

RRC (GB) Ltd

Restoration Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 April 2016 and was unannounced. At the last inspection in August 2014 we found the service was meeting the regulations we looked at.

Restoration Residential Care Home is a small service which provides care and accommodation for up to four adults. The service specialises in supporting people with mental health needs. At the time of our inspection there were three people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found the provider in breach of their legal requirement with regard to good governance. This was because not all records kept by the service had been maintained in such a way as to ensure these were accurate and up to date. You can see what action we told the provider to take with regard to this breach at the back of the full version of the report.

Assessments undertaken of the safety of the environment had not fully documented all the potential risks to people posed by the premises and equipment within it. Assessments of people's individual rooms and communal areas in the home did not record some key risks that could be harmful to people. The registered manager confirmed measures were in place to manage these risks. However the lack of information in risk assessments meant there was no record for how the service ensured people were protected from the risk of injury or harm from these risks. Staff demonstrated a good understanding of how to keep people safe from risks posed by the environment. Where risks to people had been identified and documented, plans were in place to minimise these. Staff ensured the premises and equipment were clean, tidy, free from hazards and subject to maintenance and service checks.

Arrangements were in place to check the quality and safety of the service. The registered manager carried out a six monthly review of key aspects of the service. No issues had been identified at the last review in September 2015. However the registered manager acknowledged the frequency of checks needed to be reviewed in light of the issues about the quality of records. The registered manager had been proactive in making improvements when shortfalls in the service had been identified. Following visits made by the pharmacist and London Fire Brigade to the service, they took action to implement recommendations they had made.

People were asked for their views about how care and support could be improved, through surveys and residents meetings. However a survey was last done in April 2015 and minutes from recent resident meetings had not been recorded. This meant we could not gain a consistent view about the current effectiveness of the service in dealing with people's suggestions for improvement.

The registered manager understood their role and responsibilities and encouraged an open culture within the service. People were satisfied with the care and support they received. People said they were comfortable talking to staff about any issues or concerns they had and they told us they felt listened to. The provider had arrangements in place to deal with any concerns or complaints people had in the first instance. However people were not correctly informed about how they could take their concerns or complaints further. The registered manager was taking action to rectify this.

People were supported by staff to take their prescribed medicines. Medicines were stored safely. Our checks of stocks and balances of medicines confirmed these had been given as indicated on people's records. We also identified there was no written guidance for staff on how and when to administer an 'as required' medicine. 'As required' medicines are medicines which are only needed in specific situations such as when people may require relief from increased anxiety. The registered manager acknowledged the lack of written guidance was not good practice and they would take steps to address this.

There were enough suitable staff to care for and support people. The registered manager had carried out appropriate checks to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. They told us they were well supported by the registered manager and were provided opportunities to share their views and discuss any issues or concerns they had about work based practices.

People were involved in planning and making decisions about their care and support needs. Their support plans reflected their specific needs and preferences for how they were cared for and supported. Staff had a good understanding and awareness of people's needs and how these should be met. People needs were regularly discussed and reviewed with them. People were supported to keep healthy and well. Staff ensured people were able to promptly access other healthcare services and professionals when needed. People were encouraged to drink and eat sufficient amounts to meet their needs.

People were encouraged to develop and maintain social relationships. Relatives and friends were welcome to visit with people at the service. People were also encouraged to build social networks in the community. People were supported to undertake activities of their choosing. They were also supported to develop and maintain skills designed to help them to live more independently.

Staff ensured people's right to privacy and to be treated with dignity were respected. They spoke with people respectfully and supported them appropriately when they became anxious. Staff made sure confidential information about people was kept securely. The way they supported people during the inspection was respectful, caring and considerate.

People told us they were safe. They were given information about what to do if they were abused, harmed or discriminated against. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. There was a procedure in place for all staff to follow to ensure concerns were reported to the appropriate person and authorities.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application under DoLS should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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 not always safe. The registered manager had not documented some of the risks posed to people by the premises and equipment within it. This meant there was no information about how the service ensured people were protected from the risk of injury or harm from these risks.

Where risks to people had been documented, plans were in place to minimise these. Staff ensured the premises and equipment were clean, tidy, free from hazards and subject to maintenance and service checks.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely. However the registered manager did not follow current good practice in ensuring there was written guidance for administering 'as required' medicines.

Staff knew how to recognise abuse and to report any concerns they had, to ensure people were appropriately protected. There were enough staff to care for and support people. The registered manager had carried out checks of their suitability and fitness to work at the home.

Requires Improvement 

Is the service effective?

Good 

The service was effective. Staff received training and support from the registered manager to ensure they could meet people's needs.

Staff knew what their responsibilities were in relation to the Mental Capacity Act 2005 and DoLS. Procedures were in place to ensure that where people did not have capacity and when complex decisions had to be made the registered manager involved relatives and health and social care professionals to make decisions in people's best interests.

People were supported by staff to eat well and to stay healthy. When people needed care and support from health and social care professionals, staff ensured they received this promptly.

Is the service caring?

Good 

The service was caring. People spoke positively about staff. Staff knew people well and what was important to them in terms of their needs, wishes and preferences.

Staff respected people's right to privacy and to be treated with dignity. They spoke with people respectfully and supported them appropriately when they became anxious. Staff made sure confidential information about people was kept securely.

People were encouraged by staff to be as independent as they could and wanted to be. They were supported to develop and maintain skills designed to help them to live more independently.

Is the service responsive?

Good ●

The service was responsive. People had support plans which set out how their needs would be met by staff. Plans reflected people's choices and preferences for how they received care and support. They were reviewed to identify any changes that may be needed to the support people received.

People were encouraged to develop and maintain social relationships with others. Relatives and friends were free to visit the service. People were supported to develop social networks in the community.

People were satisfied with the care and support they received. The provider had appropriate arrangements in place to deal with any concerns or complaints people had in the first instance. However people were not correctly informed about how they could take their concerns or complaints further.

Is the service well-led?

Requires Improvement ●

The service was not always well led. Not all records kept by the service had been maintained so that they were accurate and up to date.

Arrangements were in place to check the quality and safety of the service. But, the registered manager acknowledged the frequency of checks needed to be reviewed in light of issues around the quality of records.

People were asked for their views about how the service could be improved. But there had been no recent surveys and minutes were not recorded of recent residents meetings so we could not gain a consistent view about the effectiveness of the service in dealing with people's suggestions for changes and

improvements.

The registered manager was proactive in making changes and improvements when shortfalls in the service had been identified, taking appropriate action following visits made by the pharmacy supplying medicines to the home and London Fire Brigade.

Restoration Residential 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 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 28 April 2016 and was unannounced. The inspection team consisted of two inspectors. Before the inspection we reviewed information about the service such as notifications about events or incidents that have occurred, which they are required to submit to CQC.

During our inspection we spoke with three people using the service. We also spoke with the registered manager and one care support worker. We observed care and support during the course of the day. We also looked at records which included three people's care records, three staff files and other records relating to the management of the service.

After the inspection we spoke with a care coordinator from a local authority who shared their views and experiences of the service. A care coordinator is health and social care professional responsible for coordinating the care and support people require.

Is the service safe?

Our findings

In their assessments of the safety of the environment the registered manager had not fully documented all the potential risks to people posed by the premises and equipment within it. Records showed the registered manager had carried out assessments of the premises to identify how this could pose risks to people. These covered people's individual rooms and communal areas in the home such as the kitchen and living room. However these did not record some key risks that could be harmful or injurious to people. For example the risk assessments of people's individual rooms did not document in detail how potential risks of burns and scalds would be minimised from radiators and hot water taps in en-suite bathrooms. The registered manager told us measures were in place to minimise these risks such as a thermostatic valve to regulate hot water temperature. They acknowledged however the lack of information in risk assessments about the measures taken to minimise these risks, did not provide a clear record for how the service ensured people were protected from the risk of injury or harm.

However in our conversations with staff they did demonstrate a good understanding and awareness of how to keep people safe from risks posed by the environment. A staff member said, "Sometimes [person using the service] likes to help with cooking and I try and keep them safe when they're helping me." The registered manager had ensured other key checks of the premises and equipment within it were undertaken. Records showed checks had been made of fire equipment and systems, alarms and emergency lighting. Although the registered manager could not show us during the inspection evidence of servicing and checks of portable appliances and the gas and heating system we were subsequently sent copies of certificates to verify these checks. A care coordinator spoke positively about the environment. We observed the environment was clean, tidy and free of hazards that could pose a risk to people's safety.

The registered manager had identified specific risks posed to people due to their current healthcare needs and medical conditions. Guidance was put in place for staff on how to minimise these identified risks to people. One person told us how their underlying medical condition had improved since moving into the service due to the support and care provided by staff in helping them to manage this.

People were supported by staff to take their prescribed medicines when they needed them. Each person had their own medicines administration record (MAR sheet) which was signed by staff each time medicines were given. We saw no gaps or omissions in these records which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's individual MAR sheets. Our checks of controlled drugs showed people received these as prescribed. Records showed staff had received training in the safe handling and administration of medicines. Medicines were stored safely in a locked cupboard. Staff checked the temperature of the cupboard daily to ensure this did not exceed levels at which the efficacy of medicines could be reduced.

We did identify there was no written guidance for staff on how and when to administer an 'as required' medicine for one person using the service. 'As required' medicines are medicines which are only needed in specific situations such as when people may require relief from increased anxiety. Our checks showed that the person had not required this medicine for some time. However the registered manager acknowledged

the lack of written guidance was not good practice and they would take steps to rectify this.

People living at Restoration Residential Care Home said they were safe. One person said, "[I] get treated very well." Another told us, "Yes, I feel very safe here." Records showed staff held meetings with people, using an easy read guide, to help people understand the risks to them from abuse and discrimination. People were informed about their right to be protected from abuse and how they could report this and to whom if they believed they had been abused or harmed. Staff working at the service had received training in safeguarding adults at risk. In our discussions with them they were able to tell us about the signs they would look for to identify situations or circumstances in which people may be at risk of abuse and the action they would take to ensure people could be sufficiently protected. There was a reporting procedure in place for all staff to follow which outlined how and when to report their concerns and to whom. The registered manager was clear about their responsibilities for ensuring concerns were reported immediately to the investigating local authority and for working proactively with other agencies to ensure people received the appropriate protection and support.

There were enough suitable staff to care for and support people. The registered manager took account of the level of care and support people required each day so that there were enough staff on duty to support them safely. We observed staff were visibly present and providing support and assistance to people when this was needed. The registered manager checked staff were suitable and fit to work at the service. Records showed checks were carried which included staff's identity, eligibility to work in the UK, criminal records checks, qualifications and training and evidence of previous work experience such as references from former employers. Staff also completed a health questionnaire so that the provider could assess their fitness to work.

Is the service effective?

Our findings

People said staff supported them to meet their care needs. One person said, "I feel the staff have helped move me on to a better position. I would have been dead without them." Another person told us, "I get what I need." A care coordinator said staff were able to meet people's needs. Records showed staff received training to enable them to support people effectively. They had attended training in areas appropriate to their work including training in dementia awareness and continence care, to meet people's specific needs. The registered manager monitored training needs through one to one meetings (supervision) with staff. This enabled them to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. A staff member told us, "I have had a lot of training to help me in this job."

People were cared for by staff who were supported in their roles by the registered manager. Records showed staff attended a supervision meeting every two months with the registered manager in which they were encouraged to reflect on their working practices, discuss work issues or concerns and any learning and development needs they had. A staff member told us they felt well supported by the registered manager. They said in addition to supervision meetings there were regular team meetings and a shift handover meeting twice a day. They told us, "These are very good as you are made aware of everything and you know what's going on."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Records showed the registered manager assessed people's level of understanding and ability to consent to the care and support they needed. All the people using the service had capacity to make decisions about specific aspects of their care and support needs. However if a concern was to arise about an individual's capacity to make specific decisions, a procedure was in place to ensure people involved in their care, such as family members and healthcare professionals would actively participate in making decisions that were in people's best interests. All staff had received training in relation to the MCA and DoLS. The registered manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one.

People were supported by staff to eat and drink sufficient amounts to meet their needs. Where there were concerns about this, people's weight was monitored to ensure they were maintaining a healthy weight. One person told us they had been supported by staff to gain weight after they had lost an excessive amount prior to moving in to the service. They said they were much happier now they had regained the weight they had lost. Records showed people's nutritional needs had been assessed by the registered manager which took

account of their healthcare conditions as well as their specific likes and dislikes for food and drink. They used this information to plan menus with people which took account of their specific needs such as a vegetarian diet. People told us the quality of the food was good. "They give you lovely food. It's excellent. I get three meals a day." Another person said, "Food is very nice. It's good meals. Good lunches and nice breakfasts." Another person told us they were given choices about they wanted to eat.

People were supported by staff to keep healthy and well. One person told us about the progress they had made in terms of their general health and wellbeing at the service. They said when they first moved in they could not walk without using a walking aid. They were now able to walk unaided due to the support they had received from staff. A care coordinator told us staff supported people to attend their scheduled healthcare and medical appointments. People's records contained information about the support they required to manage their health and medical conditions and the access they needed to services such as the GP or healthcare professionals involved in their care such as consultant psychiatrists. Outcomes from their healthcare and medical appointments were recorded in people's records and shared with all staff involved in supporting them so that they were aware of any changes to the support people needed.

Staff recorded information daily about people's general health and wellbeing. They were encouraged by the registered manager to report any issues or concerns about people's health and wellbeing to them. As well as maintaining daily records all staff had been provided with a diary in which they could record any issues or concerns they had about people and the actions they had taken to obtain appropriate support for people, when this was needed. Staff shared this information in daily shift handover meetings so that all staff were kept updated and informed about any specific concerns or issues about people's health or wellbeing.

Is the service caring?

Our findings

People spoke positively about staff at the service. One person said, "I love them all. They're very nice to me." Another person told us, "[Care support worker] is a real asset to the home...they're always encouraging me to do things." And another person said, "The staff help me...staff are friendly."

During the inspection we were able to observe some of the interactions between people and staff at the service. People appeared comfortable and relaxed in staff's presence. Staff involved people in conversations throughout the day about activities they wanted to do or meals they wanted to eat. These conversations were friendly yet respectful as staff encouraged people to take their time to decide what they wanted. When people made choices or decisions about what they wanted, staff ensured these were met.

Staff clearly knew people well as they were able to talk about their specific interests and likes and dislikes when helping people to make choices or decisions about what they wanted. On one occasion one person became anxious and the member of staff supporting them helped to alleviate their anxiety in a caring and considerate way. A staff member told us, "What I really like about this job is I have time to spend with people, having conversations. We talk about going shopping or the menu. I'm always checking that people are ok and happy."

People's right to privacy, and to be treated with dignity, were respected. Records containing personal and sensitive information about people were stored securely at the service. All staff working at the service signed a confidentiality agreement, agreeing to keep information about people, safe and secure. Staff were discreet when talking to us about people and took precautions such as closing doors so that they could not be overheard. Staff did not enter people's rooms without knocking first to seek their permission to enter. A member of staff told us the various ways they supported people to maintain their privacy and dignity. This included ensuring people's doors were kept closed when supporting people with their personal care and ensuring their dignity was maintained at all times.

People were encouraged to develop and maintain skills to support them to be as independent as they could and wanted to be. One person told us staff were training them to eventually take their prescribed medicines without their support. We saw people were supported by staff to undertake activities during the day aimed at promoting their independence. For example, we saw staff support people in learning how to manage their money, clean and tidy their rooms, do their laundry and hang out their washing in the garden. People were encouraged to participate in the preparation of meals, helping to wash and prepare vegetables for cooking. They were also encouraged to go out in the community independently. One person said, "I go out to the shop by myself. I don't stay long but it's enough." A staff member said, "I ask people what help they need but also try and help them to do things like their own washing and cleaning or making their own lunch or soup."

Is the service responsive?

Our findings

People actively participated in planning the care and support they needed. Records confirmed people were supported to contribute to the assessment of their care and support needs. Their family members and/or others involved in their care, such as their care coordinator from the local authority, also had input and involvement in making decisions about the support people needed. The information from these assessments was then used to develop a support plan which set out how these needs would be met. People's plans were personalised and contained information about their specific care and support needs and how these would be met by staff. The majority of people were relearning skills and tasks aimed at promoting their independent living skills and there was information to guide staff on what people were able to do for themselves and the support they required from staff. When talking with us, staff demonstrated a good understanding of the specific needs of people they supported and were able to explain the care people required. Staff knew people well including their life histories, their likes and dislikes and their interests and hobbies.

A formal annual review was carried out of people's care and support needs. People, their family members and professionals involved in their care, along with staff, attended an annual Care Programme Approach (CPA) review meeting. These are formal meetings at which the care and support of people with mental health needs are assessed, planned and reviewed. The registered manager prepared a detailed and comprehensive report in preparation for these meetings so that all involved had the information they needed to review people's progress against their care goals and objectives. Following these meetings, people's support plans were updated accordingly to reflect any agreed changes to support.

People were encouraged to participate in activities and pursue their interests. In addition to their support plan, each person also had a 'plan to achieve' record. This documented meetings and conversations people had with staff about their care and support needs. Through these meetings people and staff identified activities and interests for people to pursue which met their care goals and objectives. For example, one person had stated they wished to go on holiday. As part of the planning for their trip staff explored with the person the outings and activities they wanted to do while on holiday. This helped staff plan the trip so that this reflected the person's preferences and choices for how they wished to spend their time on holiday and the support they required to do this.

People were supported to develop and maintain relationships. The registered manager encouraged people to develop positive relationships with each other in the service. One person said about the service, "It's more lively here now and it's nice to have company." People's relatives and friends were encouraged and welcome to visit people at the service. People also visited friends in the community when they wished. People were also encouraged to develop other social networks in the community. For example the registered manager, following discussions with people, had registered people to attend groups and sessions with Mind in Croydon, a local charity, providing advice and support to people with mental health needs.

People were satisfied with the care and support they received. One person said, "It's good." Another person told us, "I'm happy here...quite settled." A care coordinator said they didn't have any concerns. If people

had a concern or complaint about the service, the provider had arrangements in place to deal with these. The provider's complaints procedure, explained how any complaint they made would be dealt with by the service. The registered manager was responsible for ensuring people's complaints were fully investigated and that people received a satisfactory response to the concerns they raised. However we noted information for people about what they could do if they remained dissatisfied after the provider had responded to their complaints was misleading, as it advised people to contact CQC in this instance. We discussed this with the registered manager who said they would update the procedure to reflect where and how people could take their complaint further if they wished.

Is the service well-led?

Our findings

People were not protected against the risks that can arise if records kept by the service were not maintained in such a way as to ensure these were accurate and up to date. We identified some risks assessments did not provide a clear record for the measures being taken to protect people from injury or harm. We found the support plan on one person's record was not the latest version which had been updated and agreed recently following their last CPA review meeting. The provider's medicines policy did not reflect current good practice for how services should manage situations where only one member of staff was available to administer controlled drugs. More generally the provider's policies and procedures for the service, although adequate, referred to out of date CQC standards which no longer existed. In addition, the registered manager could not easily locate during the inspection, records they should keep to hand, about maintenance and servicing of the gas and heating system and portable electrical appliances. This information was subsequently emailed to us by the registered manager after the inspection.

These issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were arrangements in place for checking the quality and safety of the service that people experienced. The registered manager carried out a six monthly review of key aspects of the service such as checks of; people's care records to ensure these contained up to date information about people's care and support needs, other records related to the management of the service, staff training needs and the safety of the environment. Records showed no issues had been identified at the last review in September 2015. The registered manager acknowledged that the frequency of these checks needed to be reviewed to improve their effectiveness in light of the issues we identified around the quality of records currently maintained by the service. Other checks undertaken by the registered manager included weekly audits of medicines which showed no issues or concerns had been identified about the management of these.

People were asked for their views about the quality of the care and support they experienced and how this could be improved. Quality surveys were given to people and their relatives each year to complete. This was last done in April 2015 and completed surveys showed people at that time had been satisfied with the standard of care and support. Very few suggestions had been made by people for how this could be improved. Residents meetings were also held but the outcomes of these meetings were not routinely recorded. The last recorded resident meeting was in January 2016. The registered manager told us meetings had taken place recently but had not been minuted. This meant we could not gain a consistent view about the current effectiveness of the service in dealing with people's suggestions for changes and improvements.

The registered manager had been proactive in making changes and improvements when shortfalls in the service had been identified. For example following a visit made by the pharmacist in February 2016, the registered manager had taken action to meet all their suggested recommendations for improvements. In June 2015, following an inspection of the service by London Fire Brigade, the registered manager had taken action to address the deficiencies which had been identified at that visit.

The registered manager encouraged an open culture within the service. People said they were comfortable talking to staff about any issues or concerns they had and they told us they felt listened to. We saw during group discussions with people, staff encouraged all to participate and have their say so that no-one was excluded from conversations. A member of staff told us the registered manager was approachable and encouraged all staff to contribute ideas or suggestions at team meetings or during their individual supervisions. A care coordinator from the local authority told us they had regular communication with staff at the service and were kept informed and updated regularly about people's health and wellbeing.

The registered manager had a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to submit notifications of events or incidents involving people who use service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain up to date and accurate records relating to people and to the management of the service (Regulation 17 (2)(c)).</p>