

Redcot Care Limited

Redcot Lodge Residential Care Home

Inspection report

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Date of inspection visit:
17 June 2019

Date of publication:
24 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Redcot Lodge Residential Home is a residential care home providing personal and nursing care to 16 older people at the time of the inspection. Redcot Lodge Residential Home accommodates up to 18 people in one adapted building.

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

People told us they felt safe living at the service, however, potential risks to people's health and welfare had not been consistently assessed. Staff did not have guidance to mitigate risk and keep people safe with consistent care.

Accidents and incidents had not been consistently recorded and analysed to identify patterns and trends to reduce the risk of them happening again. The registered manager had not recognised when incidents needed to be discussed with the local authority safeguarding team, to assess whether they needed further investigation to make sure people remained safe.

Staff were not always recruited safely, checks on staff character such as references, had not been completed consistently. Staff received essential training to complete their role, but not all staff received training about people's specific health conditions.

Medicines were not always managed safely. Records of medicines given to people were not always signed. Staff did not have guidance for 'when required' medicines to make sure people received their medicines when they needed them.

Care plans were not always completed to reflect the care being given to people. However, staff knew people well and people told us staff supported them in the way they preferred. Some audits had been completed but they did not cover all aspects of the service. The audits completed had not identified the shortfalls found at this inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice. However, the way best interest decisions had been made had not been recorded.

People met with the registered manager before they moved into service to check staff could meet their needs. People were supported to eat a balanced diet, people had a choice of meals, people's preferences and dietary needs were catered for.

People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care. People's health was monitored, and they were referred to health professionals when required.

There was an open and transparent culture within the service, people and staff were asked for their views and opinions about the service and these were acted on. There had been no formal complaints in the last year, but people told us they knew how to complain.

People's end of life wishes were discussed and recorded. Staff worked with the GP and district nurses to support people at the end of their life.

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 (6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redcot Lodge Residential Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to the assessment and management of risks, staff recruitment, medicines management and the general management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Redcot Lodge Residential Care Home

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.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Recot Lodge Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care workers. We observed the interaction between people and staff in communal areas.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

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 deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the service. However, potential risks to people's health and welfare had not been consistently assessed and there was no guidance for staff to mitigate the risks.
- Some people were living with diabetes, there was no guidance for staff about the signs and symptoms the person would display if they were unwell. There was no information about what action to take if the person became unwell.
- When people required support to move around the service, the care plans contained inconsistent information about how to support them, for example, whether to move people with a standing aid or zimmer frame. When people required different equipment to support them depending on their mood or if they were unwell, there was no information about how to assess what equipment to use, to move people safely.
- Some people displayed behaviour that may be challenging to others. There was no guidance for staff about what triggered the behaviour, how to support the person and to reduce the risk of the behaviour happening again.
- Some people required a catheter to drain urine from their bladder. There was no guidance for staff about how to care for the catheter to reduce the risk of infection. Staff were not clear about when to change drainage bags and how to reduce the risk of infection.
- Potential risks to people's safety had been assessed however, records were not always accurate or up to date. The electrical certificate was out of date, the registered manager arranged for a check to be completed during the inspection.
- Water temperatures and legionella checks were being completed, but there was no guidance about the reasons for the checks and safety limits.

The provider had failed to do all that is reasonably practicable to mitigate risk. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems in place to protect people from abuse. However, the registered manager had not recognised potential behaviours that challenge as being a potential safeguarding concern.
- Incidents of behaviour that may challenge had not been consistently recorded. There had been no analysis to identify any triggers, patterns or trends. Staff told us, the behaviour happened regularly and described different ways in which they supported the person.

The provider had failed to do all that is reasonably practicable to mitigate risk. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager contacted the local safeguarding team following the inspection. They were satisfied that the incidents of behaviour did not need to be investigated as a safeguarding concern.
- Staff had received training about safeguarding people against abuse and discrimination and knew how to raise concerns. They were confident that the registered manager would take appropriate action if required.
- When people had fallen, action was taken to reduce the risk of the falls happening again.

Using medicines safely

- People told us, they received their medicines when they needed them, however, medicines were not always managed safely.
- When people requested to administer their own medicines, this was assessed. However, the assessment was not adequate to check that people were safe to administer their medicines. There were no guidelines about how staff should support people, check that they were taking their medicines as prescribed and storing them safely.
- One person's medicine box had a week's supply of medicines, on the top of their chest of drawers in their room. The person had removed the night time medicine and had this on their table, they also told us they had not taken one of their morning tablets. Staff had not identified the person needed more support to manage their medicines safely.
- When medicine instructions were hand written these had not been signed by two staff to confirm the medicine and amount were correct. This increased the risk of people receiving the incorrect medicine or the incorrect amount if errors were not picked up.
- Some people were prescribed medicines on a 'when required' basis such as pain relief and medicines for anxiety. There was no guidance for staff about when to give the medicines, how often and what action to take if the medicines had not been effective.
- Records were not always accurate. Medicine records were not always signed by staff to confirm the medicine had been given.

The provider had failed to ensure the proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always recruited safely. Recruitment safety checks were not consistently completed, and action had not been taken when concerns about staff suitability had been highlighted.
- Staff had a Disclosure and Barring Services (DBS) criminal records check. When the DBS shows staff have a conviction, this should be investigated, assessed and a risk assessment put in place to reduce the risk to people. This process had not been completed when convictions were disclosed.
- Safety checks were completed to make sure staff had not been legally stopped from working with vulnerable people and this was received by the registered manager before the DBS. Staff can work under constant supervision until the DBS is received. When staff had started work before their DBS was received, there was no record of who and how they had been supervised.
- Safety checks did not consistently contain a full employment history and two references. One of the files checked did not have a full employment history and only one reference.

The provider had failed to operate effectively established recruitment procedures to meet the regulations. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet people's needs, people told us staff responded to them quickly. Call bells were answered quickly, and people did not have to wait to get the care and support that they needed.
- Staff covered annual leave and sickness, agency staff had been used previously, but this had not been required for a couple of months.
- ☐ People told us, they thought there was enough staff and that staff came quickly when they rang their call bell.

Preventing and controlling infection

- The service was clean and mainly odour free. One person's room smelt of urine, the registered manager was aware of this and was planning to change the carpet.
- Staff received infection control training and were aware of their responsibility to protect people from the risk of infection.
- Staff had access to gloves and aprons, and staff use these when appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager met with people before they moved into the service to make sure staff could meet their needs.
- The pre-admission assessment did not cover all areas of the person's life. The assessment did not include all the protected characteristics under the Equalities Act 2010 such as their culture and sexual orientation. This had not impacted on the people living at the service at the time of the inspection.
- We discussed this with the registered manager who told us they would add this to the assessment.
- People's health needs were assessed using recognised tools following national guidelines.

Staff support: induction, training, skills and experience

- Staff received training in topics the registered manager considered essential, this included fire safety, moving and handling, dementia and safeguarding.
- Training in topics such as diabetes, Parkinson's disease and catheter care were not provided as compulsory training, staff completed these only if they wanted to. Staff were supporting people who were living with diabetes and catheters. Staff we spoke with were unclear how to support someone who had a catheter. This is an area for improvement.
- Staff received supervision and yearly appraisal to discuss their development and training needs.
- Staff told us the registered and deputy manager were approachable and supportive. Staff were confident to take any concerns they had to them.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- The registered manager had applied for DoLS authorisations when required. When people had DoLS authorised and they were due to expire, a new application had been made.
- People were supported to make decisions, staff used different ways to explain the decision to people including approaching them at different times of the day when their memory may be better.
- When people were assessed as not having capacity to make complex decisions such as taking essential medicines, a best interests discussion was held. This included people who knew the person well including the GP and relatives. However, it had not been recorded how the decision had been made and how the decision was the least restrictive possible, this is an area for improvement.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have a balanced diet. People's dietary needs and preferences were met, and people were given the choice of meals.
- People were offered drinks and snacks throughout the day.
- People told us they had plenty of choice, we observed one person enjoying a salad, that was not one of the choices for lunch.
- The meals looked appetising and people told us there was always plenty to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health, including their weight, and referred them to relevant health professionals if any concerns were identified and when their health needs changed.
- People were supported to live as healthy lives as possible, there was space for people to walk around the service and had access to the garden.
- People had access to health professionals such as opticians and chiropodists. People were supported to attend hospital appointments.

Adapting service, design, decoration to meet people's needs

- The building had been adapted to meet people's needs. The baths had hoists to enable to get in and out of the bath.
- There were pictures on doors to show people the purpose of the rooms, people's doors had photos on them to help people find their rooms. We observed people moving around the building independently, they were seen using signs to guide them.
- Improvements continued to be made to the decoration and flooring within the service.
- People's rooms were personalised to reflect people's choices and preferences, people told us they liked having their photos around them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. Staff knew people's choices and preferences and supported people in these.
- People were comfortable to ask staff for support when they needed it. Staff anticipated when people needed assistance, we observed staff prompt one person to take their zimmer frame with them and supported them to start walking.
- People were supported to maintain relationships with people who were important to them and visitors were welcome at any time. People told us, their families visited them regularly which they enjoyed.
- People could choose where they spent their time. Staff understood that some people liked to spend their time in their room and this was respected. People told us, the staff were kind and looked after them well.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views about their care and support. Where possible people had signed their care plans to confirm they agreed with them.
- People's decisions were respected by staff and these were recorded in the care plan. Staff understood people's likes and dislikes, they knew how this would affect their decisions.
- Staff supported people to attend health care appointments to express their views and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff knew how to support people to maintain their independence. People told us, staff helped them to wash but encouraged them to do as much for themselves as possible.
- People told us, they thought staff respected their privacy and maintained their dignity.
- Staff knocked on people's doors and wait to be invited in.
- People were spoken to discreetly when being asked if they wanted support.
- People's care records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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 people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well including their likes and dislikes. However, people's care plans did not consistently reflect the care being given.
- One person had been living at the service for nearly three months, they did not have a full care plan in place. The registered manager told us the person had originally been admitted for respite, however, no respite care plan had been put in place for staff to refer to. Staff told us, the person would tell them how they wanted to be supported and the person confirmed this.
- Care plans contained some information about people's choices and preferences but did not give detailed guidance for staff to follow. People told us that staff supported them in the way they wanted. We observed staff making sure people had the things they wanted, such as books and newspapers without people needing to ask for them.
- People's care plans were reviewed regularly by keyworkers, who knew the person well and if possible the person.
- People had access to activities they enjoyed, people told us that they enjoyed reading and listening to music. However, some people told us they would like more activities in the morning. During the inspection, there were no organised activities available for people.
- Staff supported people to spend time in the garden, including social occasions with relatives.
- ☐ However, activities were not the responsibility of one member of staff, some activities were completed when staff had time. For example, during the inspection, staff offered nail care as there was time.
- ☐ Records showed that people had not consistently received support with activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in ways they could understand.
- Information was provided in large print and pictorial form. There were pictorial signs on the communal rooms and bathrooms to enable people to find their way around the service.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place and people told us they knew how to complain.
- There had been no formal complaints in the past year. When people raised a concern, it was dealt with

immediately by the registered manager.

- One person told us, "I speak to the manager or deputy if there is something wrong."

End of life care and support

- People were asked about their end of life wishes and when people were happy to discuss, this was recorded.
- Staff worked with the district nurses and GP to provide end of life care when required.
- When people had been identified as requiring end of life care, medicines were made available to keep people as comfortable as possible.

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.

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

- There were some checks and audits in place. These did not cover all aspects of the service and had not been effective in identifying the shortfalls found at this inspection.
- Audits had been completed on care plans, however, these did not assess the information written in the care plan, only that documents had been completed.
- Audits had not been completed on medicines and staff recruitment. The registered and deputy manager had oversight of these areas and had identified that the service was not meeting the regulations.
- The registered manager had not analysed accidents and incidents to improve the quality of the service.
- ☐ Care plans were not detailed, up to date and did not consistently reflect the care being given.

The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an open and transparent culture within the service. The registered manager discussed issues with the staff and asked for their support, and this had been effective in addressing staff sickness levels.
- People knew the registered manager and greeted them warmly with a smile and chatted to them.
- The registered manager had discussed with people and their relatives to resolve issues that had been raised.
- The registered manager had informed the Care Quality Commission of events as required in a timely manner.

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

- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care.
- People told us that they felt involved in their care and that they had improved since being at the service.
- Staff and people told us that they felt the service revolved around people and their needs. People told us they thought the service was well led and the management team were approachable.

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

- People and relatives were able to express their views about the service. People were invited to regular meetings, if they could not attend they were visited in their room. When people made suggestions, such as additions to the breakfast menu, these were acted on.
- There was suggestion/feedback box in the reception area of the service. People, relatives and staff could put suggestions and feedback into the box, these were reviewed monthly.
- Relatives had given positive feedback about staff and how they had gone 'above and beyond'. The registered manager told us, when staff had received exceptional feedback this was recognised with a prize.
- Staff attended regular meetings, we observed a meeting during the inspection. People and the service were discussed, staff were asked for their suggestions when issues had arisen.

Continuous learning and improving care; Working in partnership with others

- The registered manager had attended local forums and received updates from national organisations to keep up to date with changes.
- The registered manager had engaged with the clinical nurse specialist when they needed support. However, they had not always recognised when they had required support. For example, support with developing care plans.
- The registered manager and staff worked with other health professionals to provide joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that is reasonably practicable to mitigate risk. The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate, complete and contemporaneous record in respect of each service user. The provider had failed to assess, monitor and improve the quality of the service provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effectively established recruitment procedures to meet the regulations.