

RRC (GB) Ltd

Restoration 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 April 2017 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in April 2016. We gave the service an overall rating of 'requires improvement'. We found the provider in breach of one of the regulations. The provider had not maintained up to date and accurate records relating to people and to the management of the service. We also found some aspects of the service were inconsistent. In their assessments of the safety of the environment the provider had not fully documented how they would reduce potential risks to people posed by the premises and equipment. Some aspects of medicines administration did not reflect current best practice. We asked the provider to take action to make improvements in respect of the breach in regulation. The provider sent us an improvement plan in November 2016 and said they had taken all the action needed to meet legal requirements.

Restoration Residential Care Home is a small care home 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 four 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, who was also the registered manager, had taken the necessary action to make improvements needed to meet legal requirements. People's care records now contained current information about their care and support needs so that people were protected against risks that could arise if this information was inaccurate or out of date. Records were stored securely but easily accessible when staff needed them. The provider had reviewed and updated the service's policies and procedures and staff now had access to current information on how to undertake their roles appropriately to meet required standards.

We also found improvements had been made to the management of risks at the service. Risk assessments now detailed the measures put in place to minimise injury or harm that could be caused to people by an unsafe environment. The premises and equipment were regularly maintained and serviced to ensure these were safe and the environment was kept clean.

The provider had reviewed and updated management arrangements for medicines. The service's medicines policy now reflected best practice. There was also now written guidance for staff on how and when to administer 'as required' medicines. People received their medicines as prescribed and these were stored safely.

The provider had improved the frequency of their audits and checks of the service to identify any shortfalls

in the quality of the service so that prompt action could be taken to address this. They continued to ask for and act on people's views about the quality of the support they received and how this could be improved. Surveys were now also sent to healthcare professionals involved in people's lives to seek their feedback about the quality of the service.

In order to sustain the improvements made, the provider had appointed a deputy manager to provide additional management support and oversight of the service. The deputy manager was well supported by the provider to make any changes that were needed when these were identified.

People were safe at the service. Staff knew how to protect people from the risk of abuse or harm. They took appropriate action to ensure identified risks to people's health, safety and welfare were minimised. The provider ensured there were enough staff to support people and keep them safe. They maintained appropriate arrangements to check the suitability and fitness of all staff to work at the service.

People continued to receive support which met their specific needs and had care goals and objectives which were focussed on them achieving and sustaining better physical and mental health. They were supported by staff to undertake tasks and activities to promote their independence at home and in the community. People's care and support needs were reviewed regularly. The provider ensured staff received appropriate training and were well supported to help them to meet people's needs effectively.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to stay healthy, maintain their physical and mental health and to access healthcare services when needed. Staff encouraged people to maintain relationships with the people that mattered to them.

Staff were kind, treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were satisfied with the support they received from staff. People knew how to make a complaint to the provider if they were unhappy about any aspect of the support they received. The provider maintained arrangements they had in place to deal with people's complaints appropriately. They had updated the complaints procedure so that there was now accurate information about what people could do if they wished to take a complaint further about the provider.

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 now safe. Information about risks posed by the environment had improved. Regular checks of the premises and equipment were carried out to ensure these were safe and the environment was kept clean.

The provider had reviewed and updated management arrangements for medicines. People received their medicines as prescribed.

Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and welfare. There were enough staff to support people. Appropriate checks were made on their suitability and fitness to work at the service.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service was now well led. The provider had taken action to make improvements. People's care records and those relating to the management of the service were now up to date, accurate and well maintained.

The provider had improved the frequency of their checks of key aspects of the service. Senior staff undertook monthly audits and checks of the service.

People and staff were asked for their views on how the service could be improved and the provider acted on these.

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 was a comprehensive inspection which took place because we carry out comprehensive inspections of services rated requires improvement at least once every year. The inspection took place on 27 April 2017 and was unannounced and carried out by a single inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services.

During the inspection we spoke with all four of the people using the service. We also spoke with the deputy manager and a senior care support worker. We looked at two people's care records, three staff files, people's medicines administration records (MARs) and other records relevant to the management of the service. We also obtained feedback from two local authority healthcare professionals who shared their views and experiences of the service.

Is the service safe?

Our findings

People said they were safe. One person said, "I've always felt safe here." Another person showed us the restrictors on windows in their bedroom which they said made them feel safe.

At our last inspection of the service in April 2016 when answering the key question 'is the service safe?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found in their assessments of the safety of the environment the provider had not fully documented how they would reduce potential risks to people posed by the premises and equipment. We also found some aspects of medicines administration did not reflect current best practice.

At this inspection we found improvements had been made to the management of risks at the service. Risk assessments now detailed the measures put in place to minimise injury or harm that could be caused to people by an unsafe environment. For example, to reduce risks to people of scalding from hot water outlets, risk assessments recorded that thermostatic valves must be used to regulate hot water temperature. This improved information meant the provider could effectively review and assess whether measures being taken to protect people from injury or harm were keeping people safe.

The provider ensured the environment did not pose any unnecessary risks to people through poor maintenance. Regular servicing of the premises and equipment had been maintained. We observed the home was clean and staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene.

Since our last inspection the provider had also reviewed and updated people's individual risk assessments. There was detailed information about risks posed to people due to their specific health care needs. There was guidance for staff on how to minimise these risks when providing support whilst allowing people as much freedom as possible. For example one person needed help with managing their money and guidance for staff set how to support them to do this whilst reducing the risk to them from financial abuse. This included keeping receipts and records of all financial transactions which were then audited by senior staff.

Some people needed help to reduce instances of behaviour that could challenge them and others. Information in people's records detailed the positive actions staff should take in order to prevent or deescalate a potentially hazardous situation, to keep people safe and prevent restrictive practices, such as restraint or seclusion, being applied. Senior staff recorded and reviewed any incidents that occurred to assess the effectiveness of the strategies being used in these instances, to ensure these remained appropriate.

We also found since our last inspection the provider had reviewed and updated management arrangements for medicines. They had revised the service's medicines policy to ensure this reflected best practice in relation to controlled drugs. We saw the arrangements for recording when these were administered had been improved and a clear record was maintained by staff. We also found there was now 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. People's records contained up to date information about their medical history and how, when and why they needed the medicines that were prescribed to them. Our checks of medicines, which included stock checks and people's medicines administration records (MARs), indicated people received their medicines as prescribed. Medicines were stored safely.

People continued to be protected from abuse or harm. At monthly 'residents meetings' staff facilitated discussions with people on how to respect and value each other's differences. This helped to reduce risks of people being subjected to discriminatory behaviours that could cause them harm. Staff also discussed with people what action they should take if they were being abused or harmed. All staff continued to receive refresher training in safeguarding adults at risk and were supported through supervision (one to one meetings) and staff team meetings to raise any concerns they had about people, promptly.

There were enough staff to support people. When planning staffing levels, the provider took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. We observed staff were visibly present and providing appropriate support and assistance when this was needed.

The provider continued to maintain recruitment procedures to check the suitability and fitness of new and existing staff to support people. The provider carried out criminal records checks at three yearly intervals on all existing staff to assess their on-going suitability to work at the service.

Is the service effective?

Our findings

We received positive feedback about people experiencing good outcomes due to the support they received from staff. One person said, "If it wasn't for the staff here, I would be dead." A health care professional told us the physical health of one person had improved significantly since coming to live at the home which in turn had had a positive impact on their emotional and mental health. Another professional said another person's physical and mental health had improved as staff had worked closely with them to reduce their levels of anxiety.

Since our last inspection the provider ensured all staff continued to receive regular and appropriate training to help them to meet people's needs. Training in areas relevant to staff's roles had been booked for all staff to attend. This helped staff stay up to date and current with best practice. The provider encouraged all staff to develop their skills and knowledge around supporting people with Mental Health needs and to share any learning at staff meetings. All staff also had regular supervision with their manager, through which they were encouraged to reflect on their work performance and discuss their individual training and development needs.

People's ability to make and consent to decisions about their care and support needs continued to be monitored and reviewed by staff. We checked whether the service was also continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

All staff had received training in relation to the MCA and DoLS and knew when an application to deprive a person of their liberty should be made and how to submit one. We found an application made to deprive one person of their liberty had been properly made and authorised by the appropriate body. We saw the provider was complying with the conditions applied to the authorisation.

People were encouraged to eat and drink enough to meet their needs. The provider supported people to do this by actively engaging with them when planning menus so that meals reflected people's preferences and choices. All of the people said they enjoyed the meals they ate. One person said, "We get lovely food here." Another person told us, "The food is nice. You get a lot of choice. They [staff] ask for feedback now after our meals." A healthcare professional said that one person had been supported to make healthier food choices which had led to overall improvements in their health. Outside of mealtimes people could have snacks and able to help themselves to drinks when they needed these.

Records showed senior staff carried out nutritional risk assessments to identify anyone who needed extra support due to their healthcare needs and how this should be provided. Staff maintained records of

people's food and fluid intake to monitor they were eating and drinking enough. They were knowledgeable about people's dietary needs and how they should be supported with these.

People continued to be supported to maintain their health and overall wellbeing. Staff ensured people attended any scheduled appointments and check-ups such as with their GP or healthcare professional overseeing their specialist health needs. They recorded daily the support provided to people including their observations about people's general health. This helped them identify any issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional. For example staff had recently informed the GP about their concerns about one person whose mobility was deteriorating and requested a referral for specialist support be made to identify the underlying causes for this.

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said, "They're nice and kind." Another person told us, "We're looked after really well. I love all the staff." Healthcare professionals told us staff were committed and worked hard to ensure that people achieved positive outcomes from the support they provided.

People and staff knew each other well. One person said about a staff member, "I love it when [staff member] is on as we have a good old chat and they're always asking after me and how I am. They know me so well. I know all about them too." We saw conversations were focussed on people and their interests and staff encouraged people to talk about these for as long as they wished.

We observed people appeared comfortable and relaxed with staff and did not hesitate to ask for support or assistance from them. Staff were kind and patient when interacting with people, giving people time to make choices and decisions and then acted on these. They reacted quickly and appropriately when people became anxious. We saw on one occasion when a person asked for pain relief this was dealt with by staff in a caring and considerate way.

People's right to privacy and to be treated with dignity was respected. We saw staff did not go into people's rooms without first seeking permission to enter. Doors to people's bedrooms and communal bathrooms were kept closed when people were supported with their personal care to maintain their privacy and dignity. People were encouraged to personalise their rooms to create their own personal space which was homely, comfortable and where they could relax in peace and quiet when needed. One person described their room as their 'sanctuary' as it offered them privacy and peace when they needed this.

People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. This was important as some people's care goals and objectives were focussed on them being able to move on to live independently in the community, with support. Staff helped people to learn and acquire skills essential to daily living including budgeting skills, household cleaning tasks, preparation of simple meals and laundry.

People were also encouraged to go out in the community independently. Staff provided people with the emotional support they needed to overcome their fears and anxieties to do this. We saw one person, with staff's encouragement and support, had increased their confidence levels to go out by themselves and were now attending appointments without support. On the day of our inspection they went to the local shops and bought newspapers back for some of the other people in the home. Staff told us this was a real achievement for this person given the anxieties they had about accessing the community by themselves.

Is the service responsive?

Our findings

People were satisfied with the support they received from staff. Healthcare professionals told us people appeared happy, settled and comfortable at the home. People told us if they were not happy about any aspect of the support they received they would know how to make a complaint to the provider. Records of 'residents meetings' showed the provider continually discussed with people their right to experience good quality support from staff and what they could do if the service fell short of these required standards, including how to make a formal complaint.

Since our last inspection in April 2016, the complaints procedure had been updated and there was now accurate information about what people could do if they wished to take a complaint further about the provider. The deputy manager confirmed there had been no formal complaints received by the service since our last inspection.

People continued to receive support which met their specific needs. People had care goals and objectives which were focussed on them achieving and sustaining better physical and mental health. People had up to date personalised support plans which set out for staff how their needs should be met and the support they needed to meet their care goals and objectives. Staff knew people well and were able to explain to us what people's needs were and how they wished to be supported with these.

People's needs were reviewed monthly with them by staff. In addition to these monthly reviews the provider ensured people were supported to attend a formal 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 provider prepared a comprehensive report so that all involved in the person's care could review their progress against their care goals and objectives.

When changes were required to people's care and support needs, their support plans were updated to reflect this. The provider ensured all staff were informed of any changes so that they had the most up to date and accurate information about how people should be supported.

People remained active and encouraged to pursue their interests. People were supported to go on trips and outings in the community including shopping trips and meals out at local pubs or restaurants. Staff encouraged people to identify any new activities they wished to do in the community and supported people to undertake these. For example, some people expressed an interest in voluntary work with charities that supported people with Mental Health needs and the provider was making arrangements for them to do this. Other people had expressed an interest in fitness classes and staff obtained the information they needed about when and how they could participate in these. In the home there were regular musical evenings and karaoke sessions as many people enjoyed listening to music. People also participated in activities such as baking as they had expressed an interest in learning how to cook.

People were helped to maintain relationships with their family and friends. Staff encouraged family and friends to visit the home. People also went out with family and friends in the community to socialise or

celebrate special occasions such as birthdays. One person told us how staff had helped them to get ready and 'look their best' for a special occasion which had been very important to them.

Is the service well-led?

Our findings

At our last inspection of the service in April 2016 when answering the key question 'is the service well led?' we gave the service an overall rating of 'requires improvement'. We found the provider in breach of the regulations. This was because the provider did not maintain up to date and accurate records relating to people and to the management of the service. We asked the provider to take action to make improvements in respect of the breach in regulation.

At this inspection we reviewed the provider's improvement plan which set out the action they would take to address the issues we identified. We found the provider had taken the necessary action to make the improvements needed to meet legal requirements.

People's care records now contained current information about their care and support needs. Risk assessments contained clearer information about the measures to take to protect people from injury or harm. To ensure these improvements were maintained the provider had introduced regular audits of people's records, which we saw had been undertaken each month by a senior member of staff. This meant people were better protected against the risks that could arise if these records were not maintained in such a way as to ensure these were accurate and up to date.

The provider had reviewed and updated the service's policies and procedures. All staff had received training and support to familiarise themselves with the changes and updates so that they had access to current information on how to undertake their roles appropriately to meet required standards.

Records relating to the management of the service were now well maintained. These were stored securely in the main office but were easy accessible when staff needed important information about people or relating to the management of the service. During this inspection staff were able to locate any information we requested, promptly.

The provider had also improved the frequency of their checks of key aspects of the service. Senior staff now undertook monthly audits of people's care records, medicines and the safety and cleanliness of the environment. The improved frequency of these checks meant senior staff could identify far more quickly any shortfalls in the quality of the service so that prompt action could be taken to address this.

Since our last inspection the provider continued to ask people for their views about the quality of the support they received and how this could be improved. People were given quality surveys to complete annually in which they could rate their satisfaction and give suggestions for improvements. Surveys were now also sent to healthcare professionals involved in people's lives to seek their views and suggestions. This meant the provider was maximising opportunities to identify improvements that could be made to the quality of support people experienced.

'Residents meetings' took place every month and we noted these were now minuted so that a record of what was discussed and agreed was maintained. People were encouraged to make suggestions for

improvements, for example new activities they wanted to try or changes they wished to see to menus. Staff acted on these suggestions and supported people to go on outings they asked for and adapted the menu to accommodate people's requests for meals they wanted to eat.

Staff spoke positively about the provider and said they were well supported by them. Regular staff team meetings took place every two months. The provider shared with staff any important changes taking place within the service that impacted on their roles. Staff were also encouraged to reflect on their working practices, to share information and learning about people's care and support needs and for their ideas about how people's experience of the service could be improved.

To support the service to continuously improve, the provider appointed a deputy manager in January 2017. Their key role was to provide day to day management support to staff and to ensure improvements made to the provider's quality assurance system and to records management and maintenance, continued to be sustained. The deputy manager said they had been well supported by the provider to make any changes that were needed when these were identified.