Bupa Care Homes (BNH) Limited

Red Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Red Court Care Home provides accommodation with nursing and personal care for up to 35 older people. Accommodation is provided over three floors with two lifts and two stair lifts to allow access around the building. There was a comfortable communal lounge on the ground floor and two well-presented dining rooms. The garden was well maintained and easily accessible for people with several seating areas and points of interest. During this inspection maintenance work was being carried out at the service and this included work on people's bedrooms. In order to accommodate this work with minimum disturbance the service had stopped admissions to keep resident numbers low. At the time of this inspection 18 people were using the service.

At our last comprehensive inspection in May 2016 the overall rating for the service was good. We found there were improvements required for the administration of medicines and rated the 'safe' question as requires improvement. We returned to the service in March 2017 and found improvements had been made and the service met the requirements to be rated good for each of the five key questions we ask. Is the service safe, effective, caring, responsive and well led? At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Staff had completed safeguarding training and knew how to recognise abuse and report safeguarding incidents. People's needs were assessed and reflected in clear risk assessments. Staff knew how to keep people safe from risk.

There were sufficient numbers of staff to keep people safe. However, everyone we spoke with felt there needed to be more staff at certain times of the day. The manager gave assurances they would look at the busy periods during the week and over the weekends to ensure staffing levels could adequately meet people's needs. Shortly after our inspection we received confirmation that this had been done.

Safe recruitment procedures were followed. The service provided a safe and comfortable environment for people, staff and visitors. The service was clean and hygienic. There were systems in place for the safe storage, administration and recording of medicines.

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. Staff completed regular training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to keep healthy and well. People had access to healthcare professionals when they needed to. People told us they liked the food served at Red Court Care Home and were supported to have sufficient amounts to eat and drink. Risks associated with people's diet had been identified and people's

dietary needs were catered for.

Staff supported people in a way which was kind, caring, and respectful. People were encouraged to participate in a wide range of activities.

The service regularly obtained feedback about people's experiences and had systems in place to ensure people were listed to. People and their family members knew how to make complaints and felt the manager would listen to them and act on their concerns. The service had appropriate processes for dealing with complaints.

When people needed end of life care, the service was able to provide care in line with people's wishes.

People and staff spoke positively about the manager and her team and said they were approachable. There were a number of audits and quality assurance systems to help the provider understand the quality of the care and support people received and look at ways to continually improve the service.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Red Court Care Home

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 was a comprehensive inspection which took place on 19 and 20 December 2018. The first day was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service. This service was also selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection we reviewed the information, we held about the service. This included the provider information return (PIR). The PIR 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. We also reviewed information about the service such as notifications they are required to submit to the CQC about significant events.

During our inspection we spoke with 11 people who lived at the service and eight visiting relatives. We spoke to the manager, the clinical services manager and the regional support manager. We also spoke with the nurse on duty, three members of care staff, the maintenance manager, the chef and the gardener.

We looked at records which included 10 people's care records, medicine records and three staff files. We looked at training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit.

After our inspection the manager sent us information regarding quality control and audits, updates on questions raised during the inspection and confirmation of staffing levels and details about the arrangements put into place to cover busy periods during the day and over weekends.

Good

Is the service safe?

Our findings

People told us they felt safe at Red Court Care Home. Comments included, "I am always safe, the staff care" and "They [the staff] are lovely, they listen to me and always spend time to talk. I do feel safe here." All the staff we spoke with had a good understanding of how they kept people safe within the service, would recognise signs of abuse and report any concerns they had. The majority of staff had received training in safeguarding and additional training had been arranged for January 2019. The manager understood how to report allegations of abuse to the local authority safeguarding team and the service worked with the local authority when concerns were raised.

People's personal risk assessments contained details of how risks were managed. Examples of risk assessments seen included nutrition and hydration using the Malnutrition Universal Screening Tool (MUST) assessment, monthly weight checks, pressure area assessments, falls risk assessment and moving and handling. Staff told us about the risks people might face and how they would manage that risk. For example, one staff member told us about the support one person required to reduce the risk of choking.

When people behaved in a way that may challenge others, staff supported people in a positive way. The service liaised with healthcare professionals to help them understand and reduce the cause of behaviour and formulate a care plan to identify potential triggers and strategies staff could use to help the person when they became anxious or upset.

During our inspection we observed staff were visible and on hand to support people when required. However, all the people and their family members we spoke with had concerns about staffing levels. Comments included, "There is not enough staff, they are very good but always busy", "They do try their best but I always think there should be more staff" and "Like all homes there is not enough staff." People and their family members told us they often had to wait when they pressed the call bell. Comments included, "I have to wait sometimes if they[staff] are very busy…It depends on how busy they are how quickly they come" and "It varies with who is on and what time of day, it's longer at night time." One family member told us, "They are very busy, it really depends, sometimes [my relative] has to press the bell a few times, can be up to 10 to 20 minutes." At the time of our inspection there were four care staff during the day and one registered nurse. At night this reduced to two, sometimes three care staff and one registered nurse. Relatives had told us weekends were particularly bad as support staff such as the receptionist and activities co-ordinator were not there so when care staff were busy helping people with personal care there was no one to support people in the lounge area.

We spoke with the regional support manager and the manager about staffing levels especially during the busy periods of the day and over the weekend. The regional manager assured us that as soon as resident numbers increased so would the staffing levels, for example, another nurse would be employed so two nurses would be on the day shift instead of one. The manager confirmed she would look at the times when staff were exceptionally busy and look at ways to support them. We saw records to confirm the manager was also monitoring the response times of call bells. They felt these had improved recently but realised there was still work to be done. After our inspection the manager wrote to us to confirm they were looking at

certain staffing options, these included the possibility of training non-clinical staff to assist and support people when required over the weekend period and to employ an additional staff member to help relieve the pressure during the busy times of the day. In the interim period they had ensured additional staff support would be on hand at weekends to support people and provided us with evidence to support this. We will look at staffing again during our next inspection to ensure there are adequate staffing numbers to meet people's needs.

Recruitment checks were carried out before people could work at the service. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and checks with the Disclosure and Barring Service.

The provider had systems in place to promote a safe environment. The service was well presented and safely maintained and there were records to support this. Regular environmental checks were carried out such as gas, electrical equipment, kitchen equipment, water temperatures, legionella checks and checks on other equipment such as hoists and wheelchairs were regularly tested and serviced. Personal emergency evacuation plans were in place for people using the service and essential work identified at a recent inspection by the fire service had been completed to ensure people's safety in the event of a fire.

We looked at how accidents and incidents were being managed at the service. There were processes in place to review documents for accident and incidents and to monitor for trends and patterns. The manager used this information to take action when necessary and encourage learning to reduce future risk to people.

People's medicines were managed safely. We looked at the storage and administration of medicines. The clinical room and medicine trolleys were clean and well organised. Both were kept locked when not in use. At the time of our inspection the registered nurse was administering people's medicine. Two senior care staff had also been trained to administer medicines so they could support the registered nurse when required. We saw competency checks in place for both nurses and care staff to ensure they maintained the knowledge and skills they needed to keep people safe. Records we looked at were correct and up to date with no recording errors. We looked at the procedures in place for controlled drugs and found these were stored, recorded and disposed of correctly. Quarterly medicine audits were conducted and where medicine errors had occurred these had been reported and investigated to reduce the risk of people not receiving their medicines.

The service continued to have systems in pace to manage and monitor the prevention and control of infection. We found all areas were clean and tidy. Staff had received training in infection control and food hygiene. Domestic staff followed a daily cleaning schedule and were well equipped to carry out their role. Staff had clear procedures on infection control that met current national guidance.

Good

Is the service effective?

Our findings

People's care and support needs had been assessed and discussed with them prior to their admission to the service. Assessments of needs were comprehensive covering people's physical and mental health, their likes, dislikes, daily routines and communications needs. People were asked about their hobbies and interests and any religious or cultural preferences.

People told us they had access to appropriate healthcare services. People told us the GP visited the service regularly and could see them if they needed to. People's care records contained the outcomes of visits undertaken by a range of professionals including GPs, podiatrists, speech and language therapists and specialist tissue viability nurses. People and if appropriate, their family members were involved in decisions about their health and encouraged to make choices. When people lacked the capacity to make certain decisions we saw meetings had taken place with staff, healthcare professionals and family members to make decisions in people's best interests.

People told us they thought staff had the skills, knowledge and experience to deliver effective care and support. One person told us, "[The staff are] very well trained, they understand my needs well." Another person said, "The staff are knowledgeable, they seem to be well trained and with the new manager in place it is very good." Records were kept of staff training so training needs could be easily highlighted and this was monitored by the manager and at provider level. The provider's mandatory training covered subjects such as fire safety, food hygiene, infection control, dementia care and cognitive issues and safeguarding. In addition, staff received face to face training relevant to their role such as diabetes care and management and pressure ulcer prevention and management. Staff received regular supervision and this consisted of one to one meetings and group supervision also used as training events. For example, we noted group supervision included subjects such as writing care plans, the admission of new residents and pressure ulcer management. Staff told us they felt comfortable asking for more training and felt the manager would accommodate them if they were able.

People were supported to eat and drink enough to maintain a balanced diet. People told us they were offered a choice of food and drink at meal times and everyone we spoke with was happy with the quality of food. Comments included, "The food is very good, they do make an effort to make it look nice and the staff come in every day to ask about choices", "Lovely, tasty", "A good choice, they are interested in how the food looks, very good chef" and "Excellent food and always drinks around, very good". We observed lunch time and noted the dining rooms were welcoming and well presented. People were asked for their lunch choice in the morning and staff used a large clear pictorial menu to help people decide what option they would like.

People told us the service catered for their dietary needs. We spoke with one of the three chefs employed by the service, who explained how they catered for people's dietary needs. For example, some people had a soft or pureed diet and some people needed fortified diets to help them if they were losing weight. They explained how they catered for people from different cultural and religious backgrounds and gave examples of foods they had prepared. Staff were aware of the dietary needs and preferences of people they cared for

and care records confirmed a suitably balanced diet was provided to promote people's health and well-being. Care records included risk assessments to identify if people were at risk of malnutrition. Meals and fluid charts were maintained to ensure people were receiving sufficient amounts. Care plans included a section on nutrition and hydration. Where people had problems, they were referred to appropriate professionals such as the GP, dietician, and speech and language therapist.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through the Mental Capacity Act (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.

People had mental capacity assessments in their care records and details of best interests meetings, held when people lacked the capacity to make certain decisions. The manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. People's capacity to make decisions and consent to treatment was regularly monitored by the service and recorded in their care plans.

The environment was well presented and decorated. People had access to the gardens and quiet areas were available when people had visitors. Equipment was provided to meet people's care needs and support their independence. During our inspection work was underway to refurbish some of the bedrooms. Some people had needed to move from their rooms while the work was underway. Everyone we spoke with felt fully informed of the work and when people had needed to be moved they felt this was well managed. The manager explained they were not taking on any more admissions until the work was complete and they were working hard to keep any disruption to a minimum.

Good

Is the service caring?

Our findings

People told us they were happy with the permanent staff at the service. Comments included, "You could not get more caring people", "They look after me" and "Thoughtful and caring staff, I am very lucky." Relatives we spoke with thought the care staff were very good and spoke about how hard they worked. All the relatives we spoke with had concerns about staff numbers and the use of agency staff having an impact on their family members care. However, they all felt they were able to discuss their concerns with the manager of the service and told us they had confidence that changes would be made. For example, after complaining about the length of time it was taking for staff to attend to people after ringing their call bells, relatives told us they had seen some improvements lately and they told us the manager was closely monitoring the situation.

Care was delivered by staff in a patient, friendly and sensitive manner. We observed all staff including care staff, housekeeping staff, maintenance and support staff were friendly, compassionate and caring towards people. We saw numerous examples of positive and caring interactions, for example, we observed lunch in the dining room was a relaxed and social experience for people. The chef interacted with people asking for their thoughts on their meal, they appeared to have a good knowledge of people's likes and dislikes and cared about the food served and the way it was presented. When staff supported people to eat in their rooms the conversations were friendly and relaxed with staff chatting and interacting with people while assisting them.

Staff told us they liked working at the service and spoke about the people they cared for with kindness and compassion. Comments from staff included, "My job is so rewarding, it's a beautiful house, I love the residents…it's a nice feeling", and "I love it here, it's so nice, I wish I had worked here years ago."

People's privacy, dignity and independence was respected and promoted. People told us, "The staff treat me with real dignity" and "I am lucky to have the staff here, they know their job and yes treat me with dignity and respect." One relative told us the nursing staff were sometimes not so good but, "the carers use my [family members] name, they ask and explain what they are doing, they do treat my [family member] with dignity". Staff told us how they always asked people what they wanted and respected their wishes. We observed staff knock on people's doors before entering and closing people's doors while giving care. People were asked if they were ready for personal care or if they wanted staff to come back later, what clothes they wanted to wear and where in the service they wanted to go.

Good

Is the service responsive?

Our findings

People and their relatives, where appropriate, were involved in planning their care. One person told us, "It's a good system here they keep us informed and let us know if there will be any changes. I need some cream now and they told me that would happen twice a day." Another person told us, "They ask me and my family." Relatives we spoke with felt well informed and told us they were involved in regular reviews. One relative said, "They do have meetings bi-monthly. The number on your door is the day they use for your care planning meeting. We always contribute and they keep us up to date with that."

The manager explained regular care reviews were completed and they were planning to fully implement the 'resident of the day' scheme they had started. This would involve people in all aspects of their care and include meetings with housekeeping, maintenance and the chef to look at ways they could improve the quality of care the person received.

Care plans identified people's care and support needs. They held detailed information and guidance about the person's care. This included communication needs, personal care, nutrition, mobility, skin care and pain management. Care plans reflected people's individual preferences, which helped staff to meet people's needs and they were reviewed and updated regularly. For example, any religious, spiritual or cultural practices, or how people wanted to express their sexuality. Details about people's history, leisure time and hobbies were listed together with people's preferred routines. For example, one person liked to sleep with their bedside light on and another person liked to be surrounded by photographs of their family.

Daily handover meetings were used to share and record any immediate changes to people's needs. This helped to ensure people received continuity of care and helped staff share information at each shift change to keep up to date with any changes concerning people's care and support. A general overview of the handover was kept in the nurse station so staff could quickly access the information they needed to care for people. The manager also held a short daily meeting with the heads of each department to ensure continuity of care and that any identified problems with people's care were addressed.

The service employed one activities co-ordinator over five days a week. People were very complimentary about them. People told us they were going to leave the service soon and would be sorry to see them go. Comments included, "Lots going on, "I like the music", "A wonderful woman [staff name] I love her coming in and reading or singing there is always something. There is an activity sheet every day something is different" and "[staff name] is good, something on offer every day, I never get bored. I can sit in my room or join in down in the lounge plenty to do here." The manager explained recruitment was underway to employ two-part time activities co-ordinators to cover seven days a week. During our inspection we observed people enjoying a reminiscing talk, making pottery and talking about Christmas readings due that evening. Puzzles were available for people to do and staff talked about spending time playing cards and dominos with people. People spoke to us about spending time in the garden and we were shown the positive feedback received from a garden party held in the summer.

The service had end of life care arrangements in place to ensure people had a comfortable and dignified

death. Staff told us how they worked in partnership with the local hospice to help support people to make decisions about their preferences for end of life care. We spoke with a staff member who was also an end of life champion for the service. They told us about the work the service had completed to achieve the accreditation in the Gold Standard Framework (GSF) nursing home. (GSF is a framework to help deliver a 'gold standard' of care to people as they near the end of their lives) and how they were now working with the local hospice towards the steps to success program which would continue to offer support and training for staff.

People knew how to give feedback about their experiences of care and support. People told us they knew who to complain to if they needed to. One person told us if they had a complaint they would, "raise it with the manager, they are very helpful." All the relatives we spoke with told us they had no hesitation in speaking up or raising concerns to the manager or the area manager. Relatives who had made recent complaints felt the manager listened and acted on their concerns and improvements in their family member's care had been made. The service had a procedure which clearly outlined the process and timescales for dealing with complaints. Complaints were logged and monitored at provider level. The manager took complaints about the service seriously. Where complaints had been made we saw these had been investigated thoroughly and the concerns raised had been used as an opportunity for learning and improvement. The manager explained she encouraged relatives to raise any issues with them directly and we were shown the positive feedback the service had received from relatives in recent months.

Good

Is the service well-led?

Our findings

Since our last inspection the previous registered manager had left the service. A new manager was in place and had started the application process with the Care Quality Commission to become 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.

People spoke positively about the new manager of the service and everyone we spoke with knew who the manager was. They felt she listened to them and would act on any concerns they had. Comments from people and their family members included, "[Managers name] is very good, listens and wants to listen", "[Managers name] comes in to see me, they are all friendly and want to help" and "The manager does a great job and knows how to manage."

People and their family members were encouraged to be involved to help shape the service and its culture. One person told us, "They ask me what I think…I feel involved." Another said, "They have information up about meetings and always welcome opinions from the residents and family members." A relative said, "There are residents' meetings, we have been given forms to fill in, we will give our opinions very readily." Records confirmed residents and relative meetings were held and people's views and opinions recorded and actions taken to make improvements in the service provided.

Relatives we spoke with felt things were improving with the current manager and told us they felt listened to. Everyone we spoke with felt informed about issues and events happening at the service. For example, the ongoing refurbishment work and how it would affect them.

People benefited from a staff team that worked well together and understood their roles and responsibilities and the manager was supported by an experienced team of staff. Staff we spoke with told us team work at the service was good and they felt well supported by the manager. We spoke to the manager and the regional support manager who explained there was a strong focus on continuous learning at all levels. The manager explained when she first started the staff survey suggested some staff did not feel supported. We heard about the additional work the manager had undertaken to give staff the support they needed and to help make things better. Records confirmed staff meetings and clinical governance meetings were held regularly to encourage staff involvement and to help to share learning and best practice.

A range of quality assurance systems and audits were in place to help manage the risks to the quality of the service and drive improvement, including medicine audits, health and safety and infection control audits. A monthly home review conducted by the regional support manager allowed the provider to monitor the service and the outcomes for people. Scores were given at each review reflecting the findings, we were sent the review completed in December 18 and noted the service had made improvements and scores had increased from previous months. Actions required were clearly noted and fed into a quality improvement plan. This allowed the manager and the provider to monitor the progress of actions taken. All accidents and

incidents, complaints and reports of safeguarding were monitored at provider level to help drive improvement and share learning.

The manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the manager had notified us appropriately of any reportable events.