

Redholme Memory Care Ltd

# Redholme Memory Care Limited

## 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

This inspection was carried out on 31 May 2017 and 01 June 2017, the first day of the inspection was unannounced. Redholme Memory Care provides personal and nursing care for up to 55 people with dementia. The home is divided into three units over three floors. Parking is available directly in front of the home and there is a large garden with lawns and seating at the back of the property.

Redholme Memory Care had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home were protected from the risk of potential abuse because staff had undertaken safeguarding training to recognise and respond to potential signs of abuse. Staff showed that they had a good understanding of what safeguarding meant and how to report it. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The provider told us that DoLS applications had been submitted to the Local Authorities for some people

Staff were recruited safely and the staff had been supervised and appraised. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. We found that staff were appropriately skilled and trained to meet people's needs effectively. We found that staff completed an induction prior to starting work in the service.

Redholme Memory Care offered a wide range of both group and individual activities that were seen to be meaningful to the people who lived in the home and which had a positive impact on their lives. They were taken to activities outside the home and encouraged to keep family connections with open visiting, relatives felt they could visit at any time.

The staff in the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful. Staff told us that the home was well led and staff told us that they felt well supported in their roles. The registered manager had a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well. Learning was shared from within and outside the organisation and community contacts had been established.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime and the feedback received throughout the inspection was all positive.

Care records, risk assessments, staff records and other documents relating to the running of the home, were

well-kept and up-to-date. Each person living at the home had a personalised care plan and risk assessment. However, the care plans were going through an auditing process at the time of inspection and so there was some recording issues identified.

The registered manager regularly checked the quality of care at the home through audits and we saw that infection control standards in the home were monitored and managed appropriately.

## 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

People were protected from harm and received support from staff who safeguarded them.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Risks to the health, safety and well-being of people were assessed and managed in a personalised way.

### Is the service effective?

Good ●

The service was effective

Staff showed they had an understanding of mental capacity and how this applied to people who lived at the home.

Staff had received supervision and appraisal.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs and were monitored appropriately.

### Is the service caring?

Good ●

The service was caring

Staff made every effort to ensure people's privacy and dignity was respected when care was delivered.

Staff had discussed end of life plans with people and their relatives.

Confidentiality of people's care files and personal information was respected.

### Is the service responsive?

Good ●

The service was responsive

Each person had a care plan that was personal to their needs. The home was in the process of carrying out care plan audits.

People had prompt access to other healthcare professionals when required.

The arrangements for social activities were inventive and met people's individual preferences.

**Is the service well-led?**

**Good** ●

The service was well- led

The service had a manager who was registered with the Care Quality Commission.

The service had policies in place which were current and regularly updated.

There were procedures in place to monitor the quality of the service. Any issues were quickly acted upon.

The service had forged links with the wider care sector and had been part of several learning initiatives.

# Redholme Memory Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May 2017 and 01 June 2017 and the first day was unannounced. The inspection was carried out by two adult social care (ASC) inspectors, a specialist advisor who was a healthcare professional with experience in the nursing care of older people, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. Prior to the inspection we reviewed any information we had received about the provider since the last inspection. We contacted the local authority quality assurance team, to ask their views about the quality of the service provided. We also checked the website of Healthwatch for any additional information about the home.

During the inspection we spoke with three people who lived at the home and nine visitors. We also spoke with 12 staff members including nurses, care staff, the cook and the registered manager. We were also able to speak to a visiting G.P. and a visiting community optician. We looked at the communal areas that people shared in the home and a sample of individual bedrooms. We reviewed a range of documentation including 11 care records, medication records, seven staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the registered manager.

We looked around the premises and we spent time observing the care and support provided to people

throughout the day.

We asked for information to be emailed to us following the inspection, this was done promptly.

# Is the service safe?

## Our findings

We spoke with people who lived at the home, relatives and visitors and asked if they felt safe. One person who lived at the home told us, "I'm looked after well here" and when we asked relatives what their opinion was they told us, "Safe as can be, what more can I ask" and "My mum's belongings are not much but yes I've no issues". Another relative told us "I feel he is safe here, which I didn't feel when he lived at home."

Staff told us that they thought that people living in the home were safe. We were told that people are carefully observed by staff and challenging behaviours were well managed to minimise impact and risk. Staff told us that they were appropriately trained and experienced to deal with challenging behaviours and that strategies were in place, including diversional therapy and separation. We were also told that they were fortunate at the service as there was adequate space for people to use different areas in order to avoid potential conflict.

The registered manager maintained a clear audit trail of any safeguarding incidents, showing what action had been taken to support the person. The required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. Staff were well-informed about safeguarding procedures at the service and staff we spoke to were able to give consistent explanations about how they would deal with any issues. All staff we spoke to told us they would have no hesitation to whistle blow and report poor practice if they witnessed it and that the service promoted an atmosphere that made this possible.

We looked at a variety of risk assessments and saw that risks were clearly identified and monitored. This included the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. A person living in the home was at high risk of pressure sores was observed sitting on airflow electric cushion and slept on a profiling bed. The care record evidenced this and monthly reviews state that the skin was intact. This showed that the review processes were effective when identifying risk.

The premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required in the event of an emergency.

We found that lifting and moving equipment had been serviced by an external contractor within the last year. We also saw evidence of call-outs to repair some faults. This reassured us that regular checks of equipment were carried out by staff at the service and when any issues were identified they were being addressed.

We saw records to show that people's rooms across the service were audited weekly and on a rotational basis. These records were up to date and contained details of any findings and actions taken. We saw



evidence to show that the maintenance manager undertook checks of water temperatures across the home every two weeks. All temperatures were within the maximum temperature recommended by the Health and Safety Executive.

The service also had an effective process in place for staff to report maintenance issues to the maintenance manager. Any problems were logged in a book and following completion of any works the maintenance manager recorded what action had been taken. Each issue was then signed off by the registered manager.

We found that the service had been inspected by the infection control service in December 2016. The service achieved a 97% compliance score. We were told that one of the reasons that this score was not higher was because the service did not have a hand wash basin in the medication room. It was explained that the registered manager had taken on board this feedback and promptly fitted a new hand wash basin. On our tour of the service and on our general observations during our inspection, we saw that all areas of the service were clean, tidy and well-maintained. This included a new patio area and extension, which had been completed in the last year. Gloves and aprons were freely available for staff throughout the home to ensure good infection control standards were maintained.

We looked at the personnel files of seven staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment at Redholme Memory Care.

We looked at staffing levels and saw that these had been consistent over the previous month. We spoke to some staff who thought there were enough people on duty and said that they had time to spend with people. One staff member told us "Staff cover for each other so people are looked after." We also observed that call bells were answered promptly.

We looked at the Medication Administration Records (MARs) of eight people and these were fully completed by staff when medicines were administered, however we did see one discrepancy that was immediately brought to the managers attention. This showed that people usually received their medications in a timely manner. All the medication we looked at was in date and appropriately labelled. We saw that staff administering medications had been trained appropriately and their competencies had been regularly checked.

We looked at the accident and incident records and saw that where an accident or incident had happened, appropriate action had been taken to reduce the risk of anything similar from occurring again. We also saw how the registered manager had identified that the reporting of incidents and accidents needed to be improved. This also led to a new policy and procedure being implemented surrounding actions to take when a person has a head injury. One staff member told us "We always document incidents and accidents if a resident has a fall etc., and refer as necessary, we are very open here."

## Is the service effective?

### Our findings

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 and hospitals are 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 were being met. It was clear that the registered manager had a full and detailed understanding of the MCA and its application and people had MCA assessments. We also saw how some staff had attended MCA and DoLS training sessions, staff we spoke to were able to tell us that mental capacity assessments had been carried out on people who needed them and they were also able to discuss best interest meetings that had taken place. One relative we spoke with said "My Mum can't make decisions they always check with me yes."

We asked people if they thought the staff were skilled and that they had a good quality of life and everyone we spoke with said yes with a relative saying "[Person] has bipolar and dementia. The staff here are perfect, we can approach the staff at any time. Matron is very good."

We looked at seven staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff had all attended training required by the provider. This included person-centred approaches, awareness of dementia, food hygiene, fire safety and infection control. The maintenance person told how beneficial the dementia training had been and was able to demonstrate what he had learned and told us how he had incorporated it into his work. We saw that some staff were working towards their diploma in health and social care.

There was also evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year and staff told us that they had regular supervision and appraisal meetings with the manager. They said that they found these meetings to be helpful and supportive. Staff also said that they did not feel the need to wait for a scheduled meeting if they needed to discuss something with the registered manager because they feel that they can approach her at any time if needed. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. This meant that people who used the service received care from staff that were skilled and competent to support them.

We asked people and their relatives their opinions of the food provided by the home, everyone we spoke with was very positive about the meals. Comments included "The food is good. I've tasted it. My Dad has put weight on" and "I'm here at mealtimes sometimes. It looks good and Mum never not eats it."

We were able to observe lunch and afternoon tea. At lunch we saw that staff supported people who needed it however we observed that staff encouraged people to support themselves in the first instance. We sampled the food and found that it was tasty, presented well and hot. For people who needed a pureed diet the food was pureed separately and not mashed together. We saw that staff were observant, for example if a person did not eat their food they were supported and encouraged to eat. We observed afternoon tea and this was presented well on cake stands with fresh strawberries, people seemed to enjoy this. This was also supported when we spoke to a relative who confirmed this was something they were impressed with. We were also told that "Staff give things some thought and not task orientated." Another relative told us "The food is good too. I can bring food in and put it in his fridge in his room, if I tell them."

People's weights had been monitored frequently if required and medical advice sought if people's dietary intake significantly reduced. People at risk of malnutrition, had their dietary intake monitored by staff daily to ensure that their dietary intake was sufficient to maintain their physical well-being. Fluid and dietary intake/output were recorded and trained staff had oversight of these charts on each shift. We also saw evidence in care records that referrals to dietetics had been made, as several people had lost weight.

When we looked around the building we saw that the home was decorated in a dementia friendly way with clear signs to enable people who lived with dementia to move around the home independently. There were large boards with the day and date on it and clocks around the home had the right time on them. This meant that people with dementia had a constant and reassuring source of information on the time of day and personalised location information. People had been able to personalise their bedrooms, a relative told us "Home looks good, clean great gardens."

We saw photographs of people who live in the home with staff, this gave the service a feeling of friendliness and made the atmosphere homely.

# Is the service caring?

## Our findings

We asked people living at Redholme Memory Care about the care they received from the staff. They all said it was good one person told us, "They look after me" another said "We have a laugh very nice" and another person said "I'm looked after well here." We also asked relatives and visitors if they thought the staff were caring and we were told that they were reassured by the care and support their relative was given.

During our inspection we saw that one of the members of staff met with a member of the public to discuss her relative's care. This relative did not currently live at the service and was cared for elsewhere. The member of the public had attended the service for advice and support on their relative's care and to enquire about how their relative could move to this service. The member of the public told us that the staff member she had met with 'had the patience of a saint' and was very grateful for the support she had been offered. This demonstrated a very caring approach by staff at the service in a situation that was not necessarily part of their everyday role.

Staff were observed to support people in a kind, caring, dignified and respectful manner. Personal care was seen to be carried out in private, respecting dignity and privacy. People looked well-groomed and cared for and were dressed appropriately. A relative told us "The laundry staff interact with him and they are so kind. His washing is always back handy and I don't find other people's clothes in his cupboard. Nothing goes missing." Staff spoke with people in a respectful way, giving people time to understand and reply. We also saw how staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed. During our visit people moved about freely and communicated with us and staff. One member of staff told us that some of the key aims of the service are to 'treat everyone with dignity and respect and to ensure that the last few years of people's lives are the best possible.' Staff engaged with people and visitors in a warm and friendly manner. One relative told us "We are always made to feel welcome and part of everything."

We asked people if they were able to choose when they went to bed and were told yes. Staff also told us that if a person wanted to sleep late then that was their choice.

We asked people and their relatives could have visitors/visit at any time. All said yes. One relative told us "I can visit when I want and the dog, how good is that. No problems at all."

We saw evidence that end of life discussions had taken place with people and their relatives this showed us that the home understood and respected the advance decisions made by people in respect of their end of life care. One relative told us "One staff member (nurse) talked to me about end of life for people, that doctors are involved at every stage."

We observed that confidential information was kept secure either in locked cupboards on each of the units or the main office.

Relatives told us that there was always communication between them and the service and they felt they

were kept informed of any issues. One relative told us "I'm involved and listened to, particularly if Mum or Dad is not well."

The registered manager showed us a 'service user guide' produced by the provider that was made available to people living in the home and their relatives, this included information about the service from Redholme Memory Care that was available for people and their families. This held information that included care services and facilities and communication information. This included 'Family and friends meetings', one family member told us "They do have meetings but I can't always come and as I can talk to the staff when I visit if there is any worry, that's fine with me." There was also information on how to access advocacy services. This document was accessible as it was in the entrance of the home.

## Is the service responsive?

### Our findings

We asked people if they knew how to complain and everyone we spoke with said that if they had something they weren't happy about they would be comfortable approaching a member staff. All relatives we spoke with were able to name the registered manager as a contact if they were to complain. One person told us "I've no complaints", a relative said "I've no complaints, if I did I would see [name] the manager. She's always around but staff are good as well" another relative told us "Yes I had concerns about Dad's room smelling (urine). I said something and it was sorted."

We saw a copy of the complaints' procedure in the service user guide displayed on the noticeboard in the reception area. This gave the name and contact details for the registered manager. It also referenced the local authority and us, the Care Quality Commission [CQC] which is the way that many people now raise complaints or concerns.

We saw numerous compliments had been received about standards of care.

We looked at 11 care plans and saw that they were person-centred and met the needs of the people living at the service. We saw that risk assessments for all aspects of people's lives were documented in their care plans and these were reviewed monthly, unless there was specific need to do so sooner. The information in people's care plans was mainly clear and accessible, however we identified that some entries in daily records and care plans were difficult to read. We also noted that there were some recording issues. An example of this was a duplicated form with different information on it. This was brought to the registered manager's attention who immediately actioned it. At the time of inspection the service was undergoing a change to the auditing system and this was evident in the care files.

The care plans were reviewed regularly and families told us that they were included in the care plans. One relative told us "I am involved in his plan yes" another said "If anything is wrong they ring me right away. I'm always involved."

We asked people if they thought the staff knew their likes and dislikes and everyone we spoke to thought that they did. One relative told us "They know what people like, I've watched when I come in. My wife is only young so I needed to know" and another relative told us "They know my mum and mother in law very well." We saw that observations and staff knowledge of people living in the home evidenced that they received care that was responsive to their needs.

We saw that people had prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and G.P's. We were able to speak a visiting GP and a community optician. We were told by the GP "I have been attending here since 1992. I find the staff here very helpful and efficient. The staff transmit a true state of what is going on with the residents, we have an arrangement that they give the information over the phone at the surgery and they inform us. They will leave a message and their concerns are always appropriate, they are a good group of staff" and the optician told us "We have been visiting here for some time. The staff are very nice and very helpful. We bring our

portable pressure monitor for glaucoma and we do get cooperation from a lot of the residents. The staff will help us and can reassure residents when needed. We like coming here."

We asked relatives if the home was responsive to people's needs and we were told that they were. One relative told us "If mums not well they are on to it, no messing. I've got no worries about this home." All relatives we spoke with stated that care issues are responded to quickly.

The service offered a wide range of activities to meet people's social needs. We observed a drama therapy session. The session was conducted in a way that people could understand and memorise. The session helped people to engage with each other and talk over old times that brought back memories of people. The drama therapist was professional, approachable and was able to put people at ease. We saw that people who used the service responded well to her. We were told "I feel privileged and humble to work with people who are prepared to share their life with me." The therapist had records held that demonstrated outcomes for people.

We also observed an activity session planting in garden. The sun was shining, music on in the background and people were sat round a table laughing and enjoying the outdoors. People were planting plants they had grown from seeds. Everyone was encouraged to get involved and do it for themselves. We also saw how the service arranged trips out for people and chair based exercises. We saw evidence that the spiritual needs of the people living in the home were responded to, examples of this was the home accessing local priests and imams. Redholme Memory Care also worked with other providers by inviting them to tea dances, this meant that people's social circles were widened. It was demonstrated that people's needs were considered and activities were coordinated with staff and others.

The service also organised inclusive activities such as t'ai chi. We were told by one relative "[Person] sometimes joins in the activities, he likes the t'ai chi. They go out for day's out, the park, fish and chips, a barge trip is planned for June. He does interact with the staff and it's good that there are male carers here as they talk to him about football."

The service had also carried out research that regarding aggression. The home had a gym that was available to everyone in the home. It was shown that people living in the home who had used the gym reduced the need for aggressive medications. This service was freely available and promoted by the service.

## Is the service well-led?

### Our findings

The service had a registered manager who had been in post since 1998 and a deputy manager who were both present during both days of inspection. The registered manager understood their responsibilities in relation to the service and registration with CQC and regularly updated us with notifications and other information. We spent time talking to the registered manager and they told us how committed they were to providing a quality service. The registered manager was experienced and skilled and we received positive feedback about how they managed the service. One relative told us "The home has a warm feel about it. Unlike others I looked at when I was looking. It's hard enough when you have to take these decisions, so finding somewhere like this is great."

The staff we spoke to told us that they had worked at the service for many years and they 'enjoyed' going to work. They said that there are good team dynamics amongst all staff and they all work well together. All staff who we spoke with told us that the registered manager was very supportive and listened to them. They said that if they raised an issue with the manager they were confident that it would be acted upon. One member of staff told us that they would be 'lost' without the manager and she is like 'family' to them. They told us that the registered manager had been incredibly supportive when they were faced with some difficult personal circumstances.

One of the care staff we spoke to told us that they had worked at the service for around 10 years and they would not want to work anywhere else. They also told us that they planned to train to become a registered nurse. The registered manager had agreed to support them to do this and they planned to return to work at the service as a nurse once qualified.

The registered manager worked in partnership with other organisations to make sure they were following up to the minute practice and providing a high quality service. This included accessing up to date research surrounding dementia and attending various seminars. We spoke to other professionals who were involved in the home and their comments were extremely positive.

The home had links with the local community. The registered manager had attended schools to talk about dementia and had organised for a school to have two representatives who were pupils to become 'Dementia Friends'. These pupils were a point of contact for anyone in the school who needed or wanted information. The service also supported work experience for students. This included presenting 'how technology has changed nursing' and showing memorabilia.

The service was also able to show how they had facilitated the training for the care sector regarding the 'React to Red' initiative. This is a skin campaign and is the latest pressure ulcer prevention campaign to be held by NHS Trust Tissue Viability Nurses. 'Get into Reading' was also piloted at Redholme Memory Care and this has been shown to promote better health and well-being, to increase social inclusion.

The provider regularly monitored the quality of care at the home and there were procedures in place to monitor this. This included audits surrounding incidents, accidents, medication and bed rails. The registered



manager was very transparent and informed us that they were currently in the process of auditing all the care plans.

Staff had access to policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance. Records were well maintained at the service and those we asked to see were located promptly.

Meetings were also held regularly to involve and consult people about plans and ideas for the home. We were told by one relative "Yes meetings are held. I'm always invited, I can't always get there but always asked." People and their relatives were encouraged to complete surveys about the care provided, we were told "I've filled out forms for feedback. I did one for staff as well" and "If I tell the home about any concerns they listen and get it done". We were told that residents' meetings took place although we were informed that they are not well attended. However, an open door policy reassured relatives we spoke to that they did not have to wait to attend a meeting to raise any issues.

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. Staff told us that if they felt the need to they could call a staff meeting to deal with any issues that had been identified. We were also told by all staff we spoke with the registered manager was supportive and had encouraged professional growth throughout a person's employment. We were told "I've gained confidence and experience here."