

Mr & Mrs D O'Donnell

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Inspection report

The Red House
8, The Village, Kingswinford DY6 8AY
Tel: 01384 291757

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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 was an unannounced inspection that took place on 22 October 2014.

The last inspection of this service took place on 12 November 2013 and at that time we found that there were no concerns.

The Red House is a Residential Care Home registered for up to eight people. At the time of our inspection, there were six people who lived at the home. Bedrooms are located on the ground and first floor and there is a separate lounge and dining area.

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 told us they were happy with the care and support they received.

People told us that they felt safe in the home. We found staff were aware of their roles and responsibilities to keep people safe. Staff were aware of the Mental Capacity Act

Summary of findings

and were able to demonstrate their knowledge of the subject when talking to inspectors. This meant staff were able to identify when someone was able to make their own decisions and were supported to do so.

People were involved in planning their care and support and this was reflected in the care records looked at. Each person had been fully assessed prior to their admission and the information obtained during the assessment formed the basis for their individualised plan of care. Care plans held sufficient information to enable staff to provide the appropriate levels of care needed for each individual. All care plans were under regular review to ensure that any changes could be acted upon as soon as they were noted.

As this is a small home, we saw that the staff group, the people living at the home and the owners had a very relaxed manner and there was a very homely atmosphere that people who lived there commented on positively. All the staff we spoke with were aware of people's individual needs. Communication was very good and systems were in place to ensure information was shared immediately with the staff group, enabling staff to meet people's needs.

We observed people being treated with dignity and respect and staff and people living at the home spoke fondly of one another. People who used the service and their families all commented on how they felt part of a family at the home.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. People living at the home and their families all commented on the quality of the food and how much they enjoyed their meals.

We saw evidence of the home proactively engaging with health agencies in order to maintain and promote people's well-being. People living at the home and their families were confident in the home's ability to meet their needs and to take preventative action where necessary in order to keep people in the best of health.

Relatives of people told us they found the manager and staff approachable and that they would raise any complaints or concerns should they need to. Staff understood their role and felt supported by the manager. They demonstrated the skills and knowledge required to meet the needs of the people living there.

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.

Relatives and people who lived at the home told us that they felt safe. Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that appropriate action would be taken to ensure people were safe.

People were supported by sufficient numbers of staff who had the knowledge and experience to keep people safe and protect them from harm.

Good



Is the service effective?

The service was effective.

People received care that met their needs and care records held detailed information enabling staff to deliver this care. Families told us that they were kept informed if staff had any concerns about their relative's health or well-being.

People were supported to have enough food and drink when and how they wanted it and staff understood their nutritional needs and personal preferences.

Staff understood the Mental Capacity Act and there were systems in place that should make sure that people were not deprived of their liberty.

Good



Is the service caring?

The service was caring.

We saw that staff had good relationships with the people they cared for. People at the home and their families spoke positively about the care received and the warm, friendly atmosphere of the home.

People were treated with dignity and respect and staff understood how to provide care in a way that met an individual's care needs.

Good



Is the service responsive?

The service was responsive.

There was evidence that staff were following instructions in care plans and they were updated in a timely manner.

People at the home told us they felt listened to and that any concerns they may wish to raise would be dealt with swiftly.

Good



Is the service well-led?

The service was well-led.

People who lived at the home and their relatives were very complimentary about the registered manager and told us the home was well managed.

People told us that the manager and staff were friendly and approachable and that any concerns would be dealt with appropriately.

Good



Summary of findings

Staff also told us that senior management were supportive and approachable and were confident that any issues they raised would be dealt with in the appropriate manner.

Mr and Mrs O'Donnell

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 checked 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 22 October 2014 and was unannounced. The inspection team consisted of two inspectors. During the inspection we spoke with four people who lived at the home, the registered manager and provider, four members of staff and three relatives. We

observed how care was provided and looked at the care records of three people. We also looked at medicines management processes, handover sheets, daily recordings and quality monitoring surveys.

Prior to the inspection a Provider Information Report (PIR) was requested to obtain specific information regarding the service. The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. Unfortunately due to technical issues the provider did not receive this request for information prior to the inspection. The provider has given us a clear and firm commitment to send us a PIR in future.

We therefore looked at records held by CQC which included statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Is the service safe?

Our findings

People who lived at the home and their relatives told us that they had no concerns about the care people received or the way in which they were treated. One person said, “I feel very safe here.”

We observed staff interacting with people. We saw that staff were respectful and friendly and acted in an appropriate manner. For example, explaining to people about what was happening and ensuring that they were happy with the care they were receiving.

We spoke with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us that they were aware of the Whistleblowing procedure. Staff also told us that they had received training with regard to being able to recognise abuse and were confident that they could bring this to the attention of the manager and that it would be dealt with appropriately. Staff also told us that if the manager was absent, they would report any abuse to their local Social Services and Care Quality Commission.

During the inspection, staff told us how they were aware of the risks to people who lived there and how they kept people safe. For example, they told us about risks being reduced to people with equipment, such as a door alarm, which alerted staff when a person left their room so that they could provide the appropriate support and guidance.

We saw how people’s needs were met within an appropriate amount of time. People we spoke with and their families did not raise any concerns regarding the

staffing levels in the home. One person told us, “I’ve only ever had to use my call bell once and they came quickly enough”. One relative told us, “I am confident in what they do to keep my mother safe”.

We spoke with the manager and staff regarding staffing levels. Both confirmed that any staff absences were covered by the existing staff group. The manager told us that she also covers shifts herself as, “I would rather look after people here, they come first”.

We observed that people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We observed where medicines were stored. However, this was not considered to be secure enough and the provider immediately ordered a new drugs cabinet.

People told us that they received their medicines regularly and one person was able to tell us what their medicines were for, “I have 8 tablets a day, I need them for my arthritis”. We spoke to staff who were able to advise us as to how they administered and recorded medicines for particular individuals. One staff member told us, “We take our time to guide [person’s name] and instruct her on how to take her medicines”. We observed the procedures that staff took to safely administer medicines and we also looked at the records completed. Once medicines had been given we found that these records were completed clearly and accurately. We checked the amount of medicines there should have been against the records kept and these were correct.

We saw in the care records that any falls or accidents were recorded and the relevant authorities such as Social Services and CQC were notified if appropriate. The registered manager confirmed this with us.

Is the service effective?

Our findings

People using the service told us that they felt listened to and that if they needed the doctor then they would be called. People told us, “Staff listen to me”, “I can see the doctor when I want”, “They send for the doctor if you need them; just phone and they are there”. The care records we looked at also showed that people had been referred to a GP when they had become unwell. We also saw evidence that District Nurses had been contacted and were providing support to staff around pressure area care. At the time of our inspection there were no pressure area concerns.

People received the care and support they required in line with their specific care needs. Families told us that they were kept informed if staff had any concerns about their relative’s health or well-being. One family member told us, “The manager calls the doctor out if concerned and lets me know later”. We spoke to staff about individuals living at the home and they were able to provide us with detailed descriptions of each individual and their specific care needs. Staff were able to tell us how they managed a person’s diabetes, they told us what dietary measures and monitoring were in place. What they told us matched what was in the care records.

We saw that staff were aware of people’s dietary requirements and their individual likes and dislikes. We saw one person preparing lunch and each meal served was slightly different to the other, as people’s preferences were observed. The member of staff was able to tell us exactly how people liked their food served and presented.

At lunchtime, we saw one person who chose to eat in the dining room. Specific condiments were laid out for them and their preferred drink was also offered. Other people chose to eat in their rooms. We saw that meals were freshly cooked and looked appetising and each person in the home was individually catered for. A person told us, “If I don’t fancy what’s for lunch I can have something else”. One family member told us, “The quality of food is very good, Mum knows the difference between good and bad quality and you can’t fault the food here”. Another family member told us, “Meals are excellent”.

We saw that people were offered drinks during the day and each person had a jug of squash or water depending on their preference in their room, one person told us, “I don’t drink tea I prefer squash so that’s what I have”.

We saw that due to the small numbers of staff and people who lived at the home, communication within the home was very good and staff spoken with were aware of the needs of each particular individual who lived there. We observed staff and the registered manager informally discussing the events of the day and any current issues. We also observed staff recording in the daily records events of the day in relation to each person living at the home. This meant that any staff who came onto the next shift would be up to date and fully informed with regard to the current wellbeing of each individual in the home.

The staff and the registered manager were able to tell us the variety of training that takes place including safeguarding and deprivation of liberty. We were told by staff that they receive regular training. One staff member told us, “We always get enough training and if somebody’s needs change, additional training is always available”.

As this is a small home, the registered manager and staff met informally every day to discuss any issues or concerns that may have come to light.

We spoke with the registered manager regarding staff induction and training. Staff files seen showed that appropriate checks had been put in place before staff commenced in post. The staff records we looked at showed us that the correct procedures had been followed in respect of the recruitment of staff. Staff told us that they had formal supervision every two months and also daily discussions and this was evidenced. Staff told us that they were confident that if they needed to discuss any issues with the manager then they could do so.

A discussion took place with the registered manager regarding the Deprivation of Liberty Safeguarding (DoLS). The registered manager made us aware of a potential situation whereby a particular individual may have been deprived of their liberty in order to manage a particular risk around their care. The registered manager had put in an application for consideration to deprive a person of their liberty. The relative of this person had been fully consulted regarding the situation and advised us that, “I am confident in what they do to keep my mother safe. If they didn’t put any measures in place she would be at risk”.

Is the service caring?

Our findings

We observed that people were supported with kindness. People spoke fondly of each other, evidencing good positive relationships. People spoke positively about the care they received and the staff who supported them. One person told us, "I like being here, it's like a home from home, staff are friendly and know how to look after me. They treat me with respect." Another person told us, "The staff are nice people, they know how to care for me." One family member told us, "Staff are excellent, can't do enough, they are kind, friendly and approachable". Another person told us, "Every time I visit staff are friendly and chat to me and keep me informed", "They make a point of talking to me if anything is wrong".

We saw people being treated with dignity and respect. Staff knocked on doors before entering rooms and spoke in a respectful but friendly manner with people. One family member told us "Staff always knock before coming into the room and announce who is coming in and what is happening, they are very respectful". "They know what is important to my mum, for example it is very important that she looks nice, her clothes are matching and she has her hair done and always looks nice".

Another family member told us, "I am very impressed with the girls [staff], they are very gentle, talk to Mum nicely and treat her like a human being. It shows she is happy with them as she lets them call her by her nickname".

The staff and registered manager told us how people made their own daily decisions and we observed that people chose how to spend their time. One person told us, "I prefer to be in my room. My wife brings the papers, I prefer to read". Another person told us, "I spend my evenings with the manager in the lounge. I get up and go to bed when I want".

As this is a small home, there was very much a homely atmosphere and people told us that they felt they were part of a family. During the day we saw positive interaction between the manager, staff and people who lived at the home. The registered manager demonstrated a warm, caring manner and people responded in kind to her. We observed one particular person hug the manager every time they saw her and other people greet her warmly when she entered the room. Other people using the service and their families spoke warmly when talking about the manager, one person describing her as "Wonderful", and a relative told us, "The girls and the manager are like another family to us".

Is the service responsive?

Our findings

On the day of our visit, one person told us about what they was doing that day, “They take me to have fish and chips every Wednesday”. It was clear from our conversation that this was something this person enjoyed doing and that it was a regular activity for him.

The manager told us, “We used to take people out on visits, but people no longer want to do this” as they had become more frail. Some people chose to watch television and others listened to their preferred choice of radio station. People told us they preferred to be in their rooms. One person told us, “I like my room and my family visit”. Another person told us, “I don’t go out, I feel unsteady, I prefer to be in my room”. We witnessed staff encouraging this person to come out of their room and into the dining room. This person told us they liked to eat their lunch in the dining room as they enjoyed chatting to another person who lived at the home.

A relative told us that the manager had approached her to discuss the possibility of her relative sharing a room with another person as she was concerned this person was becoming isolated. She added, “She discussed this with me first before we all agreed to this, and it’s nice that she has some company”.

The manager told us that as people were less inclined to go out, she had arranged for an advocate to visit every Friday and speak to people in the home. People we spoke with told us that they met the advocate and enjoyed her visits. An advocacy service provides help and support to make sure that people have their voice heard on issues that are important to them.

All of the care records looked at showed us that people’s needs were assessed before they had moved in. One

person told us, “When I came in September they met with me and went through my care. It was set up for me just how I wanted.” Another person said, “The staff know how to care for me, they are nice”. A family member also told us, “Before my relative came into the home we met with the registered manager and she went through everything, likes, dislikes, how to address my mum”. Staff were able to tell us about this person’s preferences and we observed them referring to this person by their preferred name.

We saw that care files were regularly reviewed and updated. Staff demonstrated a knowledge of the changes in people’s care needs and a comprehensive handover system was in place to ensure that each shift had the most up to date and relevant information to hand to enable them to care for people properly. One relative told us, “They are on the ball, any concerns and they will get the doctor straight away”. We noted that following concerns that had been raised about a person’s medicines, the registered manager had immediately contacted the doctor to request a medicines review.

People told us they knew how to make a complaint and were confident that if they did so, it would be taken seriously and resolved. One person told us “If I had a complaint, I would speak to the registered manager. I have never had to complain, staff listen to me”. All families spoken to told us that they had never had a need to make a complaint. One person added, “I cannot fault the care given, I have had no reason to raise anything”. A family member told us, “If I had any issues I would speak to the manager”.

Whilst we found that there had been no recent complaints, we did see that the provider had a system in place to ensure any complaints or concerns were responded to appropriately.

Is the service well-led?

Our findings

People using the service and their families told us that the registered manager was approachable and that they could speak to her at any time. No one we spoke with had had cause to raise a complaint with the home, but all told us they felt confident that if they did, then it would be handled properly. They told us, “The staff and the manager are like another family”, “They are doing a marvellous job with my mum and she has responded to the home very well”, “We are more than happy with the care that she receives and she is well cared for”.

The registered manager told us that they checked with all of the people that lived there every morning to see if there were any concerns. The people we spoke with who lived at the home told us that they felt that the registered manager listened and actively sought their views on the care they were receiving. A family member told us that although they had not attended any formal meetings, they felt that they could raise any concerns with the manager at any time. The registered manager took action when concerns had been identified.

A relative told us that they had completed a survey that was sent out by the home. We checked files and saw that surveys were being sent out. The registered manager told us that surveys were sent out every 6 months as a way of measuring the quality of the service being delivered. Feedback from the survey seen was positive and had not

highlighted any areas for further improvement. People who lived at the home told us that their views were sought on a regular basis, one person said, “They always ask if you enjoyed your meal”. Another person told us, “They ask me every day if I am happy with things”.

Staff told us that they felt that the service encouraged the views of the staff that worked there. They told us that if they had to speak with management about any concerns they would feel comfortable to do this. They also felt they would be listened to. This showed a management culture that empowered staff to be open in sharing any concerns.

All of the staff we spoke with were enthusiastic about their job roles. One member of staff told us, “It is a lovely place to work. The management and support are great as are the people we look after”. All of the people that lived there and their family members were complimentary about the approach of staff and management to caring.

The provider had policies relating to whistle blowing and safeguarding which were accessible to staff. Staff told us that they were aware of the policies and had received training in both these areas.

The provider had procedures that ensured all relevant professionals were informed of any incidents when appropriate. This showed that there were systems in place to ensure accidents and incidents were managed and reported appropriately.