

Nightingales Care Limited

Redbricks Care Home

Inspection report

512 Queens Promenade
Little Bispham
Thornton Cleveleys
Lancashire
FY5 1PQ

Tel: 01253854008

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04 October 2017

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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

Redbricks is registered to provide personal care for nine people. The home is situated on the sea front in Little Bispham and comprises of the following accommodation, open plan lounge/dining room, kitchen and laundry facilities. Bedrooms are located on the ground and first floors and comprises of nine single rooms with ensuite facilities. A passenger lift is available to facilitate access between the ground and first floor. At the time of our inspection visit there were nine people who lived at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with two people who lived at the home. They told us they were happy and supported by staff who cared for them and treated them well. One person said, "The staff are really caring people and I am well looked after."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and treated people with dignity and respect.

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

The service had sufficient staffing levels in place to provide support people required. We saw staff had the time to sit with people and provide social stimulation.

Medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

We saw people who lived at the home had access to healthcare professionals and their healthcare needs had been met. Two visiting healthcare professionals spoke highly about the care provided by the registered manager and her staff.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

The service had information with regards to support from an external advocate should this be required by them.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, relative meetings and healthcare professional's surveys to seek their views about the service provided.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Redbricks Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 04 October 2017 and was unannounced.

The inspection team consisted of an adult social care inspector.

We spoke with a range of people about the service. They included two people who lived at the home, two visiting healthcare professionals, the registered manager and two staff members. Prior to our inspection visit we contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

During our inspection we observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of three people, staff training and supervision records of four staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

We spoke with two people who lived at the home. They told us they liked living at the home and felt safe in the care of the staff who supported. One person said, "Yes I am very happy here and feel completely safe in the care of the staff. I am not as sprightly as I used to be but they are very patient and don't try to rush me."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. The service had worked with the local authority safeguarding team in addressing concerns recently raised about one person's care. We saw during our inspection visit the person was safe and well cared for.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments. Care plans we looked at showed risks had been assessed and care planned appropriately.

We found one staff member had recently been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw staff had time to interact socially with people in their care as well as providing personal care support.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. There were controlled drugs being administered at the time of our visit. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and were observed making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We were able to establish through our observations they received effective, safe and appropriate care which was meeting their needs and protected their rights. One person who lived at the home said, "The staff here are the best. When I moved here they took time to get to know me and how I wanted things doing. I haven't been disappointed."

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. People's food and fluid intake were monitored and their weight regularly recorded. Where concerns about weight loss had been identified appropriate action had been taken.

We saw one person cared for in bed had fluid and food charts in their room. These were up to date and provided a clear picture about how the person had been supported with their nutrition and hydration needs. The person suffered swallowing difficulties and had been assessed by a dietary and nutritional specialist. Instructions about the person's nutritional care was on display in their bedroom and had been followed by staff.

We observed lunch in the dining room. We saw people were given their preferred choice of meal and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. Food served looked nutritious and well presented. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed. The atmosphere throughout lunch was relaxed and unhurried with people being given sufficient time to enjoy their meal. We observed one person who looked up at the staff member when their meal was placed in front of them and said, "Looks delicious."

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners

(GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. Two visiting healthcare professionals told us care provided at the home was exceptional. They told us the person they were visiting was at high risk of their skin breaking down to pressure sores. They said this had been prevented by the high standard of pressure care provided by staff at the home.

We looked around the building and found it was appropriate for the care and support provided. Bedrooms were single occupancy with en-suite facilities. There was a lift that serviced the second floor to ensure it could be accessed by people with mobility problems. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. Doorways into communal areas, corridors, bedrooms, bathing and toilet facilities offered sufficient width to allow wheelchair users access.

Is the service caring?

Our findings

People who lived at the home told us they were happy and well cared for. They told us staff were kind and patient when providing their care. Comments received included, "I cannot fault my care. Nothing is too much trouble for the staff." And, "Very happy with my care."

We observed positive interactions throughout the inspection visit between staff and people who lived at the home. For example we saw staff took time to sit with people in their care and engage in conversation. We saw one member of staff offer a person a drink and biscuits when they woke up in the lounge. The staff member then sat with the person who enjoyed talking with them enthusiastically about their employment in the emergency services.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "I have to say I am treated really well. The staff are excellent with me."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Two visiting healthcare professionals told us how impressed they had been with the support provided for one person at an end of life care at the home. They also commented on the emotional support provided by the registered manager and her staff to the person's family.

Is the service responsive?

Our findings

People who lived at the home told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about the support people in their care required.

We looked at activities on offer at the home to ensure people were offered appropriate stimulation throughout the day. These were varied and thoughtful and included activities people who lived at the home had requested. On the day of our inspection visit watching classic films was the chosen activity for the day. One person who lived at the home said, "They are always organising things for us to do. I am never bored."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. The registered manager told us she always responds to concerns raised immediately to prevent them developing into a formal complaint. People who lived at the home told us they were happy and had nothing to complain about.

The service had considered good practice guidelines when managing people's health needs. For example, we saw the service had written documentation to accompany people should they need to attend hospital. The documentation contained information providing clear direction as to how to support a person and include information about the person's communication and care needs, medical history and medication.

Is the service well-led?

Our findings

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.

People who lived at the home told us they were happy with the way in which the home was managed. One person who lived at the home said, "Very well run home in my opinion. The manager is friendly and approachable."

Two visiting healthcare professionals were complimentary about the management of the home. They told us it was one of the best care homes they visited and they had recommended it to people looking for a care home.

We found the service had clear lines of responsibility and accountability. The registered manager was supported by a deputy manager who undertook management tasks including administering medication. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, monitoring the environment, health and safety issues, falls and infection control.

We saw written records confirming staff and relative meetings had been held. We looked at the minutes of a recent relative meeting. We saw topics discussed included ongoing maintenance of the building and the organisation of a garden party with a raffle and tombola. We saw it had been agreed monies raised from the event would be donated to a local charity.

Four visiting healthcare professional surveys had recently been completed. They commented staff were competent and professional when dealing with them. They said people were treated with dignity, respect and well looked after.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.

