people as you want to be treated yourself. We do safeguarding regularly in-house."

The manager told us "We safeguard everything, any falls or unexplained bruising." CQC records showed that some, but not all of these incidents had been reported to CQC as well as to the local authority because the manager was a little unclear about what needed to be notified to CQC. We were able to clarify this for future reference.

We looked at staff rotas which showed there were usually seven care staff on duty throughout the day and six at night. These always included at least one senior carer. The rotas we looked at confirmed that these staffing levels were maintained by regular use of agency staff as needed. The manager told us that she worked as part of the care team as and when needed, on both day and night duties. She was supported by a deputy manager and a night manager. The manager told us that the home had a core of staff who were committed to the service, but recruitment of suitable new staff was difficult. Approximately 50% of the care staff had a national vocational qualification (NVQ) in care.

In addition to the care staff there was an activities coordinator who worked 35 hours a week and a dining room assistant between 8am and 10am each day. There were three housekeeping staff and a laundry assistant each day; also a cook and a kitchen assistant.

People we spoke with said that there were enough staff working at the home to meet the needs of the people living there. Throughout the day we observed there were sufficient staff available to respond quickly to requests for support and to spend time interacting with people on a social basis as well as meeting their care needs.

We looked at the recruitment records for four new staff. We found that safe recruitment processes had been followed before they were employed at the home and most of the required records were in place, including a completed application form, identity documents, interview notes, job description and a contract of employment. However, only one of the four candidates had two verifiable references including one from their most recent employer. Two others had references on file but it was unclear in what capacity the people who had written the references knew the applicant, and they did not appear to be previous employers. The fourth staff member had only one reference. This was from their most recent employment. The manager explained that it was often difficult to get reference requests returned. The manager maintained a list of

Disclosure and Barring Service application dates and numbers for all of the staff working in the home.

The home employed a maintenance person. We spoke with the maintenance person and he told us he had been working at the home for ten years. He had completed training appropriate to his role. He carried out weekly checks of the fire alarm system and other fire safety equipment. He also did monthly water temperature checks. Records showed that regular fire drills were held and a full evacuation practice had been carried out in 2015.

There was a personal emergency evacuation plan for each of the people who lived at the home to advise staff and emergency personnel how to evacuate people safely in the event of an emergency. Emergency evacuation equipment was provided and the home had a reciprocal arrangement with a care home across the road to provide shelter for people in case of emergency. Fire evacuation diagrams were displayed around the building.

Key pads were fitted to external doors, the lift, and doors leading to the first floor. This meant that people who were unable to access these areas safely were not able to do so without support from staff. Window restrictors were fitted to windows and guards fitted to radiators. We tested a sample of call bells and found that these worked. Electronic door openers were fitted to hold some doors open, but would close in the event of the fire alarm sounding. This all helped to make the premises safe for the people living there.

Current safety certificates were in place for electrical circuits, the fire alarm and emergency lighting systems, gas including boilers, the passenger lift and portable moving and handling equipment. Water sampling for Legionella had been carried out in 2015.

We found that all parts of the home were clean, tidy and odour free. Deep cleaning schedules showed that areas were steam cleaned regularly as required. There were instructions for the housekeeping staff detailing what needed to be done in each area including cleaning of beds, mattresses and surfaces. Carpets were shampooed regularly by a contractor. The kitchen had a five star food hygiene rating.

We looked at the arrangements for storage, administration and disposal of medicines. The deputy manager, who had worked at the home for many years, took lead responsibility for medicines. Six senior care staff were able to administer medication.

There was a locked medication room on the first floor which was clean and tidy and contained appropriate storage for controlled drugs and medication that required refrigeration. Medication was stored safely and at the correct temperature. The deputy manager described the process she used for ordering repeat prescriptions. This involved contacting 12 GP surgeries. Medication was supplied by a dispensing pharmacy that was not a retail chemist. The deputy told us the pharmacy provided a good service, including an out of hours service, and they were going to carry out a pharmacy audit for the home.

Most medicines were supplied in a 'pod' system with a description of each tablet. A running balance was kept of all medication that was not supplied in the pods. The medicines were kept in three trolleys which were very tidy and well-ordered which made it easy for staff to find the right medicines for each person. Medication administration record {MAR) sheets were completed well with no missed signatures.

Four medicines were stored in the controlled drug cupboard. Records showed that they were checked and recorded at shift change overs, ie twice daily. Body charts were filed with the MAR sheets to show where medication supplied in the form of patches should be applied.

The deputy manager told us there was no use of 'as required' medication except for analgesics. One person was prescribed an anti-coagulant drug and good records of the dosage required and given were maintained. The deputy manager told us there was no covert (hidden) administration of medicines. One person was currently refusing to take their prescribed medicines and this had been reported to their GP.

Good

Is the service effective?

Our findings

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 decisions 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). During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were. We found that, where people required the protection of a DoLS, an application had been made to the local authority. Records confirmed that these decisions had been made on an individual basis depending on the person's needs. There was also evidence that this subject had been discussed with and explained to people's families.

A programme of staff training was provided in-house by a trainer. The home did not use DVD training or e-learning. This meant that the training was interactive and related specifically to Redcourt, and the staff were able to ask questions if they needed any clarification.

The training programme included first aid, food hygiene, control of substances hazardous to health, fire safety, moving and handling, safeguarding, mental capacity, infection control, diabetes awareness, dignity in care and dementia. Staff had also attended other courses about dementia. A member of staff told us "When I first came I was sent on courses about activities and dementia." We saw records to show that new staff completed a programme of induction training and worked alongside experienced staff.

Training, supervision and appraisal planners were in place. They showed that the manager supervised the senior staff and supervision of the other staff was devolved to the seniors. Staff had three supervisions per year, and more frequently when were new or if they need more support. A member of staff told us "I have supervision every three months and I get very good support."

The accommodation was provided over two storeys and bedrooms were divided into five units. All bedrooms were single occupancy and some had en suite facilities. There was a large communal room on the ground floor that was divided into different sitting areas with televisions, quieter spaces and a dining area. A smaller, domestic style lounge and dining room was also available and there were various sitting areas around the building. There was easy access to all areas of the ground floor including a pleasant courtyard garden in the centre which was accessible for people using wheelchairs. Trees at the back of the building made some bedrooms dark.

Adaptations had been made to the environment to support people who had mobility difficulties. These included a passenger lift, handrails in corridors and accessible showers and baths. Adaptations had also

been made to the environment to support people who had dementia to find their way around. For example, toilet doors and seats were red so they could be easily seen. Bedroom doors had the person's name on and a framed photograph of the person. This may help people to find their bedroom.

Lunch on the day we visited was soup, sandwiches and chips. The main meal would be served in the early evening. We observed good interactions between people who lived at the home and staff, and people were encouraged and supported with their meal. We observed that staff took their time to sit with people. People ate at their own pace and were not rushed. We also saw that people were provided with drinks and snacks throughout the day. A two weekly menu was in place and we were told that this was decided upon taking into account the preferences of the people living at the home. Facilities were available for staff to make drinks and snacks for people during the evening and overnight.

The cook told us that they were informed about the nutritional needs of any people new to the home but there were no written records of this. Care plans contained assessments of people's nutrition and a care plan detailing any support that they needed. People were weighed regularly and where a concern was identified, a referral was made to health professionals. A number of people who may be at risk had their food and drink intake monitored daily.

Good

Is the service caring?

Our findings

Relatives we spoke with were all very positive about Redcourt Care Home and praised the staff. They told us "The staff are caring, they are all so caring, they are lovely."; "I would commend the home on its friendliness. I've watched over time and the carers are all so nice and kind"; "You would go a long way to find anything better than here. It's all the little things. The carers are so lovely, they ask about other family members." and "I would commend the staff. They are so friendly and helpful and caring, they're brilliant."

Relatives we spoke with were also very satisfied with the way that care was provided. They told us "They treat her as an individual. They really do show their care for her especially when she's having a bad day."; "She is treated as an individual. We were involved in the assessment and they have brought us up to date." and "I don't go to the drop in sessions as there is no need, I'm very happy with the care."

We found evidence of good communication between the home and people's families. This included three monthly carers meetings and regular newsletters. The current newsletter consisted of five pages and had information about hairdressing, pharmacy, DoLS, and social events. A relative said "We get questionnaires and have carers meetings and then we get a newsletter. The manager chairs the meetings, tells us what's going on and asks for any suggestions. They definitely listen to us, our voice is heard." Another relative said "They will always phone me if there is a health problem and they will call the GP."

During our inspection we found that when staff were talking with and socialising with people they had a caring approach and communicated with the person in a way the person preferred. We also found that staff knew people well and knew how to reassure or distract them if they were upset or unhappy and they took the time to do so. People who lived at the home were comfortable with the staff and we observed warm and caring relationships.

During the inspection we heard the manager providing reassurance to a relative on the phone, in a patient, kind and helpful way. The manager had encouraged the formation of a 'carer support group' for relatives to support each other.

A written 'Statement of Purpose' for the home gave people good information about the service and a visitors' noticeboard contained relevant and useful information.

Good

Is the service responsive?

Our findings

A relative told us "There is nothing I would change about the home – we are so happy – she has settled and is happy." Another relative said "I'm very happy with the home. He's safe and well cared for. I don't think he could be any better cared for, he's always smart and clean."

During our visit we observed that staff spoke respectfully to people. They took the time to explain what they were doing and to obtain people's agreement. We saw staff spending time with people and supporting them in the way they wanted to be supported. There was a good, happy atmosphere in the home. The manager told us, and we observed, that most people were up and about and spent their time in the large communal room. A small number of people chose to spend the daytime in their bedrooms.

Night staff supported some people to get up at 7am as they required a specific medication that needed to be taken a period of time before breakfast and with the person in an upright position. Other people chose when they wanted to get up and we saw that people were having breakfast in the mid-morning. The manager told us that people had a shower at least twice a week and most people had a shower every day. People were prompted or supported with continence every two hours. The deputy manager told us that the provider bought a lot of continence products to supplement those provided by the NHS. These practices were established to help maintain people's hygiene and comfort and to protect their dignity.

The deputy manager told us that 'home loans' provided adjustable beds, padded sides, and pressure relieving mattresses for people who needed this equipment and this had "made a big difference" to the care they were able to provide when people were in bed. Eleven people had charts in place to record repositioning when they were in bed.

Four people required the use of a hoist for transfers. The home had three hoists which the night staff kept clean. People had their own slings. The slings were checked every day and this was recorded. We observed staff supporting one person to use a hoist to transfer from a chair. They took their time, explaining the process to the person, and ensured that they were transferred safely and comfortably.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care records of four people who used the service. Each person's records included a series of care plans and associated guidance which identified the person's individual needs and how they were to be met. We saw records which showed that people's care plans were reviewed regularly. The reviews were detailed and meaningful and plans had been updated to reflect any changes to the person's care and support needs.

The manager held 'surgeries' for families to go and see her and review the care plan. These were held every two or three months and relatives were invited to attend. A relative told us "I've been involved in assessments and the care plan – all fine."

The care records we looked at showed that people's care and support needs were assessed before they

moved into the home and information was also received from social services. Families were invited to visit the home before making a decision. This helped to ensure that people lived at a home which was right for them. The care records we looked at also showed that people were referred to medical professionals for support with their health. Some people living at the home were supported by district nurses for specific nursing needs.

The care plans followed an 'activities of daily living' rather than a person-centred model and contained little biographic information. They did not describe the person's preferred daily routine, likes and dislikes, or important family members, although the staff we spoke with were fully aware of all of these. The plans for care during the night were written in a more person-centred style.

Relatives we spoke with said there were plenty of social opportunities for the people who lived at the home. One person said "There is an activities coordinator and she does things with them. They have the TV with videos and DVDs. They do flower arrangement, jigsaws, painting. There's plenty of things to do. Some people go out." Another visitor told us "I love what the activities coordinator does, she's fantastic."

The activities coordinator told us about the social events she provided. These included: cards, dominoes, puzzles, reading newspapers, looking at photos, manicures, singalongs, tea parties including singing and dancing, cinema days with a projector and ice creams, painting, crafts, baking, bingo, indoor skittles and golf. Some of the activities were conducted on a one to one basis. People had been supported to plant seeds in raised beds in the courtyard. Musical entertainment was brought in once a month. A recent summer fair had been well attended.

Policies and procedures were in place to guide staff on the process to follow when a complaint was received. Information about how to make a complaint was available for visitors to the home via a poster displayed in the entrance area. It was also contained in the home's Statement of Purpose. The complaints procedure informed people of who they could contact both within and outside the organisation and provided contact details for them.

Records showed that complaints received had been investigated and the manager had taken action to address the issues and replied appropriately to the complainant.

Good

Is the service well-led?

Our findings

The home had a manager who was registered with CQC and had been in post for six years. A relative described her as "a really good, dedicated manager", and another relative told us "The manager is very nice and very approachable." A member of staff said "The manager is very approachable and is willing to work with you to find a solution."

There was also a deputy manager and a night manager. Finance and administration support was provided by two office staff who worked in a separate part of the building.

Records showed that regular staff meetings took place and had been held in January, March, May and June 2016. There had also been meetings for night staff in March, April and May 2016. The minutes of these meetings showed that staff were able to raise any issues that they wished to discuss, and that they were consulted about any proposed changes.

There were also regular meetings for families, and matters discussed included the environment, mental capacity and deprivation of liberty safeguards, equipment and activities. Satisfaction questionnaires had been sent out in 2015 to people who lived at the home and/or their families, staff, and professional visitors. A full report had been written and was available for people to read. This included a list of the written comments people had made. In general people were very satisfied and the only negative results were in relation to the grounds and the car park. The manager had made a list of all areas to be addressed and the provider's plans to deal with these, including timescales. This showed that the manager has made very good use of the information people had provided and demonstrated that the management style was open and transparent.

One relative told us "I can't think there is anything to improve."

We saw records of a series of audits that were carried out to monitor the quality of the service. These included monthly care plan audits with detailed comments about any improvements or updates needed; monthly accident and incident and health and safety audits; monthly complaints reviews; and monthly monitoring of any pressure ulcers. There was also a monthly update of the home's refurbishment programme.

A detailed monthly medicines audit was recorded, however this was very much the same every month and the provider may find it useful to try different formats sometimes, for example focusing on the medication for a number of named individuals. The infection control audit only covered the occurrence of any outbreaks of infectious illness, and did not address any other aspects of the prevention and control of infection within the care home environment.