

Castlegrounds Limited

Red Court Care Home & The Grove Care Home – Pudsey

Inspection report

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Pudsey
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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

Red Court is a 39 bedded care home for older people including those who require dementia care. Accommodation is 38 single rooms and one double bedroom. There are four choices of lounges and a conservatory which opens out to a large secluded landscaped garden. The Grove is a newly built care home on the same site as Red Court. When open, the home will provide residential and dementia care for up to 63 people. Accommodation is situated over three floors with communal lounges and kitchenette areas. Rooms have ensuite facilities and there is a large enclosed courtyard area on the ground floor.

At the time of the inspection, The Grove was not open to admissions. The provider had begun to recruit a dedicated staff team and would then proceed to accepting admissions on a planned basis. However, due to repair work in Red Court, the registered manager was using the accommodation in The Grove to provide care for more frail service users.

There was a registered manager in post. 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.

The registered manager had worked the service for many years and was experienced in their role. They were knowledgeable and passionate about their job and the people living at the home. Staff were friendly and warm towards people and understood their needs well. Staff understood their responsibilities in safeguarding people from harm and how to keep people safe.

Without exception, all of the people we spoke with told us they were treated with kindness, dignity and respect. They were able to give examples of how they felt valued and well cared for by staff. We observed positive and warm engagement from staff throughout the inspection and it was clear that people were very relaxed and comfortable in staff's company.

Relatives were all positive in their feedback about the home. They spoke highly of the registered manager and staff and stated they would not hesitate to recommend the home to others.

There were sufficient numbers of staff in place to meet people's needs. The provider's recruitment processes were sufficiently robust to ensure that staff went through appropriate pre-recruitment checks. Staff were supported in their role through training, induction and supervision, which helped them to remain motivated and effective in their role.

Staff encouraged people to remain as independent as possible sought consent from people before providing care and support. People's ability to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People told us that they liked the food and there was a choice available for them. There were activities available for people to engage in which were meaningful for them.

People were supported to have their healthcare needs met and there were systems in place to safely manage people's medicines.

Risks to people were assessed and monitored to help keep people safe. Where incidents took place, the registered manager reflected and implemented learning in order to reduce the risk of reoccurrence. The registered manager ensured that CQC were informed about significant incidents which occurred in the home, this was in line with regulatory requirements.

The registered manager sought feedback from people, relatives and staff in order to make improvements to the service. The provider had a system of audits and checks in place which monitored the quality and safety of the service.

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 remains Good.

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 remained Good.

Red Court Care Home & The Grove Care Home – Pudsey

Detailed findings

Background to this inspection

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

This inspection took place on 24 November 2017 and was unannounced.

The service was inspected by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was experienced in caring for elderly relatives.

Before the inspection, we requested that the provider 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as notifications and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

At the time of our inspection there were 39 people living at the home. We gave everyone living at the home the opportunity to speak with us. We spoke with five people who live at the home, three members of care staff, the activity coordinator and the registered manager. We also spoke with seven relatives of people currently living at the home and two healthcare professionals. We looked at the care records of three people in detail to check they were receiving their care as planned. We also looked at records including four staff

recruitment files, training records, meeting minutes, medication records and quality assurance records.

Is the service safe?

Our findings

At our last inspection in October 2015 the key question Safe was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a safe service.

People told us they felt safe living at the home. Comments included, "This place is safe enough for me. They come and check on me day and night." and "I feel safe because the management are lovely and the staff are very good. They try to please you. I am safer here than I was at home. We all get on well together. They are always checking if you are alright and they never leave us." Another person said, "I feel safe because it is a secure building and people are verified as to why they are here, so I know they are keeping an eye on you. They have checked stuff out for me sometimes and most staff understand my needs and listen." And, "All the staff are good that's why I feel safe." One person who had lived at the home for over ten years told us, "I wouldn't have stayed here if I wasn't safe. I feel safe and happy because I have no worries. I would see the deputy/chief if I had any worries."

Relatives we spoke with also gave positive feedback. Comments included, "Staff are nice and they know her well. Our relative has been here before for respite it's the same staff here and that is a good sign" and "Mum is definitely safe here, I can tell just the way she is, she is happy and very, very well cared for, it's just the way everyone is."

There continued to be systems in place which were designed to reduce the risk of harm to people. Staff continued to receive training on safeguarding adults and systems were in place to try to reduce the risk of abuse. Staff were able to tell us what they would do if they suspected or witnessed abuse and information was available to guide staff if they needed to make a safeguarding referral to the local authority.

We looked around the home to ensure it was being appropriately maintained and reviewed records of maintenance work and safety checks which had been completed. We also reviewed relevant certificates of work completed with regards to gas safety, electrical installation, portable appliance testing, legionella and fire safety. These were up to date and the maintenance person also maintained a schedule of when any future safety checks. These measures would help to ensure the building was safe for people who lived at the home.

Staff were familiar with risks associated with people's care. We saw each care plan we looked at contained risk assessments for areas such as fire safety, choking, falls, moving and handling and skin integrity. We found clear guidance was in place for staff on how to manage identified risks. PEEP's (Personal Emergency Evacuation Plans) were completed which provided details of people's support needs if they needed to leave the building during an emergency. Environmental risk assessments were also completed, taking into account areas such as electrical hazards, slips and falls and use of equipment. This meant staff had access to relevant information about any risks presented to people and how to mitigate them as required.

The home had an accident and incident reporting policy to guide staff on the action to take following an accident or incident. A log was kept of all accidents and incidents. This was so that they could review the

action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

People's medicines were administered safely. People received their medicines as prescribed and according to their individual preferences. Medicines were stored securely in locked trolleys within a locked room that management and senior care staff held the keys for. Temperature checks were recorded daily of the room and the refrigerator used to store medicines.

Medicine Administration Records (MAR) were completed appropriately. We audited some of the medicines and found that the records and levels of the medicine available were accurate. Protocols were in place when people needed to be given medicines when needed. These described the rationale for giving the medicine. For example, to be administered for pain, and the maximum dose allowed to be given. Staff received medicines training and had their competency to administer medicines assessed regularly. That helped to ensure people received their medicines in a safe way.

We checked to see if there were sufficient numbers of staff employed at the home. We viewed the last three weeks staff duty rotas. We saw staffing levels indicated on the record matched the number of staff who were working during our inspection. We observed that staff provided support when people needed it in an unhurried way and were always visible in communal areas. Staff had time to sit and talk with people and asked people regularly if they needed anything.

People we spoke with told us they felt staffing levels were generally good. People told us their call bells worked and staff usually responded promptly. They also told us they usually received care when they needed and did not have to wait long for care. Comments included, "The staffing levels are very good, that's what made us decide to come here. We went to other places and there was no one around."

We checked to see that staff were recruited safely. We looked at four staff personnel files and found there was evidence of robust recruitment procedures. The files included application forms, proof of identity and references. There were also Disclosure and Barring Service (DBS) checks undertaken for staff in the files we looked at. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. These checks demonstrated that staff had been recruited safely.

Is the service effective?

Our findings

At our last inspection in October 2015, the key question Effective was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with an effective service.

The needs of people living with dementia had been taken into consideration when decorating the home environment. As well as a large communal dining and lounge area there were numerous quieter places around the home that people could spend their time. Corridors displayed memory provoking pictures and photographs of the local area. People's bedroom doors had signs with their names and photographs or pictures of personal interest to them.

People who lived at the home confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. People and their relatives were positive about staff effectiveness and capability. One relative told us, "The staff know my relative very well. They know her needs and it is clear to see they know what they are doing. We are often visiting when care is being delivered. Our opinion is that the staff are very professional and know exactly what they are doing. I think it gives mum confidence in them."

Staff felt supported by management. They told us they had received an induction which prepared them for their role. They said this included all of the training which was considered mandatory. The induction also provided staff with an overview of the complaints procedure, medication management, health and safety, accidents/incidents and fire safety arrangements. One member of staff told us, "When I first started, I shadowed more experienced staff. The manager asked me if I felt confident before I began to work alone." This demonstrated that new staff members were supported in their role.

We reviewed records of staff training which were held by the manager in the form of a matrix. This showed all of the training staff had attended, were due to attend and included dates booked for refresher training. This included health and safety, fire safety, COSHH, basic first aid, equality and diversity, safe handling, infection control and dementia awareness. Staff told us they felt they were provided with the appropriate training to support people effectively. The registered manager responded to training requests made by staff and was aware of the knowledge and skills they needed to support people living at the home. This demonstrated staff received a range of training to support them in their roles.

All staff received regular one to one supervision sessions and participated regularly in staff meetings. Supervision is a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. Supervision also included feedback from colleagues and people who lived at the home. This was a good system to monitor and support staff to provide effective care.

The Mental Capacity Act 2005 (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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. For those people who were unable to express their views or make decisions about their care and treatment, staff had appropriately used the MCA 2005 to ensure their legal rights were protected.

People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the Act and its key principles and were able to tell us the times when a best interest decision may be appropriate. Input from an Independent Mental Capacity Advocate (IMCA) had been required at the home. The social worker involved, provided us with positive feedback in relation to this. They told us, "I would say that the staff at Redcourt, in particular the manager, have been able to deal with issues very effectively and professionally to ensure the person placed is supported. I have witnessed person centred care planning and effective support from carers on my visits."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS). Relevant applications for a DoLS had been submitted by the home and had either been approved or were awaiting assessment. The home was complying with the conditions applied to the authorised DoLS.

We found mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. If people refused something this was recorded and respected. Staff told us that they supported people to make decisions by giving them time to understand the situation and question. Our discussions with people living at the home supported this.

We observed the lunchtime experience and saw people were encouraged and supported to eat and drink sufficient amounts to meet their needs. The majority of people did not require support with their meals but staff were available to offer this if it was needed. Staff sat with people who required support to eat and let them eat at their own pace. Aids to support people to maintain their independence and dignity were available such as adapted cutlery. People were given a choice of meals and drinks. Lunch time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it. People we spoke with told us they enjoyed the food served. Comments included, "The food is beautiful, cannot get it down fast enough. Every morning they ask me what I want that day. We get biscuits all the time, fruit, cake with cheese." "Food is very good normally, varies at the minute because one cook has left. We normally get a good choice and alternative and supper time there is all sorts on offer but I don't eat much after tea." "Food is beautiful, if I ask for something and they haven't got it in, they will get it for you. Always ask me if I want another glass of water." "Food is quite good, they record that I don't like trifle or liver. You get water and drinks whenever you ask."

People told us they were supported with their healthcare needs. Care plans contained a record of the involvement of other professionals in the person's care, such as the GP and community nurse. A visiting healthcare professional told us, "This is a very caring, person centred home and it is well led. Every time I visit, it is clear to see that the people living here are well cared for by staff who know them well. The staff have everything ready for me when I visit and are very good at communicating and implementing any changes. The staff listen and the manager is amazing."

Is the service caring?

Our findings

At our last inspection in October 2015 the key question Caring was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a caring service.

The management and staff at the home demonstrated a strong, person centred culture. Staff were clearly passionate and enthusiastic about their job roles and the care they provided to people. There was a vibrant and welcoming atmosphere in the home created by the staff who worked there. People were surrounded by items within their rooms that were important and meaningful to them. We saw books, pictures and photographs and items of furniture were present. This demonstrated people were able to personalise their rooms which created a comfortable and homely feel.

Staff demonstrated warmth in their interactions and engagement with people. Our observations were that people were comfortable in the company of staff. We saw staff were very patient, caring and reassuring with people. For example, they had open body language and good eye contact. When engaging with people, staff got down to people's level which we saw they responded well to. During the inspection, we saw that one person became agitated and distressed. All of the staff on duty, including the registered manager, approached the person gently and spent time with them. We observed staff holding the person's hand, and using their knowledge of the person's family members to talk to them about their relatives. Staff demonstrated they were skilled in their communication and were able to calm the person and engage them in an activity.

Without exception, all of the people and relatives we spoke to were positive about the management and staff at the home. They told us all staff were kind, caring and compassionate. They said people were treated as individuals and with respect and dignity. Comments by people living at the home included, "Marvellous staff. I feel involved in my care through my relatives, everything is discussed with staff. I can do a lot for myself and they leave me to get on with it. There's nowt wrong there. Staff are alright. I have a laugh and a joke with them." "Very good staff, some of the people are difficult. Staff talk to them, distract them and calm them down, they are gentle with them. I am independent apart from bathing and my keyworker usually helps me with that. She gets my shopping when I want her too but takes me to the supermarket if I want. The staff take me out shopping when I need clothes. I don't go short of anything. I am happy with what I get and what they do for me. They took me to see the new place to see if I want to move" and "The service here is wonderful, I have never heard anyone complain. Staff contact my relatives when I want. All the staff are nice. They understand me and my needs very well. If I want to go to the garden they take me. They come back and see if I am alright and make sure I am comfortable, they do that every time."

Relatives were overwhelmingly positive about the caring, kind and thoughtful nature of the staff. One relative told us, "It is brilliant here, I am very happy with the care mum receives. Staff are fantastic, they update us, tell us what is happening and there is a book in her room which is kept up to date with anything we need to know." and "Staff are friendly, helpful, considerate, kind, patient and confident at their jobs. They seem so organised. It's a good supportive atmosphere for people." "No complaints, staff are very friendly and couldn't be improved upon. They are very efficient. People are definitely treated as individuals with

rights. With our relative, they respect her for her former profession which is important to her." "Staff are very nice, friendly and respectful. They treat everyone with dignity and respect. I come in a lot. My relative chooses her own clothes, they help her with some personal care. She is never upset or agitated." "Can't fault the way they treat mum. They ask her opinions and what she wants to do. They encourage her to join in, never forced to do anything she doesn't want to."

People were treated with great respect and regard to their dignity and privacy. One relative commented, "Mum always looks well cared for and clean. The whole place is clean. I can't fault them. It has been a godsend, we have and always will recommend this place." One person told us, "I have a bath when I want and they cover my private parts with a flannel." "All the staff are very efficient. I never worry about privacy. I always feel comfortable when I have a bath for example."

People gave examples of how their individual needs were respected. Two people told us they preferred to have female staff assist them with personal care and this was adhered to. This was reflected in people's care records we reviewed. This demonstrated people were given choices about their care and had their preferences respected.

People were supported attentively, thoughtfully and sensitively at the end of their life. Care records we reviewed showed that these discussions had taken place. It was clear that people had been supported to ensure their wishes were recorded and could be met. Arrangements were in place for staff to receive palliative care and end of life training and those that had completed this were knowledgeable on the subject.

Is the service responsive?

Our findings

At our last inspection in October 2015 the key question Responsive was rated as good. At this inspection we found that this rating had been sustained and people continued to be provided with a responsive service.

During our visit, we saw a range of activities and social opportunities taking place. A large lounge area was the main communal area of the home and was an area where many people and staff gathered during the day. In the large lounge people, who chose to take part were engaged in an array of events. The provision of activities met people's social needs and preferences. People told us about the activities they chose to take part in. Comments included, "I like to stay in my room as I'm not interested in many of the activities but the activity staff member comes to see me in my room." "I always liked to knit and sew and have kept these hobbies up at Red Court." People also told us that they like crosswords, jigsaws and reading and that there is lots of these types of activities available to them. Relatives also commented on the provision of activities within the home. Comments included, "The activity staff member has amazing energy, my relative has taken part in lots of activities and loves baking and arts and crafts. They make an effort to have a good programme of activities."

Activities were designed to promote people's wellbeing and enable them to be engaged and to live as full a life as possible. Regular activities were provided onsite and these commenced each day with a lively session which involved music and movement. This type of activity has health and wellbeing benefits for older people.

We looked in detail at the care plans for three people who lived at the home. Assessments were undertaken to identify people's support needs when they moved into the home. Information contained in the care files indicated that people, their relatives and healthcare professionals had been involved in the care planning process. Care plans and risk assessments were developed using the assessment information and included guidance for staff on how people's needs should be met. The care plans were personalised and included people's preferences such as for the gender of their carer and what time they liked to get up, go to bed and their level of independence around their personal care.

We looked at the homes' complaints records. This showed that procedures were in place and could be followed if complaints were made. There was a policy that provided people who lived at the home and their relatives with information about how to raise any concerns and the process that would be followed.

People we spoke to told us they would feel confident to talk to the registered manager or staff if they had any concerns and that those concerns would be dealt with appropriately. Comments included, "Staff ask if you have any concerns they are not bad staff at all" and "concerns are dealt with quickly." Relatives were also positive about the openness and transparency at the home. They told us the registered manager was always available should they have any concerns. Comments included, "An open door policy is exactly what they have here. Anytime or anything you need to discuss just go to the registered manager and she sorts it out." "We had a letter with complaints information and outlining responses to a survey with feedback on what they had done about certain things." "If I go down to the office they always help me, are receptive and

always available." This demonstrated there was an effective complaints system available.

Is the service well-led?

Our findings

At our last inspection in October 2015 we rated the home as good overall and in all of our key questions. At this inspection we have rated the home Good overall.

We spoke with people and their relatives about the management of the home. They were very positive about the contribution the registered manager made to the home. One relative told us, "This is the only home I would put my mum in. I've known the manager years and had another relative cared for here." Other comments from relatives included, "I have confidence that the staff have residents' best interests at heart. There is a pleasant atmosphere, no argy bargy." "All the staff get on well, no friction and not a big staff turnover. I feel relaxed here and mum is well looked after. I like how they do everything and really like the staff, they are very welcoming, they know me as well as mum." "Excellent service, it's nice and friendly and everyone speaks. I am relaxed about mum being here, she is watched all the time, there is a good balance." "Good atmosphere, friendly place. Good communication, everyone knows their role and get on with it." "Staff are well trained. There are lots of older workers who can relate to people well. There is a good staff balance and the manger is very good. Staff are the same, happy, kind and considerate."

The registered manager was a prominent presence in the day to day running of the home and understood people's needs. They had worked at the home for a long period of time and were able to speak passionately about their dedication to the home and people. The registered manager appeared to have a warm relationship with people and assisted them throughout their day with personal care and spending time to talk to people. The registered manager told us, "The home and the quality of the service provided is of the upmost importance to me. My staff are very caring and I believe genuinely they want to deliver the best quality care they can. We work as a team and I'm as much a part of that as any of the staff. The residents mean a lot to me and I will always go above and beyond to make sure they are happy and comfortable. They are like family to me."

Staff we spoke with were positive about the leadership of the home. They told us the registered manager was 'firm but fair' and their door was always open. Staff told us the registered manager and the deputy manager often helped out 'on the floor' completing tasks such as medication administration and assisting with visiting professionals. One member of staff told us, "The registered manager is very approachable. They have been flexible with me when I've needed it. I would go to her with any concerns."

We spoke with a visiting professional during our visit to the home who told us, "I would say the home is very well led. The registered manager is amazing. Everything is always ready for me, the place is so welcoming and the staff are very professional. I am not able to recommend care homes to people but if I could, I would recommend this one."

A range of quality assurance audits were in place. The registered manager carried out a wide range of regular audits and documented their findings and any actions taken. These included checks in key areas of care delivery such as: health and safety, food and fluid, care records and medication. Where shortfalls had been identified action had been taken, demonstrating the results of audits helped reduce the risks to people

and staff and helped the home to continuously monitor and improve. The registered manager told us they worked very hard to ensure high quality care was delivered to people. We saw that the provider sought regular, independent reviews of the quality of the service. Reports were provided and where improvements were needed, action plans were in place to address these. For example, the home received a number of compliments but did not log these. An action was in place to ensure that all compliments were logged.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to. One staff member told us, "All our safeguarding and whistleblowing information is available to us in the home. I think the staff are comfortable going to registered manager if there was something wrong."

There was an open and transparent culture within the home. Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the home and found that incidents had been recorded and reported correctly.