Margaret Jean Daniel

Red Roofs Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We performed this unannounced inspection on 10 February 2016. Red Roofs care home is run and managed by Margaret Jean Daniels, Red Roofs Healthcare Group. The service provides accommodation and personal care for up to 30 people. On the day of our inspection 29 people were using the service.

At the time of our inspection the service had not had a registered manager in place since November 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager in post was in the process of applying for registration with us.

Staffing levels at particular times in the day were not always sufficient to support people's needs. Some information in some people's care plans was incomplete this had the potential to impact on the care people received.

People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines was safe.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of and worked within the principles of the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner. They, or their representatives, were encouraged to contribute to the planning of their care.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There was not always enough staff throughout the day to meet people's needs and respond in a timely manner. However the manager and chief operational officer told us they would address this and the manager told us after the inspection this had been addressed.

People were safe as the staff had the knowledge that enabled them to recognise abuse and the provider had systems in place to assist them to respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the

Is the service responsive?

Requires Improvement

The service was not always responsive

People who lived at the home, or those acting on their behalf, were involved in the planning of their care when able. However some aspects of people's care was not recorded in sufficient detail and this had the potential to impact on the care they received.

People were supported to make complaints and voice concerns to the management team.

People were supported to take part in a range of social activities within the home and the broader community.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Red Roofs 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 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 unannounced inspection took place on 10 February 2016. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with five people who were living at the service and three people who were visiting their relations. We attended a resident and relatives' meeting with ten relatives and nine people who lived at the home. We spoke with one visiting health professional, five members of staff and the manager. 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 looked at the care records of four people who used the service and four staff files and a range of records relating to the running of the service. These included audits carried out by the manager.

Good

Is the service safe?

Our findings

People told us that at particular times of the day staffing levels did not always meet their needs. At the residents and relatives meeting we attended people raised an issue of there not being enough staff to support them at teatime. One relative we spoke with told us their relation needed some support at mealtimes and although they felt it was given at other mealtimes they usually stayed at teatime to ensure they got the help as there did not seem to be enough support at that time of the day.

At the relative and resident's meeting people also raised an issue of the lack of regular checks by staff in the main lounge throughout the day. One person we spoke with told us that staff, "Came as quickly as they were able." Another person told us, "Staff are so busy they can't spend a lot of time with you." We observed there were times in the middle of the morning during an exercise session facilitated by an external health professional when there were no staff around the lounge area. There were some people who required the toilet and they had to wait until some staff were free to assist them. We were told this was during staff breaks which reduced the number of staff on the floor.

Staff we spoke with told us the needs of the people who lived in the home had increased with more people requiring two members of staff to assist them. One member of staff told us, "I feel we need more staff at times as some of our residents are coming in with higher needs." We examined the staff rota and saw planned staff numbers had been achieved. However we spoke to the manager and chief operational officer about the issues raised they told us they would review staff numbers to address issues at particular times of the day. Following our inspection the manager told us they had reviewed the management of staff breaks and had also undertook a review of staff levels to ensure the staff numbers rostered were in accordance with people's individual needs.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined four staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People we spoke with told us they felt safe living at Red Roofs. One person told us "The girls are very good. There are staff here 24 hours a day." Another person who had some visual impairment told us, "I do feel safe. People usually speak when they come into my room. I know if there is movement and I can always ring my bell." Relatives we spoke with told us they felt their relations were safe and they were confident that staff would respond to and deal with any potential abuse. One relative told us they had been a little concerned as another person who used the service who was confused at times had been occasionally going into their relation's bedroom. They told us staff had addressed this and had put a sensor mat in place by the door to alert them of any movement in the room. The relative told us this had been effective.

People told us they knew who to speak to if they had any concerns over their safety. People told us they would be able to talk to either the manager or the care staff. We saw posters in the home that gave

information on how people could contact the local safeguarding team if they had concerns with regard to safeguarding issues.

Staff we spoke with felt that people who lived in the home were safe. They were able to discuss the potential types of abuse people may be exposed to in a care home. One member of staff told us they had done a lot of training on safeguarding issues within the last three months. They told us they found the training useful, it had given them an increased awareness of safeguarding issues. Staff told us they felt confident they could go to senior staff if they had concerns and any issues would be dealt with.

People were supported by staff to manage risks to their safety. One person told us they used a walking frame to help them get about, they told us that staff encouraged them use it to help them walk safely. Staff used the information in people's care plans to support them without restricting their freedom. For example one person told us they had the freedom to do as they wanted, they said, "I have gone out for walks on my own, I just tell the staff." The staff we spoke with gave another example of a person who used a wheelchair to assist them with their mobility. Staff told us the person was able and preferred to get in and out the wheelchair independently. The information was recorded in the person's care plan so staff were aware of how much assistance they required and what they could manage safely.

Staff supported people safely in a number of ways, we saw staff using equipment such as stand aids and hoists safely and confidently to transfer people. The risk assessments in place in people's care plans detailed the support individual's needed to maintain their safety. People lived in safe environment that was well maintained and monitored regularly to ensure it was free from hazards to their safety. Regular safety checks and audits were undertaken to monitor the environment which included fire safety and electrical equipment monitoring.

People had their medicines administered by staff who had been trained in the safe handling of medicines. We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. We discussed different people's medicines needs with the staff member and were assured that medicines were given at the correct times. For example one person with a particular health condition required medicines at particular intervals during the day. The staff member was aware of the importance of this and we saw them administering the person's medicines at the correct times during the inspection.

Medicines were stored correctly and records relating to administration and ordering were up to date. Senior care staff audited people's medicines records daily to ensure all medicines were given, as there were some medicines that were administered by visiting district nurses. The manager undertook regular medicines audits and we saw up to date records of these audits.

Good

Is the service effective?

Our findings

People told us they thought staff were well trained, and had the knowledge required for their roles. One person said, "Yes they do know as far as I can see." They went on to give an example of an aspect of their care that staff appropriately assisted them with. Relatives we spoke with felt that staff had the right training. One relative told us, "They know what they are doing when they care for [name]."

Staff we spoke with told us they were given training relevant to their roles to enable them to support people. They told us they were up to date with their mandatory training and additional training was available. A member of staff told us, "We are always having training. They put it up on the wall and you can sign up for it." A senior care worker told us they had completed a nationally recognised qualification in care and was undertaking a management qualification. Other members of staff told us they had received training from a community specialist nurse, which they had found particularly helpful in caring for a person with a long term health condition.

The manager told us new staff were supported with induction training and the company had their own in-house trainer who supported staff with a range of face to face training. Staff received regular supervision and had yearly appraisals where they were able to discuss issues and plan their future development. We viewed the home's training matrix which showed a rolling program in place to support staff to maintain their skills.

People were supported to consent to their care. One person we spoke with told us, "Yes they ask you and talk to you about what you want." A relative we spoke with told us, "They [staff] usually ask before they do things." Some of the care plans we viewed had been signed by the person who received the care or by their relative if they lacked the mental capacity. A member of staff we spoke with told us as the plans were being reviewed they were asking people to sign them to show they consented to their plan of care.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans and staff we spoke with showed their understanding of the mental capacity of people in their care. They told us their MCA training was useful. One member of staff said, "I would always assume a person has capacity and accept that a person can make a decision one day but not another." They went on to say "I listen to people and I explain what I want to do. I always give people choices with regard to eating, dressing etc."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their

liberty were being met. The manager was aware of the DoLS and had appropriate procedures in place to use when required. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans.

People we spoke with told us they were given enough to eat and drink, one person we spoke with told us they generally enjoyed the food, but felt the choice at teatime was limited. We were told there had been issues with the quality of the food, but a new cook was in post and things were improving as a result. Nutrition care plans provided information about the support people needed for eating and drinking and their food preferences. One person's care plan we viewed showed they required particular support at meal times and we saw this support was in place at lunchtime.

Our observations at lunchtime showed that people were supported by staff. People were asked if they needed assistance and staff monitored them to check they were able to manage and offered help where people were struggling or making slow progress. However at teatime there was less support for people. We saw people having to wait up to twenty minutes to be served their food, one person did not eat the first course they were offered and they were not offered alternative but moved on to their pudding. We addressed this with the manager as the issues had been raised by people at the residents' meeting and they told us they would monitor this in line with the other issues that had been raised by people with regard to staffing levels.

Staff we spoke with were aware of the different diets people in their care required and people were weighed on a regular basis. The manager audited people's weights and fed this information up to the provider with any actions they had undertaken to address any significant changes.

People's health needs were dealt with by the staff who cared for them. One person told us, "If you are unwell they [staff] inform the doctor and get him to come and see you, there's no problem there at all. A relative we spoke with told us their relation saw a specialist nurse for their long term health condition on a regular basis and staff reacted to advice or treatment changes in a timely way. They told us staff alerted their relative's doctor when needed and kept them informed of any issues.

Staff we spoke with told us the senior care staff were quick to react if they escalated health concerns to them. We saw records of involvement of health professionals in people's care plans and a visiting health professional we spoke with told us staff were helpful and responsive when they visited.

Good

Is the service caring?

Our findings

People we spoke with told us the staff who worked at the home were caring towards them. One person said, "They help you. They are never impatient." A relative we spoke with told us staff were friendly and able to have a joke with them. They told us the staff were getting to know their relation and themselves and listened to them when they discussed the needs of their relative.

Staff had developed positive relationships with people. During out visit we saw people and their relatives talking easily with all the staff. The manager and deputy manager were clearly known by people and their relatives. Relatives visited throughout the day and were made welcome by the staff on duty. During the resident and relative's meeting we saw people talking to one another in an easy and familiar way. Our observations of meal times showed that people had developed relationships with each other as people chose to sit with particular people and chatted during the meals.

Staff we spoke with were aware of the needs of the people they cared for. They were patient and understanding when supporting them. Staff used effective communication skills when engaging with people They were able to discuss different people's needs with us giving us specific examples of the preferences of the people in their care. For example staff were able to discuss how they dealt with the needs of a person who had a physical impairment. They discussed how the person liked to be approached and the support they required in different aspects of their care Staff told us any changes to people's needs were communicated to them in handovers and recorded in their care plans.

People in the home had the opportunity to follow their religious beliefs. There were religious services for different faiths at the home. The manager told us the services were well attended and supported by the local community as people from outside the home also attended services.

People felt they were encouraged to express their views and their opinions were valued and respected. At the resident and relative's meeting we attended we saw that people were able to discuss their views openly and staff were responded positively to their comments.

People and their relatives told us they had been involved with their care planning. One person we spoke with told us they had seen their care plan and they could see it any time they wished, another person recalled they had read and signed their care plan. A relative we spoke with told us they had discussed the needs of their relation with staff when they were admitted to the home.

People in the home were given information about how to access an advocacy service and one person in the home had regular meetings with a long term advocate. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People told us staff respected their privacy and dignity. One person told us, "They are very discreet." They went on to say they had never felt embarrassed when staff were providing personal care. Relatives we spoke with told us they felt that their relations' privacy and dignity was respected. One relative told us they had no

concerns regarding staff maintaining their relation's privacy they said, "Yes they [staff] are careful."

Staff we spoke with showed a good understanding of their role in maintaining people's privacy and dignity. One staff member discussed talking discreetly to people when asking about personal care, they told us, "I always make sure doors are closed before giving personal care, if I am using the hoist I make sure people are covered."

The manager told us they had 'care in progress' signs that staff used to show when personal care was taking place in rooms. They had a dignity champion who they supported to go to network meetings. The person came back and fed back information at staff meetings and the home had themes each month on different aspects of maintaining privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who knew their needs. One person told us, "They know the things I need." They went on to say that staff gave them care in the way they wanted it. Relatives we spoke with told us they were happy with the way care was given to their relation. One person told us, "Yes they look after [name's] needs." People and their relatives told us they were invited to contribute to the reviews of their care plans.

Staff we spoke with were aware of the needs of the people they cared for and care plans were in place. However some information in the care plans we viewed was disjointed and incomplete. When changes occurred it was difficult to identify from the care plans. For example, one person's care plan relating to tissue viability stated they had had skin changes a number of months previously and they should be re-positioned every two hours. The plan also stated a pressure relieving mattress and cushion had been provided, we saw these were being used but the person was not being repositioned. Staff we spoke with about this told us the person was able to re-position themselves and their skin was intact.

Another person's care plan recorded they had a wound on their leg that had required sutures and was being dressed by the community nurses. However their care plan did not provide any information about how the wound had occurred or the action to be taken by staff at the home should the dressing need renewing between the community nurses visits. This meant there was a possibility of confusion among staff and these people may not receive the treatment or care appropriate to their needs.

During our visit we saw people were able to make choices about how they spent their time. A couple of people preferred to sit in the small foyer in the entrance of the home as they enjoyed seeing people come and go. They were able to interact with visitors when they came into the home .

People told us that activities in the home had improved following the appointment of a new activities coordinator at the home. One person told us, "We are getting a new regime for activities. There haven't been an awful lot of activities recently but a new person has started and they are very good."

During our visit there was an armchair exercise session for people and we saw a programme of activities advertised in the home. One person told us they had always enjoyed the quizzes that had taken place and hoped these would continue. During the residents and relatives' meeting we attended people had been introduced to the new activities co-ordinator and they had been invited to offer suggestions for different activities. These suggestions were well received by the activities co-ordinator and manager who told people they would feedback via newsletters and residents' meetings on progress made with the different suggestions.

The company's complaints procedure was on display in the entrance of the home and people felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way. One person told us they would know how to complain if they needed to but they had not had any reason to complain. They told us, "Most

people have relatives who would speak up for them. A relative we spoke with also had confidence that any concerns would be addressed and said, "If I had any complaints I would go to the manager. They said when we first came if there were any problems to go to them and they would sort them."

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "If I could I would resolve it, but I would let the senior know and record it." Staff told us they also received feedback about concerns at staff meeting and issues were acted upon. Records showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

Good

Is the service well-led?

Our findings

On the day of our visit the manager was visible around the service and we observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. We saw a number of relatives talking to the manager. Their office was situated directly by the reception area with a window so people could see if they were available should the door be closed. Although the manager was in post and not yet registered with us, they had worked at the home for a number of years and had previously been the deputy manager of the home. The manager's application for registered manager status with us was in progress. It is a condition of their registration for the provider to have a registered manager in post to manage the service who is aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

People we spoke with felt the manager was a good leader. One person told us, "The manager is very capable. They are very popular." They told us they felt they could talk to the manager if they needed to. Another person told us. "The new manager is excellent. Everyone has confidence in them. They were an excellent choice."

People we spoke with told us the manager was open and honest. They felt encouraged to be involved and included in the development of the home. Staff told us the manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt the manager was proactive in developing an open inclusive culture within the service. One member of staff told us staff morale was high with the new manager in post and they enjoyed their job. They felt the manager worked to develop the quality of the service.

We found staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We also found the management team were aware of their responsibility for reporting significant events to us, the Care Quality Commission (CQC). We contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people who lived at the home.

People benefited from care by staff who were effectively supported and supervised by the management team. Staff told us, and records showed, that they had attended supervision sessions and annual appraisals. The meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision. The meeting also provided the opportunity for the management team to discuss roles and responsibilities with staff so they were fully aware of what was expected of them.

There were minutes of regular staff meetings. The staff we spoke with felt the meetings aided the efficient running of the service. One member of staff told us everyone talked freely at the meetings and they received feedback on changes and improvements needed.

People who lived at the home and their relatives were aware of the different ways they could provide

feedback about the quality of the service. They were able to speak informally to the manager or deputy manager, they were invited to complete the annual questionnaires the home sent out. The residents and relatives meeting we attended was a regular occurrence. The frequency of the meetings had been increased as a result of the new manager in post. There were minutes of the previous meeting available and people and their relatives were given updates on plans in the home. They were also able to air their views and ask questions of the management team. Whilst people were able to freely discuss their concerns they gave positive feedback to the manager about the changes they had instigated since being in post.

The company was in the process of collating the results from the survey undertaken prior to Christmas planned to feedback the results and actions via the regular resident and relatives' meetings.

The home had Internal systems in place to monitor the quality of the service provided. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks. Auditing systems were in place that monitored aspects of service provision such as. Medication management. The environment was also audited, to ensure any shortfalls could be identified and actions implemented to maintain the quality of the service. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.