Redholme Memory Care Ltd

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Inspection report

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Date of inspection visit: 18 December 2015
Date of publication: 18/02/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was carried out on18 December 2015 and was unannounced.

Redholme Memory Care is registered to provide a service for 55 people. The home is split into three units. These are Baker unit which provides a service for up to 13 women, the Linden unit which provides a service for up to 12 men and the John McCann unit which provides a service for both men and women. The home provides care with nursing for people living with dementia. At the time of this inspection there were 52 people living there. Parking is available within the grounds of the home and a large enclosed garden is available for people to use.

At our last comprehensive inspection of the home in June 2015 we had found a number of breaches of regulations. As a result we served a warning notice on the home for lack of good governance. This was because we found there were no effective, consistent processes in place for monitoring the quality of the service provided; we had also found that training records were poor and polices and procedures out of date. At this inspection we found improvements had been made in these areas and the provider had met the warning notice.

Following the inspection in June 2015 we had also given the home a number of requirement actions. We had

Summary of findings

required them to make improvements to regulations covering the premises and equipment, obtaining consent from people and providing safe care and treatment. At this inspection we found that the provider had made improvements in these areas and were meeting the relevant regulations.

The home had a registered manager. 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.

We saw that improvements had been made to the storage of medication. This meant it was stored safely and in line with good practice guidance. Action had also been taken to improve the safety of the premises. This lessened the risks for people living there.

Systems had been introduced to monitor the quality of the service and plan future improvements.

Policies and procedures were up to date and relevant to the home. Improvements had also been made to the assessing and recording of people's consent to important decisions.

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?

Requires improvement

We found that action had been taken to improve the safety of the service.

Improvements had been made to the storage of medication. This meant it was stored safely and in line with good practice guidance.

Improvements had been made to the safety of the premises. This lessened the risks for people living there.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Requires improvement

We found that action had been taken to improve the effectiveness of the service.

Improvements had been made to the assessing and recording of people's consent to important decisions.

We could not improve the rating for effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Requires improvement

We found that action had been taken to improve how well led the service is.

Systems had been introduced to monitor the quality of the service and plan future improvements.

Policies and procedures were up to date and relevant to the home.

We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 that improvements had been made to the service following a comprehensive inspection we carried out in June 2015. This included checking that the provider had met a warning notice issued to them by us with regard to Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. We also checked that the provider had made improvements to legal requirements we had made following that inspection. We inspected the service against three of the five questions we ask about services. Is the service safe? Is the service effective? Is the service well led?

This inspection took place on 18 December 2015 and was unannounced. The inspection was carried out by an Adult Social Care (ASC) inspector.

During the inspection we met some of the people living at the home and spoke with three of their relatives. We toured the building and looked at care records relating to three people living there. We also looked at records relating to quality assurance and staff training. We spoke with the registered manager and quality assurance officer for the home.

Requires improvement

Is the service safe?

Our findings

During this inspection we spoke with relatives of three of the people living at the home. They all told us that they were satisfied with the support people had received. One relative commented, "I'm very, very happy with staff. They are kind, caring. I have never heard them be abrupt." Another relative told us, "I am very pleased, nothing is too much trouble."

At our last inspection of the home in June 2015 we had concerns regarding the clinical room where medications were stored. This had included concerns about the cleanliness and temperature of the room. The temperature of the fridge used for storing medications was not being recorded consistently. If medication is not stored at the correct temperature this may affect how well it works.

During this inspection we visited the clinical room and saw that it was clean and tidy. We checked the temperature of the fridge and the room; both were within the safe range for medication storage. We also looked at records of temperature checks completed by staff since 11 November 2015. We found that these records had been completed daily and on each occasion the temperatures had been within safe limits.

At the inspection of the home in June 2015 we had found an oxygen cylinder stored unsafely. During this inspection we checked the cupboard where this oxygen had been stored and found that it contained no oxygen cylinders. We asked the registered manager and the nurse on duty if oxygen cylinders were stored anywhere in the home and they confirmed that currently no oxygen was stored at the home.

During the inspection of the home in June 2015 we had concerns regarding infection control at the home and safety of the premises for people living there. At this inspection we checked nine bath, shower or toilet rooms. We found that all the bins had lids, as required by the homes previous infection control audits and all the toiletries were no longer on display. We also checked windows in five communal rooms and eight bedrooms and found all had working restrictors fitted.

We checked taps in the sinks in eight bedrooms and found all were working. We also checked the water temperature by hand in these sinks and found seven of these were warm but not hot. The water in the eighth sink felt hotter and this was immediately adjusted by the handyman. We examined records of water temperatures completed by a member of staff for November and December 2015. We saw that these had been completed regularly and all either recorded the temperatures as at or below the recommended 43 degrees or recorded that immediate action had been taken if the temperature was slightly over 43 degrees.

In June 2015 we had observed that a number of fire doors were propped or wedged open. This meant that in the event of a fire they would not have closed correctly. At this inspection we walked around all areas of the home and saw that all fire doors were correctly closed.

During our inspection in June 2015 we found that consent for the use of bedrails had not always been obtained, some bedrails bumpers were ripped and risk assessments for people using bedrails were not suitable.

During this inspection we looked at bedrails and bedrail bumpers in six bedrooms and found all were in a good state of repair and suitable for the bed they were used on. The registered manager told us that all bedrails in use within the home were now manufactured as part of the bed.

Our findings mean that the provider had taken appropriate action to meet the relevant regulations.

Requires improvement

Is the service effective?

Our findings

At our last inspection of the home in June 2015 we had found that the home were not lawfully applying the Mental Capacity Act 2005. This was because a clear audit trail was not in place regarding assessments of people's capacity to make decisions or the use of best interest meetings to support people to make important decisions they were unable to make themselves.

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 Act 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.

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 homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Providers are required to submit applications to a 'Supervisory Body' if they assess a person as needing the protection of a DoLS. A recent legal ruling stated that if a person, lacks capacity, is unable to leave unsupervised and is under constant supervision, then a DoLS should be considered.

We checked records in the home that showed us applications had been made for people who may require the protection of a DoLS. We saw from these records that where the application had been urgently needed the registered manager had prioritised this application.

We also looked at care files for three people and saw that where they lacked capacity to make a decision, for example to use bed rails then an assessment had been carried out to establish if this would be in their best interests.

In discussions with the registered manager she displayed a clear knowledge of the legislation around the MCA and DoLS and her role in applying this to people living at the home.

Our findings mean that the provider had taken appropriate action to meet the relevant regulations.

Requires improvement

Is the service well-led?

Our findings

During our inspection in June 2015 we found that there were a lack of effective quality assurance systems within the home. As a result of this we served a warning notice on the home requiring them to meet Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found that the provider had taken sufficient action to meet the requirements of the warning notice.

Since our inspection in June 2015 a quality assurance officer had been employed to work at the home, four days a week. Their role included setting up systems for checking the quality of the service provided. New policies and procedures had been purchased and had been personalised to reflect the service provided at Redholme Memory Care.

We saw that four dates had been arranged for 'Resident and family meetings' to be held in 2016; these had been advertised on a notice board in the foyer so that visitors knew when they were taking place. In addition we saw that a Christmas event had been advertised for families to attend the day following our inspection. This would provide an informal opportunity for families to meet with each other and speak with senior staff.

The quality assurance officer explained to us that the home had set up a 'Quality Steering Group' and that it was their intention a representative staff member from each area of the home would attend. We saw an advertisement for the first meeting to take place in January 2016; this advised that the purpose of the group was to 'discuss good practice, the introduction of new practices and areas that require improvement.' It also stated that members would be expected to feedback to their colleagues about the meeting. It was intended that once set up this group should provide a formal way for staff to put forward their ideas and discuss ways they can contribute to planning future improvements to the service they provide.

An 'action and development plan' had been put together for the home listing short, medium and long term goals from September 2015. We looked at a copy of this document which included goals relating to staff, the premises and the service provided. The document clearly listed dates by when each action would be completed. We saw that it had been reviewed regularly and where a date had not been met due to circumstances outside of the provider's control this had been clearly recorded with a further date for meeting the goal set. This was good practice as it helps to ensure planned improvements occur in a timely manner. We saw that the majority of short term goals had been met or were in the process of being met.

A new book had been produced for reporting and checking maintenance issues. This was very clear and included sections for the reporting of the concern, the action taken and a section for the registered manager to record her comments and sign off the work. We saw that all sections had been completed and that the document was clear about the actions people had taken.

Audits had been introduced and completed in November 2015 for medication, care plans and cleanliness. The use of regular audits means that any areas of concern could be quickly identified and action taken to plan improvements.

A system had also been introduced for monitoring and planning staff training and supervision. We saw that dates for all staff supervisions had been planned for the following year. A new system to monitor staff training and planning had also been introduced to highlight the training staff needed and to identify dates when training needed to be renewed.

Our findings mean that the provider had taken appropriate action to meet the relevant regulations.