

Red Rocks Nursing Home Ltd

Red Rocks Nursing 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 20 November 2017 and was unannounced. At the last inspection, we found breaches of Regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in all areas of concern that we had previously identified and that these improvements had been sustained.

Red Rocks is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Red Rocks Nursing Home is registered to provide support for up to 24 people with nursing and personal care needs. It has 22 bedrooms, two of which are large enough to be shared. There are communal toilets and communal bathrooms with specialised bathing facilities for people to use and all bedrooms have private washing facilities.

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. There was a registered manager in post who was also the registered provider but they declined to engage with the inspectors or the inspection process. Fortunately for inspection purposes, the clinical lead and the care administrator assisted inspectors with their inspection of the home.

We looked at care plans and found that they covered people's needs. At our last inspection, risk assessment and care plans were sometimes generic and lacked sufficient detail. At this inspection we saw that improvement had been made. Some of the wording of people's care plans and risk assessments was generic but we saw that staff had added in extra detail about the person and their needs were applicable. Greater detail had also been added to various aspects of people's care such as nutrition and falls.

Records showed that people received the day to day care they needed from the staff team and we saw that where people needed support from other health and social care professionals, this had been organised without delay. For example, people received support from dieticians, speech and language therapy, diabetic care, podiatry and physiotherapy.

We saw that there were activities available and people said that they enjoyed them. An activities co-ordinator was employed by the provider and we saw that a range of group and one to one activities were available for people to participate in. This promoted people's well-being.

The home employed adequate staff in order to meet the needs of the people who lived there. The staff employed were supported by the clinical lead and care administrator to do their jobs well. They had access to regular training, support and supervision. We found the staff on duty to be pleasant, co-operative and

attentive to people's needs. The staff were kind and caring and we saw many examples of how they respected the privacy and dignity of the people who lived in the home. People spoke very highly of the staff and the care that they received. When we spoke with staff, we found they had a good knowledge of the people they cared for including their day to day preferences and likes and dislikes

The premises were cleaned and well maintained. We saw that the equipment was regularly checked to ensure that it was safe for use. We also saw that the service ensured that the maintenance of the home did not disrupt the care that was being provided. We found however that the home was not sufficient dementia friendly to ensure that people's ability to be independent was promoted. The home lacked adequate signage to promote the ability of people who lived with dementia to navigate around the building independently.

At our last inspection, the manager and staff lacked sufficient understanding of the mental capacity act 2005. At this inspection, we saw that staff had undertaken training in the mental capacity act 2005 and the deprivation of liberty safeguards. Staff we spoke with about this legislation demonstrated they now understood this legislation and their responsibility within it. Records showed that since our last inspection they had applied the act to ensure that people's consent was lawfully obtained. .

We saw that risk assessments were in place and were updated regularly to keep people safe. This included the assessment of any potential risks associated with the use of bed rails. This was an improvement since our last inspection and ensured that people who had bed rails installed were safe to do so.

Medicines were managed well for everyone who lived in the home. Stock levels of people's medication were correct and safely stored. Records showed people received the medicines they needed. Medication plans in respect of the application of topical creams and ointments needed improvement.

End of Life care was an area where the service particularly focussed and this had been recognised with the service holding the Gold Standard Framework (GSF) Platinum Beacon status for End of Life Care. It was clear that this award and the values of the GSF were very important for all of the staff.

The management of the home had improved since our last inspection. Improvements had been made to the management of risk, care planning, fire safety arrangements, medicines, staff training and support, mental capacity care and the systems in place to monitor the quality and safety of the service. It was clear that the staff team had worked hard since our last inspection to ensure the service complied in full with the health and social care regulations. People we spoke with confirmed that the service was well led and everyone we spoke with was happy with the care they received.

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.

Risks in relation to people's care had been assessed and risk management advice was being followed. People's emergency evacuation information had been improved.

Staff were recruited safely and the number of staff on duty was sufficient to meet people's needs in a timely manner.

People received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

The understanding of staff and their application of the Mental Capacity Act 2005 had improved. Capacity assessments had been completed in relation to specific decisions in accordance with the legislation.

Staff had received adequate support, training and supervision in order for them to carry out their roles effectively. A clinical lead had been appointed to supervise nursing staff.

People were offered a variety of food and drink that was appropriate to their needs, likes and dislikes.

Is the service caring?

Good ●

The service was caring.

Everyone we spoke with spoke highly of the staff at the home and the care they received.

Staff were kind and respectful when people required support. A warm compassionate approach was observed in all interactions.

People's independence was promoted and people were able to

make choices in how they lived their lives.

Staff were familiar with people's needs and spoke warmly about the people they cared for.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good knowledge of people's needs. We saw some good examples of person centred interactions.

Care plans contained some generic wording but had been improved by staff adding person centred information where applicable.

A range of social activities was provided and visits from the local church were arranged to support people's religious needs.

Referrals to other healthcare professionals were made as and when required in support of people's health.

There was a complaints procedure in place. People and relatives we spoke with knew how to make a complaint but said they had no complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager declined to interact with inspectors during the inspection.

The clinical lead and care administrator demonstrated good team working in order to provide the best care for people living in the home.

People's satisfaction with the service was sought through satisfaction questionnaires. Feedback was positive.

The culture of the home was open and inclusive. The staff showed a positive commitment to continuous improvement.

Red Rocks Nursing 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 20 November 2017. The inspection was unannounced. The inspection was carried out by an adult social care inspector and an adult social care inspection manager 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 service.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority for their feedback on the service.

At this inspection we spoke with 12 people who lived at the home, five relatives, the clinical lead, the care administrator, the home administrator, a nurse and three other members of staff. We also spoke with a visiting GP.

We looked at a variety of records including four care records, four staff records, staff training records, a range of policies and procedures, medication administration records and a range of audits. We looked at the communal areas that people shared in the home and a sample of people's individual bedrooms. We observed staff practice throughout our visits.

Is the service safe?

Our findings

At our last inspection we found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments lacked adequate detail of people's individual needs, professional advice was not always followed and personal emergency evacuation plans (PEEPS) were insufficient, inaccurate and out of date. At this inspection we found that improvements had been made in all of these areas we identified at our last inspection as an area of concern. This meant the service was no longer in breach.

At our last inspection, we found that people's risk assessments and risk management plans were sometimes generic or lacked sufficient details about the care people required to mitigate risks to their health, safety and welfare. At this inspection, we saw that risk assessments had been updated. People's risk assessments identified people's risks and gave staff guidance on how to support them. Some of the wording was still generic but we could see that specific information about the person had been added by staff where this was needed. People's PEEPS had been updated with information about their individual need and risks which meant that emergency personnel now had accurate and sufficient information on the support people required to evacuate to safety.

We looked at how the service managed incidents. Accidents and incidents were recorded on accident and incident forms and we saw that appropriate action was taken to access suitable support for people involved in accidents and incidents. Accident and incident information was audited to look for trends or patterns in how, when and where people fell. We were shown that a pattern had been established for one person and that action had been taken to improve their safety and lessen the risk of further accidents. This was good practice.

There was evidence to show regular health and safety tests were carried out on the premises and the equipment in use at the home. The home's electrical and gas installations, moving and handling equipment and fire alarm system were all regularly inspected and serviced by external contractors who were competent to do so. This ensured the premises and its equipment remained safe and suitable for its intended purpose.

We saw that the home was clean and tidy and the cleaners were working during our inspection. We did note that cleaning products were left out unattended and we pointed out the risks in relation to this to staff as people who may have been confused could have accessed products that maybe harmful to their health.

We checked a sample of people's medication administration records. We found that people's medication records were accurate and their stock of medication balanced with what had been administered. This indicated that people had received the medication they required. We also saw that care plans in relation to 'as and when' medications had been improved. We found however that people did not have suitable plans in place for the administration of topical medicines such as creams and ointments. There were no body maps in place to show staff were to apply these creams and staff had no clear guidance on how, when and where to apply people's creams. We spoke with the clinical lead about this and they said they would resolve

this without delay.

We spoke with three members of staff about safeguarding vulnerable adults from potential abuse. All staff demonstrated an understanding of potential types of abuse and the action to take should abuse be suspected. They said they had received safeguarding training recently and staff training records confirmed this. There had been no safeguarding concerns reported since our last inspection.

We looked at the recruitment files for four members of staff. We saw that they had all been robustly recruited and all the appropriate checks had been carried out prior to them commencing work.

Is the service effective?

Our findings

We asked people if there were enough staff at the home to meet their needs. People told us "There is enough staff yes. They come when I need them. They come quickly, especially when I need the toilet." Another person said "I have a call bell, I don't use it often, which suggests to me the staff are doing their job."

At our last inspection we found that the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received adequate training, support or supervision to enable them to carry out their job roles effectively. At this inspection we found that improvements had been made in all these areas in response to our feedback which meant the service was no longer in breach.

At our last inspection, there was no clinical lead in post to ensure that nursing staff received clinical supervision and support in their job role. At this inspection, a clinical lead had been appointed and had ensured that the nurses employed in the home received the clinical support they required. The clinical lead told us that it was "Better (for nursing staff) having a clinical lead"

We looked at staff training records. We saw that all staff had received adequate training in their job role and regular supervision from a senior member of staff. At our last inspection, staff had not received training in mental capacity or the deprivation of liberty safeguards but at this inspection, we saw that the manager had rectified this. We also saw that there was now a closely monitored recording system of training and supervision so that the manager knew what training and supervision had been undertaken. Records showed that all staff had also received an appraisal since our last inspection which was also an improvement.

At our last inspection we found that the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had been failing to correctly apply the Mental Capacity Act 2005. We saw at this inspection improvements had been made and the service was no longer in breach.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that 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.

We saw that people who lived with dementia had cognition and communication plans in place that gave staff some information about the person's level of understanding and their ability to communicate. Some of this wording was generic. For instance one person's communication care plan advised staff to encourage the person to persevere to word find during conversations yet the person's care file indicated the person had no communication or cognition difficulties. This meant the some of the generic wording was not applicable to some people. This required review.

When we looked at people's care records, we found that where people's capacity was in question, capacity assessments and best interests meetings had taken place in relation to any specific decisions that needed to be made with the person's consent or in their best interests. This was a improvement since our last inspection and ensured that decisions made on people's behalf were lawful.

At our last inspection, we found that people's relatives had been permitted to sign consent on the person's behalf without evidence that they had the legal authority to do so. At this inspection, we saw that action had been taken to address this and that consent had only been sought from people's relatives where a lasting power of attorney was in place.

At this inspection we saw that the manager had ensured that an assessment of the person's capacity to keep themselves safe independently outside of the home had been undertaken and justified the submission of a DoLs application before it was completed. This was good practice.

Although the home was pleasantly decorated and well maintained, we found the environment was not dementia friendly in order to support people who lived at the home with dementia to remain as independent as possible. For example, signage throughout the building was limited. Good signage around the building or use of contrasting colours in different parts of the home has been shown to be effective in helping people who live with dementia to way find so that they can remain as independent as possible, for as long as possible. This aspect of the environment had been noted at the last inspection but we could not see that any improvements had been made.

We observed the serving of lunch during our inspection. The table was set nicely with linen and china tableware. We saw people had a choice of where to take their meals and the majority had chosen to eat in their rooms. A small group of people sat at the dining room table. There were limited places to eat in the dining room, with only one table available but no one raised any concerns about this. The food looked and smelt appetising and portion sizes were generous. The mood around the table was relaxed and homely and the whole experience of lunch was unrushed and positive. Some people we spoke with told us that they did not know in advance what they were going to have for their meals but they did not seem upset by this.

We saw that people had regular access to health care when they needed it. We spoke with a GP who was visiting the home during our inspection. They told us that they had no concerns about the home and they thought hat the home provided good care for the people who lived there. They told us "We have a good interface with the staff. They work well with us to ensure that people's needs are met."

Is the service caring?

Our findings

Everyone we spoke with, both relatives and people who lived in the home spoke very highly of the staff. Comments we received included "They do things with a smile", [Living in a care home] "It can be embarrassing sometimes, they are very good around that." "I can't fault them, they are lovely to me." One relative told us that "They are excellent with Mum. My husband has got his name down if he ever needs anywhere."

All of the interactions we observed between staff and the people who lived in the home were kind and caring. We saw that people were supported at their own level and pace and were encouraged to make clear choices in how they wished to be cared for. We met one person who had just got up late on in the morning. They told us "I'm happy with the care here. Anything I need and want really, nothing is to much trouble."

We observed staff chatting with people whilst supporting them with their day. It was obvious that staff knew people well and were able to talk to them about the things that they were interested in. We also noted that staff made sure to treat people with respect regardless of their capacity to consent. We saw that staff explained what they were going to do and asked people how they wished to be supported. Where people had short term memory loss or required re-assurance we heard staff talking to them about their family, reminding them of past events or up and coming visits from family members. This was good practice and promoted people's well-being.

Feedback that we received from families supported the view that the service was very skilled and compassionate when supporting people with their care needs. Among the many comments were: " The whole place is really good. It's wonderful" and "We are made to feel very welcome, anything I need to know I only have to ask."

We saw that personal information was stored confidentially at the service. We also saw examples of staff maintaining the privacy and dignity of people using the service. When people were receiving help with personal care we saw that a sign was placed on the door to inform people not to disturb them.

Is the service responsive?

Our findings

We asked people what they did during the day and we were told "There is always something going on, we play games things like that." Someone else said "We have a dog comes in, he's lovely. We go out for tea and cake sometimes." People also told us "You can do things if you want to. We're encouraged to sit in the lounge not in our rooms."

The provider employed an activities co-ordinator who organised a wide variety of activities for people who lived at the home to participate in. Activities such as board games, morning walks, group quizzes, trip outs for tea and cake. On the day we visited, a small group of people took part in a religious service and in the afternoon a therapy dog came into the home which was very well received by people. These type of activities ensured that people's social needs and interests were catered for.

We saw that the activities co-ordinator also took the time to ensure that people who did not wish to participate in group activities, had one to one time. We observed them sit with one person who lived with dementia and and talked to them about their family photograph and what they represented. This type of activity is called reminiscence therapy. It promotes people's well-being and helps staff members connect with the people they are caring for.

All of the people and relatives we spoke with had no complaints or concerns about the care they received. One person told us "I have no complaints. I am well looked after". Another said "If I had a problem I would tell one of the nurses and they would sort it out for me." We looked at the complaints log and saw that no complaints had been made since the last inspection.

Staff we spoke with were knowledgeable about people's needs and the day to day care they required. We saw that each person's care file contained an assessment and care plan. At our last inspection, some people's care plans were not person centred. We saw that some improvements had been made to people's care plans following our last inspection. We saw that care plans still contained generic statements but found that staff had added in extra details about the person and their needs and preferences where they could. There was also greater details about various aspects of their care for instance nutritional needs and falls. The signs and symptoms to spot in the event of ill health had also been added to care plans so that staff could take immediate action.

Records showed that referrals to other healthcare professionals were made in support of people's health and well-being needs as and when required. Records showed that people received appropriate support when required and where professional advice had been given we saw that this was documented and followed. For example, we saw that one person had a medical condition that required close monitoring. We spoke with the nurse about this. They showed us records relating to what monitoring and action they had taken when the person's monitoring had shown signs of change. This was good practice and ensured that signs of ill-health were picked up quickly and addressed.

End of Life care was an area where the service particularly focussed and this had been recognised with the

service holding the Platinum Status for the Gold Standards Framework. The GSFCH Training Programme aims to improve the organisation and quality of care for people using services in the last years of life, to improve collaboration across boundaries and to reduce avoidable hospital admissions. To qualify for accreditation, care homes must have undertaken the full GSFCH Training programme over 9 months, embedded this into their homes for at least 6 months and then undertaken a rigorous accreditation process 'Going for Gold'. Platinum Status is achieved when the home have received 3rd time accreditation.

Is the service well-led?

Our findings

We asked people if the service was managed well. All of the comments we received were positive. People told us "She does a good job, the blonde lady. She runs it well" and "They are good, especially when I need help."

When we arrived at the service we saw that the registered manager who was also the registered provider was present and we asked to speak with him. We were told that he was busy but would be with us shortly. 45 minutes later we were told that he had left the building to go on holiday and had declined to speak with us. We insisted on speaking with him on the telephone which he did briefly but he declined to take part in the inspection process. Due to this it was difficult to ascertain the role and responsibilities they held within the home and their level of involvement in ensuring the concerns identified at the last inspection were rectified.

The clinical lead and care administrator however helped with the inspection. Without their help and the presence of the registered manager we would have struggled to complete the inspection as we did not have access to all of the records we needed to do so. The support provided by the clinical lead and care administrator during our inspection helped us determine people's care was well managed. We found that that clinical staff and care staff were worked as a team to provide good care for the people who lived at the home. Clinical staff and care staff were positive and open about the improvements they had made and the care they provided. We found that this had impacted positively on people's experience of care.

At our last inspection we found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified that the service had not complied in full with the Health and Social Care Act. There were breaches of the regulations and the management systems and processes in the home had failed to recognise this. At this inspection we found the concerns we identified at our last inspection, had been taken on board and addressed. The staff team had worked together and tackled all of the concerns we had identified. They had improved the care provided and made sure that the auditing and managerial systems in place were effective. This meant they were able to demonstrate that the service had learned from their previous mistakes and were providing better care because the improvements had been made.

During our visit we found the culture of the home to be positive and caring. We observed lots of pleasant interactions between staff and people who lived at the home. Staff were kind, caring and compassionate in all aspects of the care delivered. Visitors to the home received a warm and friendly welcome and staff were observed to have good relationships with each other and worked well as a team.

We saw that questionnaires seeking feedback from people who lived at the home, relatives and other healthcare professionals were sent out regularly to assess and monitor the quality of the service provided. We reviewed a sample of the questionnaires completed in 2017 and saw that positive feedback was received in respect of the care provided.