

Caring Homes Healthcare Group Limited

Rendlesham Care Centre

Inspection report

1a Suffolk Drive
Woodbridge
Suffolk
IP12 2TP

Tel: 01394461630

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Rendlesham Care Centre is a residential care home providing personal and nursing care to 33 people at the time of the inspection. Some people using the service were living with dementia. The service can support up to 60 people in one adapted building. There are three units in the service, one on the first floor and two on the ground floor. At the time of our inspection one of the units on the ground floor was closed for refurbishment.

People's experience of using this service and what we found

The provider had an action plan in place and was in the process of improving the service. This was not yet fully implemented and embedded in practice. The local authority was not placing new people into the service until improvements had been made. The provider and management team were working with the local authority to evidence how improvements were being implemented. There were systems in place to learn lessons and reduce future risks.

A new manager had been employed in the service in June 2021, we received positive feedback about the manager and improvements they were making. There had been no registered manager in post since June 2020, the provider had made attempts to address this in the period between that manager leaving and the new manager being appointed.

There were systems in place to reduce the risks to people living in the service, this included risks associated with their daily living and from abuse. Medicines were managed safely, and auditing systems supported the management team to identify shortfalls and reduce them.

Staffing levels were calculated to meet people's needs and ongoing recruitment, which was done safely, was undertaken. Infection control processes in place reduced the risks to people living in the service. Staff were wearing personal protective equipment (PPE) appropriately and a programme of COVID-19 testing was done. The provider was following government guidance relating to people having visitors.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 March 2018).

We undertook a targeted inspection in January 2021, following an incident where a person was harmed, which is subject to investigation. We did not examine the circumstances of the incident at this inspection but checked how people were being supported to reduce the risks of pressure ulcers developing. CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Why we inspected

We received concerns in relation to safe care, recording and governance. The local authority had ceased to place people in the service until improvements are made. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. The service was working on an improvement plan to address these concerns. We have found evidence that the provider needs to make improvement, because their improvement plan had not yet been fully implemented and embedded in practice. Please see the Well-led section of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

There was an ongoing investigation regarding a specific incident. This inspection did not examine the circumstances of the incident.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed and remains good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rendlesham Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Rendlesham Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Rendlesham Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who had submitted an application for registered manager to CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We visited the service on the 28 and 30 June 2021. We spoke with six people who used the service about their experience of the care provided. We spoke with the regional manager and manager and briefly with five members of staff including care staff and laundry staff. We observed part of the medicines round, mealtimes and interactions between staff and people using the service. We also observed a flash meeting, which included the manager and heads of departments.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment.

We asked for records to be sent to us to review them remotely. A variety of records relating to the management of the service, including policies and procedures, audits, incidents and accidents, staff rotas and staff training records were reviewed. We also spoke with three people's relatives and six staff members including the deputy manager, the chef, housekeeping, nursing, senior and administration staff, on the telephone.

We fed back our findings of the inspection on 15 July 2021 to the manager, regional manager, operations director and the director of compliance, governance and quality.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed additional information sent to us, including training records and records of updates sent to people's relatives by the manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and understood their role and responsibilities relating to safeguarding people from abuse.
- Where incidents had happened, these were reported appropriately and actions taken to reduce future risks, such as reviewing policies and procedures, care plans, staff training and taking disciplinary action where required.
- We were told of an incident in 2020 relating to potential unexplained bruising. We fed this back to the management team and they were in the process of reviewing their records and speaking with staff to check what had happened and if further investigation was required.

Assessing risk, safety monitoring and management

- Risk assessments showed the potential risks to people were assessed and guidance provided to staff on how these were to be mitigated.
- Equipment, such as electrical, fire safety and mobility equipment were regularly checked to ensure they were fit for purpose and safe to use. Regular checks of the environment were undertaken, and risks were mitigated to reduce risks to people using the service, staff and visitors were reduced.
- We observed staff supporting people with their mobility, including using a hoist, this was done safely. People told us they felt safe living in the service.

Staffing and recruitment

- People and relatives told us there were enough staff. People said when they needed assistance this was provided. One person commented, "They [staff] do come if you need them, always there for you." The staff we spoke with told us they felt there were enough staff.
- People's dependency needs were used to calculate the numbers of staff required to meet their needs.
- Ongoing recruitment was taking place to reduce the risks of not having enough staff. Agency staff were being used, but this was being reduced as new staff were being employed. Records showed there had been some instances where booked staff had not arrived for their shift, actions were taken to ensure people received the care they needed and to reduce future risks.
- Recruitment processes reduced the risk of inappropriate staff being employed.

Using medicines safely

- There were systems in place to safely manage medicines. People told us they received their medicines when they needed them, which was confirmed in records.
- We observed part of the lunch medicines round, which was done safely. We observed the nursing staff

responsible for giving people their medicines explained to people what their medicines were for when asked, and they washed their hands in between each person to reduce the risks of cross contamination.

- Staff who were responsible for administering medicines had been trained to do so safely and their competency was assessed by members of the management team.
- Audits in medicines, including administration, storage, ordering and disposal, were undertaken. This assisted the management team to identify any shortfalls and address them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One person told us, "The cleaners do a brilliant job."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There were systems in place to analyse incidents and accidents, including identifying any trends and actions put in place to mitigate future risks.
- The regional manager told us about how lessons were learned from previous incidents, which reduced the risk of them happening again.
- Records demonstrated where things had gone wrong, lessons learned were documented and we also saw reflective accounts completed by staff.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had an improvement plan in place. Although several areas had been addressed, the improvements had not yet been fully implemented and embedded in practice. We were receiving weekly updates from the manager about developments in the service.
- People's care records were in the process of being improved to guide staff in how people's needs were to be met, this included positive behaviour support plans. At the end of July 2021, a new electronic care planning system was being rolled out, including training in the system for staff. The improvement in the care records was not yet fully implemented.
- Feedback we received from staff showed, in the short time the new management team had been in post, improvements were being made in how staff were engaged and empowered to discuss the service provided. One staff member told us how they felt the manager had asked for their views and were listened to.
- We received positive comments about the service provided from people using the service and relatives, this included the caring interactions from staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy in place, which was understood by the manager.
- People's relatives were provided with updates when an incident had happened, however a relative told us about two incidents in 2020 for which they had not received information. We fed this back to the management team. They assured us they were reviewing their records and speaking with staff and would engage with the relative.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been no registered manager in post since June 2020. There had been two peripatetic managers, the first one had put in an application for registered manager and withdrew it. A permanent manager had been employed the end of 2020, who left.
- There was now a permanent manager who had started working in the service June 2021 and they had submitted a registered manager application. Therefore, we were assured the provider was taking action to ensure there was a registered manager in post.
- In addition to the manager, there had been a new deputy manager employed. The management team

understood the requirements of their role and were committed to improving the service and ensuring people were provided with safe and good quality care at all times.

- Staff we spoke with were positive about how the management team were implementing changes and improvements and were equally committed to providing a quality service.
- A programme of audits was being completed to identify any issues in the service and address them. Some policies and procedures had been reviewed and updated. We observed a 'flash meeting' attended daily by the manager and heads of departments. In the meeting they discussed areas which needed addressing and people's wellbeing. This enabled the staff to focus on and address immediate and potential issues.

Working in partnership with others

- The local authority was not placing new people into the service until improvements were made. The provider was working with the local authority, by keeping them updated their progress with their improvement plan, which we were told by a member of the provider's representatives had been instigated prior to concerns being raised.
- We have attended meetings with the local authority and the provider's senior team. This evidenced the provider was working with the local authority to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received feedback from relatives about how they had found improvement in the way they were being updated about the service, in the short time the manager had been in post. The manager provided us with letters they had sent to families explaining the changes in the service and told us about plans to expand further engagement of relatives, this included the reintroduction of relative meetings.
- There were systems to gain the views of relatives, people using the service and staff through the complaints procedure and quality assurance questionnaires. Discussion with the manager and records reviewed showed people's comments were acted on.
- Some staff told us how they had not always felt supported during the pandemic. The management team told us about how they were already planning events for staff, people and relatives to reflect.

Continuous learning and improving care

- The service was in the early stages of being refurbished. One unit on the ground floor was closed and this was being done first.
- Staff were receiving the training they needed to meet people's needs effectively. The manager had implemented reminders for staff to undertake updated training and there had been a positive outcome of staff completing the required training. One staff member told us, "The manager is doing a sweep of the training and telling us what we need to do."
- The introduction of training in supporting people with their distress and anxiety was being rolled out, several staff had undertaken the first two stages of this training.
- There were plans to further develop the service, including the introduction of a herb garden and involve people who used the service.