

Nightingales Care Limited







Redbricks Care Home

Inspection report

512 Queens Promenade,
Little Bispham,
Thornton Cleveleys,
Lancashire
FY5 1PQ
Tel: 01253 854008
Website:

Date of inspection visit: 09/09/2015
Date of publication: 02/10/2015

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	

Overall summary

This inspection visit took place on 09 September 2015 and was unannounced.

At the last inspection on 18 June 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Redbricks is a care home registered to accommodate up to 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.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Suitable arrangements were in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices. People we spoke with told us they felt safe and their rights and dignity were respected. One person we spoke with said, "I am happy living here and feel safe. The staff are very kind."

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required.

The registered manager understood the requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

We found sufficient staffing levels were in place to provide the support people required. We saw the registered manager and staff member could undertake tasks supporting people without feeling rushed.

We found medication procedures in place 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 and appropriate arrangements for storing were in place.

The home was well maintained, clean and hygienic when we visited. No offensive odours were observed by the Inspector. The people we spoke with said they were happy with the standard of accommodation provided.

The staff member spoken with was positive about working for the provider and felt well supported. They said they received regular training to make sure they had the skills and knowledge to meet people's needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to them between meals to ensure they received adequate nutrition and hydration.

People who lived at the home had freedom of movement around the home. They were involved in decision making about their personal care needs and the running of the home. We saw no restrictions on people's liberty during our visit.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys, staff and relative's meetings' and care reviews. We found people were satisfied with the service they were receiving.

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 safe.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People participated in a wide range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Redbricks Care Home

Detailed findings

Background to this inspection

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

This inspection visit took place on 09 September 2015 and was unannounced.

The inspection was undertaken by an adult social care inspector.

Before our inspection on 09 September 2015 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of

people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, the staff member on duty, two people who lived at the home and one person visiting the home. We also spoke to the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called 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 three people, the duty rota, training matrix, menu's, records relating to the management of the home and the medication records of two people. The service had not recruited any new staff members in the last twelve months.

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during our inspection visit showed they were relaxed in the company of the staff supporting them. One person we spoke with said, "I am happy with my care and I do feel safe living here. The staff are very kind and patient with me."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and her staff had received safeguarding vulnerable adults training. The staff member we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure on display on the kitchen notice board for the attention of the staff team. The staff member on duty told us they had read this. They said they wouldn't hesitate to use the procedure if they had any concerns about their colleagues care practice or conduct. There had been no recent safeguarding concerns raised about staff working for the service.

We looked around the home and found it was clean, tidy and well-maintained. No offensive odours were observed by the Inspector. We observed staff making appropriate use of personal protective equipment such as gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building, and were observed being used by the registered manager and staff member. The people we spoke with said they were happy with the standard of hygiene in home. One person said, "My room is lovely and clean."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found window retainers were in place. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We looked at the services duty rota, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. We saw people requesting help were responded to in a timely manner. For example we saw people requesting to go to the toilet were provided with assistance promptly. People who lived at the home told us they were happy with staffing levels and staff were available when they needed them.

Although we observed no concerns with care delivery we did ask the registered manager to keep staffing levels under review. We did this because staff were involved in meal preparation and domestic duties as well as providing personal care. The registered manager informed us staffing levels were constantly under review. They told us these would be amended if the dependency needs of people in their care increased.

There had been no new staff members recently recruited to work at the home. We discussed recruitment procedures with the registered manager. We were satisfied safe recruitment procedures were in place and appropriate checks would be made before new staff commenced their employment.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided clear instructions for staff members when delivering their support. We also saw the registered manager had undertaken assessments of the environment and any equipment staff used when they supported people. Where potential risks had been identified the action taken by the service had been recorded.

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. The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check that people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed medicines being administered at lunch time. We saw medicines were given safely and recorded after

Is the service safe?

each person had received their medicines. The staff member informed people they were being given their medication and where required prompts were given. People who lived at the home told us they received their medicines when they needed them.

Medicines were safely kept. Storing medicines safely helps prevent mishandling and misuse. The two people we spoke with told us they were happy their medicines were managed for them. They confirmed they received their medicines when they needed them.

Is the service effective?

Our findings

People received effective care because they were supported by staff who had an understanding of their needs. We were able to establish through our observations and discussions that they were receiving safe and appropriate care which was meeting their needs and protected their rights. One person we spoke with said, "I am very satisfied with my care. The staff are lovely people."

We spoke with the staff member on duty, looked at the training matrix and individual training records. The staff member said they had received thorough induction training on their appointment. They told us the training they had received was provided at a good level and relevant to the work they undertake. The staff member said, "I have a national care qualification and we also receive mandatory training which we have to attend."

Records seen confirmed staff training covered safeguarding, moving and handling, fire safety, first aid, infection control and health and safety. Staff responsible for administering people's medicines had received medication training and had been assessed as being competent. Most had achieved or were working national care qualifications. People we spoke with told us they found the staff very professional in the way they supported them and felt they were suitably trained and supervised.

Discussion with the staff member and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. The staff member told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. The home worked to a two week menu and people were asked daily about meals and choices available to them for the day. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits. Throughout the inspection we saw the staff member asking people if they required a drink.

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff member did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and helped to feed or prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support the registered manager and staff member provided people with their meals was organised and well managed.

We spoke with the staff member about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed.

People spoken with after lunch told us the meals were good. One person said, "I enjoy all my meals and get plenty to eat."

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. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that people would be safeguarded as required. When we undertook this inspection one person was subject to DoLS. Appropriate procedures had been followed and CQC had been informed about the applications as required by law.

Is the service effective?

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners 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. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

During the inspection visit we saw healthcare professionals visiting people at the home. We observed the visits were well organised with staff communicating with and assisting the healthcare professionals. For example we saw the staff member providing one healthcare professional with information about the health and wellbeing of the person they were visiting. This included information about the progress the person had made since the healthcare professional had last visited.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and the staff were caring towards them. Comments received included, "I am very happy here. The staff are very kind to me." One person visiting the home said, "I have to say the staff are excellent. My [friend] is well looked after."

As part of our observation process (SOFI), we witnessed good interactions and communication between staff and people who lived at the home. People were not left on their own for any length of time. We observed the staff member sitting down and having conversations with people where they could and responding to any requests for assistance promptly. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of the registered manager and staff member. People we spoke with during our observations told us they were receiving the best possible care.

Although a number of people had limited verbal communication because they were living with dementia, we were able to speak with two people who lived at the home and one person visiting their friend. One person said, "This is a nice home and I am getting good care. I get on well with all the staff who look after me." Another person said, "It's alright here the staff look after us."

People told us they were supported to express their views and wishes about all aspects of life in the home. We observed the registered manager and staff member enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance.

We spoke with one person visiting the home. They told us they visited their [friend] several times a week. The person said, "Always made welcome when I visit. I find the staff helpful and friendly. I know my friend is being well looked after and have no concerns about her care."

We looked at care records of three people. We saw evidence they had been involved with, and were at the

centre of developing their care plans. The people we spoke with told us they were encouraged to express their views about how their care and support was delivered. The plans contained information about people's current needs as well as their wishes and preferences. Daily records being completed by staff members were up to date and well maintained. These described the daily support people were receiving and the activities they had undertaken. The records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

We spoke with the staff member who displayed a good understanding of people's individual needs around privacy and dignity. We observed the staff member spoke with people in a respectful way, giving people time to understand and reply. We observed the staff member demonstrated compassion towards the people in their care and treated them with respect.

Whilst walking around the home we observed the staff member undertaking their duties. We noted they knocked on people's doors before entering. We spoke with people about how staff respected their privacy. One person, "There are no issues with my privacy or how staff speak to me. I find they are very respectful."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to 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.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. Links with these external agencies were good and we received some positive feedback from them about the care being provided. They told us they had no current concerns about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. One person said, "I am fully satisfied with all aspects of my care. They couldn't do more for me."

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were flexible, regularly reviewed and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly.

The daily notes of one person showed how the service had responded to an identified health concern. We saw the persons General Practitioner (GP) had been requested to visit. The outcome

of the visit had been documented. Records showed a referral had been made for the person to receive an

assessment for nursing care as their health needs had deteriorated. This showed the service responded appropriately where they could no longer meet the needs of people in their care.

The registered manager informed us the service did not operate a structured activities programme. They told us staff arranged activities on an informal basis, usually in the afternoon. People spoken with confirmed staff arrange activities when they can for those people wishing to participate. There were no negative comments from the people we spoke with. People told us they were allowed to enjoy their time as they wanted to.

The service had a complaints procedure which was made available to people on their admission to the home. We saw the complaints procedure was also on display in the hallway for the attention of people visiting. 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 the Care Quality Commission (CQC) had been provided, should people wish to refer their concerns to those organisations.

People told us they were comfortable with complaining to the staff or the management when necessary. They told us their complaints were usually minor and soon acted upon. One person said, "I have no complaints about anything. I am very happy here."

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability. The registered manager worked alongside staff on a daily basis and provided assistance with personal care provision. The staff member on duty told us if the registered manager wasn't on the premises they were contactable or they could make contact with the provider. This meant the staff member had someone they could speak with for advice in the event of an emergency situation happening at the home.

The registered manager and staff member were both knowledgeable about the support people in their care required. They were both clear about their role and were committed to providing a high standard of care and support to people who lived at the home. People we spoke with said the registered manager was available and approachable if they needed to speak with her. Throughout the inspection visit we saw people were comfortable and relaxed in the company of the registered manager and staff member on duty.

One person visiting the home said there was a relaxed atmosphere and they always felt welcome by the registered manager and her staff. The person said, "I have to say it is a pleasure to visit the home. The staff are very welcoming and friendly."

The registered manager had procedures in place to monitor the quality of the service being provided. Regular audits had been completed by the registered manager. These included monitoring the environment and equipment, maintenance of the building, infection control, reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

We found the registered manager had sought the views of people about their care through meetings and surveys. We looked at a sample of surveys recently completed. The feedback provided was positive with comments about the care provided, friendliness of staff and quality of food. Comments included, 'The home suits my [relatives] needs. It is small, homely with a calming atmosphere where my [relative] can relax. 'As a qualified community nurse of 30 years I have been in lots of care homes. I am happy with the standard of care and relationships between staff, residents and relatives.'

Staff meetings had been held to discuss the service being provided. We looked at the minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered manager had discussed the standards she expected from her staff team for compliance with future CQC inspections.