

Unified Care Limited

Redlands 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Redlands Care Home is registered to provide care and accommodation for up to 23 older people.

The home is located in a residential area and arranged over three floors. There are a variety of communal rooms and a passenger lift is provided for ease of access throughout the building. Redlands is conveniently situated close to the town centre and local amenities.

The last inspection of the service was carried out on 22nd November 2013. During that inspection the service was found to be fully compliant with all the areas we assessed.

This inspection took place on 2nd March 2015 and was unannounced.

The registered manager was present for part of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service told us they felt safe. People felt that care workers understood their needs and were able to provide the help and support they required in an effective way.

Staff were aware of risks associated with people's individual care needs and there was clear guidance in place to assist them in providing safe and effective care.

People were supported to access health care services of a routine and specialist nature. Care workers were able to recognise changes in people's needs and took appropriate action when they did so.

People spoke highly of the registered manager and care workers, describing them in ways such as 'kind', 'caring' and 'helpful.'

Staff at the service demonstrated a good understanding of their role and the needs of people they supported. Staff felt well supported by the management team and told us they received a good level of training on an ongoing basis.

The standard of accommodation provided to people required some improvement. There was no ongoing programme for refurbishment, which meant some areas of the home were of a poor standard. We also noted

some hazards within the environment, which included unrestricted windows on upper floors, missing fire instruction signs and old electrical wiring. These hazards had not been identified or addressed by the provider.

The rights of people who did not have capacity to make decisions about some aspects of their care were not consistently promoted. The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not followed in practice at the service. This meant people were at risk of unlawful restraint and restrictions.

Processes for monitoring quality and assessing risk across the service were not effective. This was because they had failed to identify a number of risks and areas for improvement that we identified during our inspection.

We found several breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2010. These related to consent and capacity, safeguarding, environmental standards and the monitoring of safety and quality across the service.

These breaches also amount to breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe. Arrangements for assessing and managing risks across the service were not effective, which meant people's safety and wellbeing was not consistently protected.

Staff were aware of their responsibilities to safeguard people from abuse and were confident to report any such concerns.

Staff were carefully recruited to help ensure new employees were of suitable character. This helped to protect the safety and wellbeing of people who used the service.

Arrangements for the management of medicines were satisfactory. People received their medicines as prescribed, which helped to promote their good health and wellbeing.

Requires improvement



Is the service effective?

Not all aspects of the service were effective. The rights of people who did not have capacity to consent to certain elements of their care or support were not promoted because staff were not working in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

The standard of accommodation provided for people was in need of improvement.

People's nutritional needs were assessed and effectively monitored. People were provided with the support they needed to maintain adequate nutrition and hydration.

Requires improvement



Is the service caring?

The service was caring. Examples of care planning were seen, that were clearly centred on the individual wishes and aspirations of the person who used the service.

People who used the service spoke highly of staff and managers and told us they were treated with compassion and respect.

Good



Is the service responsive?

The service was not consistently responsive. People who used the service were not always provided with the opportunity to take part in fulfilling activities that met their individual tastes and preferences.

Care workers had a good understanding of people's care needs and were able to identify and respond effectively to any changes.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well led. Arrangements for monitoring quality and assessing risk were not always effective. This meant that some risks were not addressed and some opportunities for improvement were missed.

There was a well-established management team in place who were found to be supportive and approachable by people who used the service and the staff team.

Requires improvement



Redlands 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.

The inspection took place on 2nd March 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

We spoke with six people who used the service during our visit. We also had discussions with the registered manager, deputy manager and four care workers.

We contacted three community professionals as part of the inspection and the local authority commissioning team. We also liaised closely with a community professional from the local Environmental Health team.

We closely examined the care records of four people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, three staff personnel records, training files, records of accidents, complaints records various service certificates and medication administration records.

Is the service safe?

Our findings

People who used the service told us they felt safe and expressed confidence in care workers to meet their needs. One person we spoke with said, “I feel secure and I know they will look after me. They make sure I get what I need.”

Through the service’s care planning procedures, any personal risks to people’s health, safety or wellbeing were assessed. We noted personal risk assessments were in place for areas such as falling, nutrition and behaviour.

We saw some good examples of risk assessments that were reviewed in line with people’s changing needs. For example, the falling risk assessment and associated care plan for one person had been regularly updated to reflect changes to his general health and medication regime.

Whilst we saw that procedures to assess and manage personal risks associated with people’s care were in place, we found more general risk management procedures were not effective. Environmental risk assessments were not routinely carried out at the service. This was of concern as during our inspection, we noted a number of potential hazards, which had not been addressed. These included missing fire evacuation signs, unrestricted windows on upper floors of the home and old electrical wiring.

We found that the registered person had not protected people against the risk of unsafe care by means of the effective assessment and management of risks to their safety. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people who used the service had complex behavioural needs which, could at times be challenging and impact on those around them. There had been a number of incidents reported to the local safeguarding authority and CQC, which had involved physical conflict between people who used the service.

We discussed these incidents with care workers who showed understanding of people’s individual behaviours and were able to discuss potential triggers. Staff were aware of the need to use positive strategies to defuse

challenging situations and felt they received a good level of support from managers when incidents occurred. Staff also confirmed they had received training in conflict management.

Whilst care workers were able to discuss strategies used to support people, we found these were not always fully recorded in people’s care plans and the information provided could have been expanded upon. This meant that guidance to assist care workers in responding to challenging situations in a confident and consistent manner was not always as comprehensive as it could have been.

Safeguarding procedures were in place and provided staff with guidance about reporting any potential or suspected abuse of people who used the service. Care workers we spoke with showed good understanding of the area and told us they would be confident to report any concerns to the registered manager. One person commented, “I understand what abuse means. I would tell the management, they are very much approachable.” Another said, “I would always whistleblow. The managers are very approachable.”

We viewed a selection of staff personnel files to assess the recruitment procedures used by the registered manager. We found the registered manager had carried out appropriate background checks to help ensure people employed at the home were of suitable character.

In discussion, people who used the service expressed satisfaction with staffing levels at the home. One person said, “If I want to go out there is someone to take me.” When asked if they ever had to wait for help from a staff member they said, “No they are there when I need them.”

Care workers we spoke with told us they felt staffing levels were adequate to meet the needs of people who used the service in a safe manner. In discussion, the registered manager advised us that staffing levels were assessed in line with the needs of people who used the service. She was also able to confirm that the provider allowed her to increase staffing levels at short notice, if the need arose. For example, if a person who used the service became unwell and needed additional support.

During this inspection we assessed the management of people’s medicines. We inspected medicine stocks and records associated with the receipt, storage, administration and disposal of medicines.

Is the service safe?

We found medicines were securely stored and generally well organised. On receipt, all medicines were recorded and booked into the home, so that stock could be audited on a regular basis. We viewed the Medication Administration Records (MARs) for everyone who used the service and found these to be completed to an acceptable standard with no errors or unexplained omissions.

Some people who used the service were prescribed medicines on an 'as required' basis. We found there was information in place to instruct staff about when such medicines should be administered. However, in some examples this information could have been clearer.

We viewed the MAR for one person who was prescribed variable dose medicines. Instructions about how the dose varied from day to day were included, but were not

particularly clear. Whilst we were able to establish that the person had received correct doses of this medicine, we advised the registered manager to improve the records to avoid any future errors occurring.

We carried out spot checks on a variety of loose boxed medicines (medicines not included in the blister packs made up by the pharmacy). We cross checked the number of medicines in stock against records. In all cases, these were found to be correct.

Only senior care workers carried out the task of administering medicines and records showed they had all been provided with suitable medication training. There was clear guidance for staff in all aspects of medicines management, which included the use of homely remedies (medicines that can be bought over the counter) and the covert administration of medicines. We also saw there were processes in place to enable people to manage their own medicines within a risk management framework.

Is the service effective?

Our findings

People's care plans included their medical history and detailed any health care support they required. Care plans also provided evidence that staff at the home worked positively with external professionals, such as GPs and mental health workers to ensure people's needs were met.

Records showed that people were supported to access community health care and staff were able to identify when such referrals were appropriate. People were also supported to access routine health care, such as podiatry and dental services.

We viewed the care plan of one person who had experienced some deterioration in his health. We saw the registered manager had been very proactive in ensuring the person received prompt, appropriate health care support from medical professionals.

Systems were in place to ensure people who required a higher level of observation for example, food and fluid intake or physical health observations, were carefully supported. Records viewed of such observations were well detailed and easy to follow, so that any patterns could be identified quickly.

People's nutritional health was assessed and any risks they faced in relation to malnutrition or dehydration were well managed, where appropriate with community professionals, such as dietitians. We found good evidence in people's care plans that staff understood and responded to fluctuating nutritional risk, for example due to someone's mental health or general wellbeing.

We spoke with people who used the service about the standard and variety of food provided. The feedback we received was mixed. One person said they felt the choice of food was limited, but said they didn't mind. Another commented, "I am well fed here, I always like what they give us."

Minutes of a recent meeting with people who used the service showed that they had requested specific items to be included more frequently on the menu. We were able to confirm these requests had been honoured and the specified items added to the menu on more days.

We viewed menus that showed in general, one hot meal was offered at lunch time with an alternative of soup, sandwiches or a frozen ready meal, such as Shepherd's Pie

or Curry for those who preferred it. However, we spoke with one person who said he didn't like the main meals at the home and usually had a sandwich. He said, "I am sick of sandwiches." When we asked if he had been offered another alternative, he replied, "No it's sandwiches or nothing."

Similar arrangements were in place for breakfast and evening meals. We were told people were able to enjoy snacks and drinks throughout the day but that no person who used the service was allowed to enter the kitchen. Staff were unsure if people had been individually assessed as to whether or not they could enter the kitchen safely. We did not find any individual risk assessments relating to kitchen safety in people's files.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Through discussion we found evidence that not every person who used the service was free to leave the building if they wished to. One care worker told us, "Sometimes residents say it is like a prison. We have to protect them though. They wouldn't be safe out on their own." This information was supported by people's care plans, which in some cases clearly stated they were unable to go out alone due to safety reasons.

However, there had been no assessment of any of these people's mental capacity or ability to consent to any aspects of their care or treatment. In addition, the service did not have any DoLS in place, which are required by law when a person is deprived of their liberty.

We found that records did not always fully support decisions made on behalf of people who used the service in relation to compliance with the MCA. We saw evidence of some restrictive practices, which included the limiting of

Is the service effective?

people's alcohol and tobacco use. Evidence was provided after the inspection that people had given their written agreement to these restrictions but there were no capacity assessments or formal best interest decisions on file.

Staff knowledge and understanding of requirements of the MCA was found to be insufficient. Some staff recalled undertaking training in relation to the area but were not able to tell us how the MCA or DoLS were considered or implemented at the service. One staff member commented, "I find DoLS difficult to understand to be honest. I don't think anyone here has a DoLS, but I am not sure."

We found that the shortfalls in respect of knowledge and procedure around the MCA was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the restrictive practices in place meant the registered person had not protected people's human rights in accordance with the MCA and the DoLS. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 (4)(b) and (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with expressed satisfaction with the support and training they received. They felt the amount of training they received was adequate and described various courses they had undertaken.

The home had a mandatory training programme in place, which covered areas such as moving and handling, infection control, safeguarding and health and safety. Records confirmed all staff had been provided with training in the majority of mandatory areas, and where this was still to be provided, the courses were booked.

Staff also felt they were well supported by managers at the service who they described as approachable and supportive. Staff confirmed that both formal supervision and day-to-day support and guidance was provided. Their comments included, "I had a very good induction." "I get a lot of support from managers and the other staff." Another person told us they were currently undertaking a nationally recognised qualification in care, as well as additional training in safeguarding and DoLS. During the inspection we carried out a tour of the home. We viewed all the communal areas and a variety of people's bedrooms. We found there were a number of areas in the home which were in need of improvement.

Bathroom facilities were found to be basic and access to assisted bathing equipment was limited and would not facilitate people residing on the first or second floor, should they have restricted mobility. One bathroom was found to have a large hole in the wall at ceiling height where an extractor fan used to be. This made the room very cold.

Some other areas of the home were seen to be tired and in need of updating. We confirmed that there was no rolling programme of improvement for the home, which meant some areas had been allowed to fall to a poor standard. One person said, "I don't have any concerns, apart from the environment – it is grotty."

We found that the registered person did not have adequate arrangements in place to ensure people were provided with safe and comfortable accommodation. This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 (1) (a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

People who used the service spoke highly of staff and managers at the home. People felt they received a good standard of care that met their needs and took into account their personal wishes. One person said, “They are brilliant here – they look after me kindly. The staff are kind and always nice.” Another person described the staff as ‘great’ and said they ‘couldn’t do more.’

Other people’s comments included, “I can get bored, but everyone is kind.” “Yes it is ok here, I am happy.” “The place is run down, but it is home.” “I am happy, I know that I can tell staff if I am not.” “I can talk to them (the staff) about anything. I like it when they (staff) come and sit in my room for a chat.”

Throughout our visit we observed staff interacting with people who used the service and providing support. We saw that staff approached people in a kind and patient manner and took time to support people at their own pace. There appeared to be a warm and genuine rapport between staff and people who used the service with lots of friendly banter.

Staff were seen to recognise when people required assistance or respond to their requests for assistance quickly and with kindness. Staff were seen to take time to explain to people what they were doing when providing support and listen to any questions they had.

People told us they felt their privacy and dignity was always respected by care workers. In discussion, staff spoke about people in a respectful and warm manner. Care workers demonstrated a clear understanding of individual people’s needs and were able to speak confidently about the support they required.

Whilst we saw some examples of care planning that were clearly centred on the individual wishes and aspirations of the person who used the service, we were aware that practices at the service did not always fully promote people’s autonomy and independence. This was clearly as a result of a desire on the part of staff and managers to protect people’s wellbeing and safety. We were also provided with evidence that people had given written consent to some restrictions, such as those in relation to the use of alcohol and tobacco.

Is the service responsive?

Our findings

There were processes in place to assess people's needs prior to them starting to use the service. However, in many cases this did not involve a face-to-face meeting with the person, as many of the people who used the service came from out of the area. However, staff felt they had adequate information about the support people required at the point they started to use the service. One care worker told us, "We get lots of detail about residents before they are admitted, pages and pages from the social workers."

Care plans we viewed were generally well detailed and provided a good level of detail about people's individual needs, wishes and the things that were important to them. This enabled staff to provide care that was centred on the individual.

Care workers we spoke with demonstrated good knowledge of the needs of people who used the service and a person centred approach was evidenced. Care plan and risk assessment evaluation timescales varied throughout the care records sampled and it was evident that all the care plans viewed reflected the person's current needs and individual preferences.

We saw examples of staff responding quickly and effectively to changes in people's needs. For example staff had quickly identified changes in the health of a person who used the service and acted promptly to ensure they received the care and treatment they required. In addition, this person's risk assessments had been constantly reviewed to reflect his changing needs.

Most care plans included details about people's valued hobbies, pastimes and lifestyle preferences. However, these were not fully completed in all cases, which meant there was no guidance for staff in how to ensure the person had regular opportunity to take part in fulfilling pastimes.

There was no activities programme in place, although some people spoken with felt they received a good level of support. One person described how staff accompanied them out when they wanted to go shopping or to visit the local pub.

There were some processes in place to enable people to have a say in the running of the home. These included meetings for people who used the service, which took place on a regular basis. We viewed minutes of the most recent meeting which demonstrated people had been encouraged to express their views and opinions about the running of the home. Some of the areas discussed included a request for a larger pool table, the provision of a bird table and changes to the menus, which we were able to confirm had been actioned.

There was a complaints procedure in place which provided advice to people who wished to raise a concern or complaint. We were advised that the procedure could be made available in a variety of formats such as large print, to meet the needs of people who used the service.

There were processes in place to record any complaints received, details of investigations and outcome, as well as any subsequent action taken. However, there had not been any complaints received by the home in the preceding twelve months. Our records showed that no complaints or concerns had been raised with CQC during this time scale.

People we spoke with felt able to raise concerns. One person said, "I would talk to them (the staff) if I wasn't happy. I know they would sort it out."

Is the service well-led?

Our findings

There was a long term registered manager in place at the service. 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.

We received some very positive feedback about the registered manager and the rest of the management team during the inspection. People told us they found the whole management team to be very supportive and approachable. One person said, "I can talk to them any time. I know I can." A staff member commented, "I am always going into the office, there is no problem with that. Their door is always open." All the staff spoken with told us they would have no hesitation in reporting any concerns and said they were confident in managers at the home to deal with any concerns they raised effectively.

There were some processes in place to monitor quality across the service which included scheduled audits. However, we found evidence these were not always effective. For example, we identified a number of required improvements in relation to the environment, which had not been identified by the registered manager or provider.

We also noted that whilst the provider visited the service on a regular basis, there were no formal assessments of quality carried out. The registered manager confirmed that she was not provided with any reports from the provider regarding quality checks.

There were processes in place to assess and manage risk, but in terms of general risk, such as those associated with the environment, they had failed to identify a number of hazards, which we were able to easily identify during the inspection. These included unrestricted windows and potentially unsafe electrical wiring.

We viewed a selection of service certificates of various facilities and equipment within the home. However, some certificates were not available. These included an electrical wiring safety certificate and service certificates for the call bell system.

We found that the registered person did not have adequate arrangements in place to monitor quality and assess and mitigate risks to the health, safety and welfare of people who used the service or any other people who may be at risk. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not have adequate arrangements in place to ensure people were protected against the risks of unsafe care or treatment. This was in breach of regulation 12 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not have adequate arrangements in place to monitor quality and risk across the service. This was in breach of regulation 17 (2) (a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person did not have adequate arrangements in place to ensure people were provided with safe and comfortable accommodation. This was in breach of regulation 15 (1) (a) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not protected people's human rights in accordance with the MCA in obtaining valid consent. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had failed to protect people against the risks of unlawful deprivation of their liberty. This was in breach of regulation 13 (4)(b) and (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.