

Redholme Memory Care Limited

# Redholme Memory Care Limited

## 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This unannounced, comprehensive inspection took place on 25, 26 June and 07 July 2015 and was conducted following receipt of information of concern. The service was registered to provide accommodation for 55 people, there were 52 people living at Redholme Memory Care at the time.

Redholme Memory Care provides personal and nursing care over three floors for people living with dementia and the building is divided into three units. The service is situated in the Mossley Hill area of Liverpool. Parking is available directly in front of the home and there is a large

# Summary of findings

garden with lawns and seating at the back of the property. At the time of the inspection there were builders on site as improvements were being made to some areas of the ground floor of the building.

The home was registered to provide accommodation and care to people who may have nursing needs and a registered manager was 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 home was free from odours. In relation to orientation we found that there was little signage around the service to identify different areas, especially to support people living with dementia.

We found the safety of the premises and equipment, which was being used, put people using the service, staff and visitors at risk. We made referrals to the local authority infection control department and the fire service. They also conducted inspections as a result and have issued the provider with action plans.

We were concerned at the cleanliness and temperatures of the clinical room in which medicines were stored. We made a referral to the local authority medicines management team who also conducted an inspection and as a result have issued the provider with an action plan.

We found there were not acceptable recordings in relation to the Mental Capacity Act 2005, meaning it was not being applied lawfully and people's rights were not always being respected.

We found that people's personal information had been dealt with improperly, which demonstrated that the provider had not always taken proper steps to ensure people's privacy.

We found that proper steps had not always been taken to ensure that the dietary and fluid needs of people using the service had always been properly monitored. This meant that there was the possibility of deterioration in people's health not being detected.

We found that person centred care for people using the service was not always evidenced. We have referred one situation to the local safeguarding team.

We found breaches of The Health and Care Act 2008, regarding good governance in the service and had a number of concerns about the lack of quality assurance processes in the home to monitor the service provision. Most of the policies that we looked at were out of date and contained information that was no longer relevant.

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

People living at the service, some staff, relatives and professionals that we spoke with were all positive about the service provided. Relatives of people using the service told us they felt that people were kept safe.

We saw that there were satisfactory recruitment procedures in place people we spoke with knew how to make a complaint and we found that complaints were dealt with effectively.

The staff in the home knew the people they were supporting and the care they needed and a wide range of activities were available to suit the varied interests of the people using the service. The staff had been trained to provide the support which individual people required.

The care plans that we reviewed showed that preadmission assessments had been conducted and people's individual preferences were recorded in their care files.

Several staff had worked at the care home for many years and when we spoke with them they were able to verbally demonstrate they had a good understanding of their roles and responsibilities towards people using the service.

# 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 always safe.

We found that the service was not always safe and have made referrals to the relevant bodies.

Staff were recruited safely and trained to meet the needs of people who lived in the home and knew how to recognise and report abuse.

Requires improvement



### Is the service effective?

The service was not always effective.

We found that that the provider had not kept up to date with the guidance on The Mental Capacity Act and consent.

We found that the environment would benefit from improved design and orientation to support people with dementia.

Requires improvement



### Is the service caring?

The service was not always caring.

Families told us that people using the service were well cared for.

However we found that confidentiality was not always maintained.

Requires improvement



### Is the service responsive?

The service was not always responsive to people's needs.

People's individual needs and preferences were documented but staff did not always respond to their changing needs.

People we spoke with knew how to raise concerns or make complaints and felt that they would be dealt with effectively. However, some staff felt that they would not be listened to.

Requires improvement



### Is the service well-led?

The service was not well led.

There were mixed comments from people using the service, staff and visitors in relation to the management of the service.

We found that audits, monitoring and storage of personal information were inadequate in order to maintain safety and improve the service. The provider has made a commitment to addressing this situation.

Requires improvement



# Redholme Memory Care Limited

## 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 25, 26 June and 07 July 2015 and was unannounced. The inspection team consisted of a lead Adult Social Care (ASC) inspector and a second inspector. This comprehensive inspection was conducted following receipt of information of concern. Because of this we had not asked the provider to complete a Provider Information Return (PIR), which 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. However during the inspection the manager told us about the extension to the building that was in progress.

We reviewed the information we had on the service including concerns that had been raised with us. We also

reviewed information from the Local Authority and notifications sent to us by the provider. Following the inspection we asked the provider to send us further information which they did so in a timely manner.

We spoke with several people who used the service although due to the nature of their dementia only three were able to communicate effectively with us in response to our discussions with them. We spoke with six visiting relatives and four healthcare professionals. We also spoke with 15 members of staff including carers, nurses and ancillary staff. We looked at 12 care files, staff recruitment files and other documentation relating to staff training and supervision. We reviewed audit files and other records relevant to the running of the service and carried out pathway tracking to establish if what was stated in the provider's policies was put into practice and if the care provided to people using the service was as it had been planned.

We observed and chatted to people and staff throughout the inspection and observed the maintenance of the building.

# Is the service safe?

## Our findings

We spoke with people who lived in the home and two of them when asked told us that they felt safe living in the home. They said “yes it’s safe here” and “I feel safe. It’s because of the staff. They keep me safe.”

One staff member told us “It’s safe here. The manager runs a tight ship and some people don’t like that but the resident’s safety is her prime concern.” A family member told us “It’s my first time here but there seems to be enough staff around to keep everyone safe.”

However, some of the evidence we saw in the service during the inspection did not confirm that all aspects of the service were safe.

Prior to the inspection three whistle blowers contacted CQC and raised a number of concerns about the home and the practices in it. We looked into the concerns raised and found that we could not fully substantiate any of the whistle blowers claims. However we did receive some conflicting information from staff, therefore it was difficult to ascertain exactly what the current situation was in the home. We discussed our concerns with the manager. She told us and showed us evidence that demonstrated that there had been a number of incidents that had resulted in some staff members conduct being investigated and potential disciplinary action may be taken as a result of these investigations.

During the inspection we walked around the building to look at the safety of the premises. We found toiletries out on view in the bathrooms that could be easily accessed by people with dementia with the risk that they may be mistaken for something else, for example, a fruit drink or lemonade. We asked staff if there were risk assessments in place to support this but were told that there was not. On the last day of our inspection, we found toiletries in a bathroom again. We pointed this out to the manager. She confirmed the next day that she had spoken with staff and had put signs up in bathrooms reminding staff not to leave items lying around.

We found that some bedrooms did not have running water, taps, or water of a suitable temperature to be used by people in the service for personal washing. During our inspection, we checked the water in 36 rooms – in 24 rooms (66%) there was either no hot water or the water was too hot – in one bedroom there was no water at all as there

were no taps in the hand basin. This had resulted in staff members carrying bowls of water along corridors to individual bedrooms, posing a potential hazard for slips and trips. Some junior members of staff were concerned about this, however the nurses in charge of the shift were not always aware of the issues or unduly concerned when we informed them of the situation. There was conflicting information given to us about how the situation had arisen, but the provider took action to rectify the situation. On the last day of our inspection we saw that the water problems had been rectified.

We saw that some fire doors had been propped open with chairs and wedges and two bedroom doors had bandages tied around the handles to stop them from banging as they were ill fitting. (The bandages also prevented them from closing). This was a potential risk in the case of a fire breaking out as it would spread more quickly. We saw that the fire procedure was displayed on walls but the staff that we spoke with did not have an in depth understanding of PEEPS, and we did not find any evidence of these in care plans. These are personal emergency evacuation plans that provide details for how each person using the service should be supported to evacuate the building in an emergency. The manager told us that they were contained in the general fire evacuation book. We reported our concerns to the fire service who visited the home and made some recommendations for improvements. On the last day of the inspection we saw that some doors were still being propped open but we saw that workmen were in the home fitting magnetic door closers to the necessary doors.

On the first day of the inspection we found in a lounge that one window did not have a working restrictor in place and was easily pushed open. This overlooked building work; there was a drop down of several feet with scaffolding around. We were told by a member of staff that this was a risk as someone in the home threw items out of windows and had once tried to climb out of a window. At our request this window was secured on the day. On the last day of our inspection we found that this window was unsecured and we found a further window in the same room that also did not have a restrictor in place. We discussed our concerns with the manager who told us that the windows were in the process of being removed as part of the building work. We pointed out that this was not acceptable and the safety of people could not be put at risk at any time. The manager agreed and we saw that the windows had been secured before the end of the inspection.

## Is the service safe?

These findings demonstrated that the provider had not ensured that the premises were safe for the people living in the home.

### **These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw evidence in the home that suggested the management of infection control could be improved. For example a number of waste bins did not have lids or foot operated pedal controls (this issue had been identified previously in an infection control audit conducted by the local authority). We referred our concerns to the local authority who conducted a further inspection in which the issue was highlighted again; however following this the outcome score was satisfactory.

We were concerned at the cleanliness and temperatures of the clinical room in which medicines were stored and the lack of knowledge of some senior members of staff in relation to these issues. We referred our concerns to the local authority medicines management team. They have since conducted an inspection and found the same and other issues and have issued an action plan to the provider in order that corrective action can be taken.

### **This example is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We found that several people using the service had bed rails in place. However, they were not always being used correctly, the risk assessments for their use were not fit for purpose, consent had not always been obtained and several of the bed bumpers were ripped and posing an infection control risk. We discussed this issue with one of the nurses in charge who could not provide an explanation as to why this was happening.

We looked at the staffing levels and the rotas and we saw that these were consistent. As we walked around the home we saw that staff were deployed appropriately to meet people's needs. There were staff in all the communal rooms supporting people although we also observed in one lounge a lady sat alone in a wheelchair that was left unattended for over 20 minutes. We had been told by the whistle blowers that there was not enough staff on duty at night. One other member of staff that we spoke with told us that due to the layout of the building an additional member of staff at night would be beneficial. We asked the manager if they used a dependency tool to check their staffing levels. The manager told us that they did not but she estimated that around two to three people required two to one support for personal care. A dependency assessment tool was completed during the inspection that suggested the number may be as high as 35. The manager told us they would look into getting and using a suitable tool and would reassess their staffing levels.

We looked at the safeguarding arrangements in place to protect people from harm. We saw that staff had been trained and they had a good understanding of what action they needed to take to protect someone that they suspected was at risk from potential harm or abuse. However we did note that the safeguarding and whistleblowing policies were out of date and did not contain all the correct information. This may result in a delay for members of staff being able to raise concerns to the relevant bodies. We raised this with the manager and she agreed to update the policies.

We found that there were safe and effective recruitment procedures in place. This meant that the risk in employing people who were not suitable to support vulnerable people was minimised.



# Is the service effective?

## Our findings

We asked people if they liked living in the home. One person said “Yes I like it here. It’s brilliant!” A relative told us “I’m very happy with the care. We are very involved. Staff keep us up to date by keeping in touch with us. We know the staff and we see the same faces. They are excellent.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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. The Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We heard staff asking for consent before providing support and saw that they were respectful towards the people they were supporting. Staff spoken with had a good understanding and knowledge of each person’s individual care needs and were able to tell us what they were.

We spoke with the manager and a number of staff at length. There was a good understanding of MCA and DoLS and all staff had been trained. However there was a lack of acceptable recording. Families had been consulted and this was recorded in various places but there was not a clear audit trail of capacity assessments and best interests meetings. The manager fully accepted these findings and sourced a suitable capacity assessment and informed us the day after the inspection that staff were using it in the home. The lack of sufficient recording meant that the MCA was not being applied lawfully.

**This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We saw that the environmental layout of the home was not dementia friendly in parts and signage was inadequate. For example there were no signs of orientation or direction to

communal areas or bedrooms to assist people in their orientation and to help maintain their independence. A whiteboard in one of the lounges had written on it that the date was the 2nd June when in fact it was the 25th.

For one person we found that the risk assessments and care plans recorded that they were at risk of malnutrition and required assistance with eating and drinking. Different documents varied in recording when the person’s fluid and dietary intake had been reviewed but overall had been updated monthly. However we saw that on several occasions the person’s fluid intake had been between 500 and 700 mls per day. The average recommended minimum fluid intake is 1,500mls. On one day it was recorded that the person had taken only 750 mls but the daily entry in their notes recorded they had a good fluid intake. There was no evidence seen to show that any alternative measures had been taken to encourage fluid intake such as small amounts offered at frequent intervals, chilled ice drinks etc. This raises concerns that although care is planned and recorded staff are not responsive to findings.

For another person we found that their weight had been monitored monthly but it had dropped for four months in succession. On discussion with the dietician following the inspection we found that the person had been referred to their service on the day following the inspection. The dietician told us that in general the staff made appropriate referrals to them.

We asked about staff training and we were told by the staff that the training was good and they received lots of it. We had a discussion with the manager and they showed us evidence that all staff were in the process of completing the Care Certificate to demonstrate their understanding of quality care. We raised concerns with the recording and auditing of staff training as it was difficult to ascertain who had completed what training as the records were very poor and haphazardly stored.

**Recommendation; That the provider has regards to recognised up to date guidelines and other relevant documentation related to dementia environments.**

# Is the service caring?

## Our findings

One person who lived in the home told us “It’s lovely here and I like the staff. It’s safe and homely.”

We asked relatives if they were happy with the care that their family members received. One relative told us “We are very happy with the care. She is really well cared for. We know all the staff by name.” Another relative told us “We have no concerns or worries about the care here. They don’t put a foot wrong.” A member of staff told us “I have worked here a long time and know all the residents really well – I speak to them all the time so know what they like.”

During the inspection we spoke with a consultant psychiatrist who worked closely with the home supporting the people who lived there. They told us “Redholme is one of the best EMI nursing homes that I have contact with. Overall I am very happy with the quality of care being delivered. Families make less complaints who go there.”

On the first day of the inspection we observed that some records of personal care for people using the service were kept on an open shelf in a dining area that could be accessed by people using the service or visitors to the home. We discussed this with staff on the first day of the inspection. On the final day of the inspection we found that the file was still on open view and access. On discussion with the manager she told us that actions would be taken to store the information appropriately. This concerned us as it meant that person and private information about people was not being maintained confidentially.

We found for one person using the service that a doctor had requested regular monitoring of their blood pressure for a period of time. However there was no evidence of this in their care file. When asked the nurse in charge told us

that the information had been pinned to a notice board in the office. Again this meant that personal and private information about people was not being maintained confidentially.

We also found that people’s files containing personal information, that were not in daily use, were stored in the basement of the premises. We saw that the cabinets they were stored in were not locked and could be accessed by persons not authorized to do so. These issues also raised concerns about confidentiality of people’s personal information and demonstrated that the provider had not taken proper steps to ensure people’s privacy.

During the inspection we observed staff interacting with the people who lived in the home. We observed staff chatting with people about day to day things and spending time making sure that people’s needs were met. People who were sitting in their rooms were regularly checked by staff and we observed that when people were sitting alone staff took time to check on them and engage them in a meaningful conversation. It was clear from our observations that staff knew people well and were able to communicate with them and met their needs in a way the person preferred.

We saw that staff based themselves in the communal areas so they were nearly always on hand to offer support and engage with people. Staff told us that people using the service could eat in their rooms or in dining rooms and we saw that visitors were able to visit through the day without restrictions.

Throughout the day we observed that staff spoke respectfully to people and supported each other when required. We also noted that before going into an occupied bathroom or bedroom staff knocked on the door and obtained permission before entering which demonstrated that staff ensured that people’s dignity was maintained.



# Is the service responsive?

## Our findings

Relatives told us that they had not made any complaints but knew how to and who to speak to if they felt it was necessary. Comments we received included, “We have no concerns or complaints but would be happy to raise any concerns” and “We’ve never complained. We’ve never needed too. If you ask for something they do it.”

We looked at the complaints procedure and log and saw that any complaints were thoroughly investigated and responded to. We did note that the complaints procedure required updating. We pointed this out to the manager and she said that she would take action to rectify this.

We inspected care plans to establish if care was planned for peoples’ individual needs and if the service was responsive to them. The files had allocated spaces for a photograph however we did not see any files that contained a photograph to identify the person. Some of the plans had been completed in detail and evidenced knowledge of the individual such as hobbies, choices of drinks and family members.

The file for one person recorded as to how they responded best to colour coded cards instead of verbal or written guidance and the manager was able to tell us how they had arrived at this way of providing support. For another person

it was recorded that their risk for pressure sores had increased from high to very high but there were no corresponding instructions to manage this change recorded.

We found on the first day of our inspection that two people were fully clothed and in bed, one wearing footwear, at 5.30 am in the morning. However in their care plans it was recorded that both people were unable to wash and dress themselves without assistance. The manager told us that the member of staff who had supported these people no longer worked in the home. We received conflicting information from staff regarding practices relating to personal care and the times that people were supported. We asked the manager to clarify the situation with the staff. Our concerns were passed to the local safeguarding authority.

During the inspection we saw that a lot of toiletries had been bulk purchased on the day. Staff told us that for people using the service who did not have a friend or relative to purchase for them or take them shopping then they bought the same product for everyone. There was no evidence to demonstrate that any personal preferences had been sought.

A wide range of social activities were available and people were encouraged to take part in or observe activities which they enjoyed.

# Is the service well-led?

## Our findings

We asked relatives if they thought that the service was well led. One relative told us “Matron is approachable and helpful. She is an influence in the place. She is visible and gets very involved. I see that as a positive influence.”

Comments from staff members were mixed. One staff member told us “The manager is very fair. She wants what is best for the residents. They are number one. It’s their safety and care that matters.” Some staff raised concerns about whether they would be listened to if they reported issues and told us they would be concerned for their jobs if they did so.

We had a number of concerns about the lack of quality assurance processes in the home to monitor the service provision. There were no consistent processes in place to monitor health and safety, care plans, infection control, incidents and accidents, falls and safeguarding concerns. We also noted that there was no monitoring of staff support and supervision and as a result this was inconsistently given. The training records were very poor so it was difficult to determine who had carried out what training.

Most of the policies that we looked at were out of date and contained information that was no longer relevant.

Several staff had worked at the care home for many years and when spoken with demonstrated a good understanding of their roles and responsibilities towards people using the service. However this was not always translated into practice.

There were team meetings but these were carried out on an ad hoc basis with no formal agenda. We saw that there had been relative’s meetings but again these were inconsistently held. There was also no evidence that quality assurance surveys were taking place to give people and their relatives the opportunity to provide anonymous feedback about the service they were receiving.

We shared our concerns with the manager and they agreed that the service monitoring was significantly lacking. We also shared our concerns with the local authority. They had also recently visited the home and had reached the same conclusions about the service provision.

The manager spoke with us the day following the inspection and told us that they recognised the improvements that needed to be made and that they had struggled to do everything that was required. They had contacted an external provider and had brought them in to set up new quality assurance systems in the home and the work was already in progress.

**These examples are breaches of Regulation 17 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  | Regulation  |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment<br><br><b>How the regulation was not being met:</b><br><br>The provider had not taken proper steps to ensure that all premises and equipment were secure, suitable for the purpose that they were being used and properly used.<br><br>Regulation 15 (1) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 |
| Regulated activity  | Regulation  |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br><br><b>How the regulation was not being met:</b><br><br>Lack of acceptable records meant that the act was being applied unlawfully.<br><br>Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3)  |
| Regulated activity  | Regulation  |
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br><b>How the regulation was not being met:</b><br><br>The provider had not taken proper steps to ensure the proper and safe management of medicines.<br><br>Regulation 12 (1) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3)   |

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance   |
| Diagnostic and screening procedures                            | <b>How the regulation was not being met:</b>   |
| Treatment of disease, disorder or injury                       | People who use services and others were not protected against the risks associated with lack of established systems or process's that were effectively operated to ensure compliance with the requirements of regulation17. Regulation 17 (1) (2) (a) (b) (c) (e)(f) |