

Argyle Care Group Limited

Redcourt Care Home

Inspection report

2 Carnatic Road
Mossley Hill
Liverpool
Merseyside
L18 8BZ

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Tel: 01517241733

Website: www.argylecaregroup.com

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Redcourt Care Home is a residential care home located in Aigburth, a residential area of Liverpool. It provides personal care and accommodation for up to 53 people who are living with dementia. At the time of our inspection there were 48 people living at the home.

People's experience of using this service:

Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible. However, we found that the home did not maintain clear documentation relating to mental capacity assessments and decisions made in a person's best interests. We discussed this with the registered manager, who was aware this was an area they needed to improve in and was already in the process of addressing this.

There were systems in place to protect people from abuse and people living at the home and their relatives told us that they felt safe there. One relative said, "Safe? Very much so, we're made up with the place."

The home was well-maintained and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained.

Staff were safely recruited by the home. Records showed that the required pre-employment checks, such as criminal records checks, had been carried out. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

Medication was correctly administered, stored and recorded at the home by staff who had the required knowledge and skills.

Staff were well-supported with regular supervisions and annual appraisals with the registered manager. Most staff were up-to-date with training relevant to their roles and we found that staff who required refresher training had been booked to do so.

People living at the home were supported by staff to maintain a healthy and balanced diet. People and their relatives gave us positive feedback about the quality and choice of food available at the home. One person said, "Thumbs up, very good we are very well fed and the food is to a high standard, we are very lucky."

All the people and relatives we spoke with gave us positive feedback about the staff at the home. A relative commented, "The staff are great, they look after people so well." Staff knew the people they were supporting well, including their needs and preferences. We observed many warm, friendly and caring interactions between staff and the people living at the home throughout our inspection.

The care plans we looked at were detailed and informative, regularly reviewed and reflected the needs of the people living at the home. This helped staff get to know the people they were supporting and we found the staff we spoke with knew people well.

There was a good range of activities on offer to people living at the home. Examples of this included, arts and crafts, baking, dancing, singing and ball games. One person told us, "We have a singing group me and another lad started it. We sang at Christmas. We do quizzes and bingo we are very active."

The interactions we saw between staff and people living at the home showed there was a positive and caring culture amongst staff at the home. People and their relatives told us they felt the home was well-led. One relative said, "I suppose from the attitude of the staff they are friendly, helpful and approachable and they have a low turnover of staff with members of staff who have been there years and so they must be happy with the way they are managed."

The registered manager had various systems in place to monitor and improve the quality and safety of service being provided at the home They also gathered feedback about the service through quarterly carers' meetings, a registered manager's surgery and annual satisfaction questionnaires.

Rating at last inspection:

Good – 23 August 2016

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Redcourt Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Redcourt Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was carried out on 6 February 2019 and was unannounced.

What we did:

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had completed a Provider Information Return (PIR). 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. We also obtained feedback from the local authority.

During the inspection we looked around the premises, observed the interactions between staff and people living at the home, care delivery and activities provided for people. As some people were unable to give us their views we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people living at the home, three people's relatives and several staff who held various roles at the home, including the registered manager, deputy manager, carers, activities coordinator and kitchen staff. We looked at a range of documentation including four people's care records, medication storage and records, three staff files, accident and incident records, safeguarding records, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff along with other management records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff had received training on this topic and information about how to raise safeguarding concerns was readily available in various places throughout the home.
- Records showed that staff at the home took appropriate action when such concerns arose.
- People living at the home and their relatives told us that they felt safe there. Comments included, "The staff are great...they make you feel safe", "You are not left on your own, you always feel as if there is someone you can talk to" and "Safe? Very much so, we're made up with the place."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place and these were reviewed regularly.
- The risk assessments we saw gave staff the information and strategies they needed to safely manage these risks. For example, we saw that one person was at risk of developing pressure sores. This risk was mitigated by regular inspection of the person's skin and provision of appropriate pressure relieving equipment.
- We found that the home was well-maintained and the safety of the environment was regularly checked by staff. The home had a variety of up-to-date safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained.
- Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; fire safety training for staff and regular fire drills.

Staffing and recruitment

- People and their relatives told us they thought there were enough staff at the home. One person commented, "There is always someone there if you need them."
- We looked at staff rotas and observed staffing levels during our inspection. We saw that there were enough staff to meet people's needs and that staff attended to people promptly throughout our inspection.
- Staff were safely recruited by the home. Records showed that the required pre-employment checks, such as criminal records checks, had been carried out. This ensured that only people who were suitable to work with vulnerable adults were employed by the home.

Using medicines safely

- Medication was correctly administered, stored and recorded at the home by staff who had the required knowledge and skills.
- The medication administration records (MARs) and medication stocks we looked at had been appropriately completed and medication stocks were accurately accounted for.

- The home also had robust systems in place to ensure the safety and quality of medicines administration was maintained.

Preventing and controlling infection

- During our inspection the home was clean and free from unpleasant odours.
- We observed that staff used personal protective equipment (PPE) when necessary, such as when supporting people with personal care.
- This meant that staff and people were protected from the risk of infection being spread.

Learning lessons when things go wrong

- We saw that accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred.
- Staff we spoke with knew how to safely and effectively manage these situations.
- Records showed that appropriate action had been taken in response to any accidents and incidents that had occurred.
- We saw that the registered manager regularly reviewed this information to help identify any emerging patterns or trends that needed addressing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. 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.
- Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- However, we found that the home did not maintain clear documentation relating to mental capacity assessments and best interests decisions. This meant there was a risk that inappropriate decisions could be made on a person's behalf if they lacked capacity to make the decision for themselves. We discussed this with the registered manager, who was aware this was an area they needed to improve in and was already in the process of addressing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were effectively assessed before they were supported by the service. This ensured that staff at the home had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the details of people's care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. Such as age, disability and religion.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Most staff were up-to-date with training relevant to their roles and we found that staff who the provider had identified required refresher training had been booked to do so.
- The registered manager had organised training records to help ensure staff received the training identified for them.
- We found that staff were well-supported with regular supervisions and annual appraisals with the registered manager. This provided staff and the registered manager with a formal opportunity to discuss performance, any concerns and to address any training needs.
- Staff told us that they felt supported in their roles and the registered manager and deputy manager were approachable and helpful.

Supporting people to eat and drink enough to maintain a balanced diet

- Records showed that people were being supported to have enough to eat and drink and we saw that people that required assistance to eat and drink were given this support by staff.
- We also saw that people at risk of malnutrition had appropriate care plans in place and had their weight monitored monthly, or more frequently if necessary.
- People living at the home were supported by staff to maintain a healthy and balanced diet. This included enthusiastic kitchen staff who were knowledgeable about people's needs.
- People and their relatives gave us positive feedback about the quality and choice of food available at the home. Comments included, "The food is always nice" and "Thumbs up, very good we are very well fed and the food is to a high standard, we are very lucky." One relative said, "The food is lovely, we've been welcomed to have lunch too."

Supporting people to live healthier lives, access healthcare services and support

- We found the home worked effectively with other healthcare professionals to ensure people's health and wellbeing was maintained. Staff promptly sought support when required and assisted people to access other healthcare services when necessary.
- We saw that staff monitored changes to people's needs and made referrals to appropriate healthcare professionals in a timely manner, such as dietitians, speech and language therapists, tissue viability services.

Adapting service, design, decoration to meet people's needs

- We saw that people had been supported to personalise their rooms with their own pictures, items and furniture.
- The atmosphere and appearance of the home was homely and people looked happy and relaxed.
- Some of the people living at the home were living with dementia. We saw there were some adaptations at the home to help people living with dementia get around and understand things, such as signage and large, easy-read noticeboards and clocks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All the people and relatives we spoke with gave us positive feedback about the staff at the home. Comments included, "The staff are kind and caring, they help out a lot and they know when you want to do things for yourself", "The staff are lovely with [the people living at the home] the way they talk to them. They always have time for them" and "The staff are great, they look after people so well."
- Staff knew the people they were supporting well, including their needs and preferences. For example, the cook told us about one person who had a gluten free diet. The cook explained how they had learnt about how to meet this dietary need and how they enjoyed shopping for suitable ingredients. This meant that the person could enjoy essentially the same meals as everybody else but adapted to their needs, preventing them from feeling different or left out.
- We saw from people's care plans and the staff we spoke with that the home treated people as individuals with individual needs. For example, the home considered people's personal histories and any religious and cultural preferences. The home also assisted people to participate in their religious preferences.
- We observed many warm, friendly and caring interactions between staff and the people living at the home throughout our inspection. For example, we observed one member of staff very kindly and respectfully supporting someone to eat their lunch.

Supporting people to express their views and be involved in making decisions about their care

- People told us that staff supported them to make choices about how they spent their time. People told us that they had the freedom to get up in the morning and go to bed at night as and when they wanted to.
- Records showed that people and their relatives were involved in making decisions about their care and we saw that there was good communication between staff, people living at the home and their relatives. One person said, "You talk to the staff and they listen, this is one of the reasons this home beats everywhere else."
- The home had supported people who required the assistance of an advocate to do so. An advocate is an independent person who helps an individual to express their views and wishes, and help them stand up for their rights.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated them with dignity and respect. Examples of this included, staff communicating discretely with people when they needed assistance going to the toilet and knocking on people's doors before entering.
- All of the people living at the home had been supported by staff to maintain their appearance and dignity.
- One person's care plan explained that it was particularly important to them to maintain their appearance. We saw that this person had been supported to do so in line with their preferences.
- We found that people's confidential information, such as care plans, was stored securely at the service's

office and only people who required access could do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care plans we looked at were detailed and informative, regularly reviewed and reflected the needs of the people living at the home. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional and physical health needs. This helped staff get to know the people they were supporting and we found the staff we spoke with knew people well.
- There was also clear information on how to support people with any communication needs. For example, ensuring people who wore hearing aids or glasses were supported to wear them. We saw that people had been supported to wear any such aids. This meant that the service was supporting people with a disability or sensory loss to understand information given to them, in line with the Accessible Information Standard.
- There was a good range of activities on offer to people living at the home. Examples of this included, arts and crafts, baking, dancing, singing and ball games.
- People were supported to make choices about how they spent their time. For example, we saw that people could spend time in their rooms on their own if they wished to do so.
- People commented, "We can watch TV, listen to your radio. They have had singers in, whatever they have in the home I take part in" and "We have a singing group me and another lad started it. We sang at Christmas. We do quizzes and bingo we are very active."

Improving care quality in response to complaints or concerns

- The home had a complaints policy and procedure in place. We saw that people and their relatives were encouraged to make a complaint if they needed to and the details of how to do so were easily accessible.
- People and their relatives told us they felt comfortable raising any concerns if necessary.
- We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

End of life care and support

- At the time of our inspection none of the people living at the home were receiving end of life care. However, we found that people's wishes on their end of life care, including whether Cardiopulmonary Resuscitation (CPR) should be commenced in the event of them becoming unresponsive, had been discussed, documented and plans put in place to ensure that their preferences were met.
- We also saw that this important information was discussed at staff handovers to ensure all staff were aware of people's preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager led by example promoting a culture of person-centred care by regularly engaging with people living at the home and their relatives.
- The interactions we saw between staff and people living at the home also showed there was a positive and caring culture amongst staff at the home.
- Staff were well-supported by the registered manager through regular supervisions and team meetings.
- Staff told us that they enjoyed working at the home and the registered manager and deputy manager were approachable and helpful.
- People and their relatives told us they felt the home was well-led. Comments included, "The manager here is brilliant, communication is good", "[Registered manager] is the most organised person in running the home and her staff are well run" and "I suppose from the attitude of the staff they are friendly, helpful and approachable and they have a low turnover of staff with members of staff who have been there years and so they must be happy with the way they are managed."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Ratings from the last CQC inspection were clearly displayed within the home and on the registered provider's website, as required.
- The registered manager had notified the CQC of all significant events which had occurred in line with their legal obligations.
- The service had clear lines of accountability and there was a stable management team in place. The registered manager was supported by an experienced deputy manager, who worked alongside the carers supporting people living at the home.
- The home had a range of policies and procedures in place that staff were able to access if they needed any guidance. We saw that these policies and procedures were up-to-date and regularly reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had various systems in place to gather feedback about the service. These included quarterly carers' meetings, a registered manager's surgery and annual satisfaction questionnaires. One relative commented that the registered manager's surgery was a helpful way of communication with them. We saw that the feedback received was listened to and acted upon.
- Records showed that the registered manager held regular staff meetings. These meetings were

documented and provided staff with the opportunity to receive and share any important information.

Continuous learning and improving care

- The registered manager had a range of regular audits in place to monitor, assess and improve the quality and safety of service being provided at the home. These ranged from environmental and health and safety checks to care plan audits.
- The registered manager is a member of the Liverpool Registered Managers Network. These meetings are a forum that care services can attend to build relationships with other care providers in their local area and share ideas for service improvement and best practice. It also has guest speakers who provide updates on changes to legislation and good practice guidance.

Working in partnership with others

- The registered manager positively engaged with other health and social care professionals to ensure people's health and wellbeing was maintained.
- We saw that referrals to other health services were managed well and appropriately followed up on.