Elder Care (North West) Ltd

Red Oak Care Home

Inspection report

196 St Annes Road
Blackpool
Lancashire
FY4 2EF
Tel: 01253 349702
Website: None

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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

Overall summary

The inspection at Red Oak was undertaken on 07 January 2015 and was unannounced.

Red Oak provides care and support for a maximum of 17 older people. At the time of our inspection there were 16 people who lived at the home. Red Oak is situated in a residential area of Blackpool. All bedrooms are en-suite with communal bathroom and toilet facilities available on each floor. In addition there is a dining room and two communal lounges. Outdoor decking areas to the rear are accessible for wheelchair users via a ramp.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 12 November 2013, we asked the provider to take action to make improvements to how people's care and welfare were maintained and how people were safeguarded from abuse. We also asked the

Summary of findings

provider to take action to improve quality assurance monitoring systems, the management of complaints, record-keeping and requirements related to the reporting of incidents to CQC. At the follow-up inspection on 24 January 2014 we observed improvements had been completed and the service was meeting the requirements of the regulations.

During this inspection we noted systems were in place to protect people against abuse. Individuals who lived at the home and their representatives told us they felt safe. We observed people were comfortable and relaxed and staff engaged with them in a caring and supportive manner. We observed people received their medication safely and in a timely manner.

The staff worked with individuals to ensure they received appropriate support. People told us they were involved in their care and assisted to make day-to-day decisions. We observed staff did not excessively limit people's freedom and were about to receive training to underpin their understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Systems were in place to protect people's human rights. We observed staff maintained individuals' privacy and dignity throughout our inspection. For example, people's confidentiality was protected because their care records were securely stored.

Not all care records were detailed and risk assessments had limited information about managing potential risks to people who lived at the home. People's preferences were not always recorded and care plans were more task orientated rather than personalised to the individual's needs. However, we observed the registered manager had introduced a new care planning system and were reassured the management team would continue to develop this.

People and their representatives told us they were fully involved in their care planning. This included frequent review of the support they received. Staff effectively monitored people's health and worked with other providers to ensure their continuity of care.

People and their representatives confirmed staffing levels were sufficient for their needs. The registered manager told us these were being reviewed to assure adequate staff numbers and skill mixes were maintained. Staff told us they were effectively trained and supported to carry out their work. Records confirmed staff were experienced and enabled to properly support people in their care. We saw evidence that the registered manager was planning further staff training, such as managing people's nutritional needs.

Staff and people who lived at the home told us the registered manager was visible and promoted an open working culture. People and their representatives' views were regularly sought and acted upon as a way of checking the quality of the service. The management team carried out frequent audits to protect the health and safety of staff, visitors and people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe whilst living at the home. The registered manager had systems in place to protect people from the risk of abuse.

We noted staffing levels were adequate to ensure people's needs were met.

We observed medication was administered safely.

Good

Is the service effective?
The service was effective.

Staff were sufficiently trained and knowledgeable about the needs of people they supported. People's changing health needs were monitored and continuity of care was maintained.

There were policies in place, and appropriate authorisation where applicable, in relation to the MCA and DoLS.

People had adequate support to meet their nutritional and hydration needs.

Good

Is the service caring?
The service was caring.

We observed staff supported people in a caring manner. People told us the staff maintained their dignity and protected their confidential information.

People and their representatives told us they felt involved in, and able to make decisions about, their care. They said staff helped them to retain their independence.

Good

Is the service responsive?
The service was responsive.

People were offered choice in order to meet their needs. Staff had a good understanding of how to respond to people's changing requirements in order to maintain their independence.

We observed people were adequately occupied and provided with social stimulation throughout our inspection.

Good

Is the service well-led?
The service was well-led.

The service had an open working culture and the registered manager had a visible presence within the home. Systems were in place to check people's experiences and gain their views about the care they received.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home. Audits and checks were regularly undertaken and identified issues were acted upon.

Good

Red Oak 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.

The inspection team consisted of an adult social care inspector; a specialist advisor, with adult social care experience of older people with dementia; 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. The expert by experience for the inspection at Red Oak had experience of caring for older people.

Prior to our unannounced inspection on 07 January 2015 we reviewed the information we held about Red Oak. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts and comments and concerns received about the home. At the time of our inspection there were ongoing safeguarding concerns being investigated by the Local Authority in relation to people's safety at Red Oak.

We asked the provider to complete 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. The registered manager did not receive the PIR in time to complete prior to the inspection.

We spoke with a range of people about Red Oak. They included the registered manager, two care staff, six people who lived at the home and six relatives. We discussed care with two visiting professionals. We also spoke with Healthwatch Blackpool and the commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to four people who lived at Red Oak and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we talked with told us they felt safe. One person said, "Everything about here makes me feel safe. I've got a key to my room." Another person explained, "There's always somebody around. We can call on somebody at a minute's notice." A relative told us, "Every time I've been [my relative's] happy, warm and fed."

We checked how staff recorded and responded to accidents and incidents within the home. We found evidence in people's care files where injuries had been recorded following accidents. Body maps had been completed and wounds were attended to and monitored for improvement. Documents included a brief outline of how the accident occurred and how staff had acted to reduce the risk of further occurrence. The registered manager had put systems in place to minimise the risk to people of receiving unsafe care.

When we discussed the principles of safeguarding people against abuse with staff, they demonstrated sufficient knowledge. One staff member explained, "If something isn't right, I would say it." Training records we reviewed showed staff had received related information to underpin their knowledge and understanding. A staff member confirmed, "My training was really important, especially working with people who have dementia. It has equipped me to do the job." One person told us, "I feel very safe here. I came in on respite and then asked to stay because I knew I would be safe and properly looked after."

The notice board outside the dining room contained the service's safeguarding policy and relevant contact details to show who people could raise their concerns with. This included contact information of the registered manager, CQC and the Local Authority. The safeguarding policy in place was current and referred to legislation and national guidance. This meant the registered manager ensured staff and people who lived at the home were given appropriate information about raising any safeguarding issues.

Care records contained an assessment of people's needs. This lead into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, falls, mobility, mental health, personal care and emergency situations. This showed the registered manager had arrangements in place to minimise potential risks of receiving care to people it supported.

We noted risk assessments held limited information about managing and supporting people to maintain their safety. For example, one person was assessed as being at risk from falls, but there were no actions included to show how this was managed. However, the registered manager had introduced a new system over the past year. We saw evidence this was in place and the management team assured us they would continue to develop risk assessment processes.

We checked staffing levels the registered manager had in place to establish if there were enough staff to meet people's needs. We saw there were sufficient numbers of experienced staff throughout a 24 hour period to ensure continuity of people's care. One person told us, "We haven't had any trouble with lack of staff, they are very good." A relative told us, "I've never seen anybody wait for assistance." Another relative said, "There's always somebody bobbing about."

However, another relative stated, "When they are busy they could do with more staff." A staff member told us, "I think there could be more staff on as there isn't always the time to spend as much time as we would like providing care." We discussed this with the registered manager who assured us staffing levels were in the process of being reassessed and reviewed.

The registered manager told us, "There's been a lot of changes of staff over the past year, but we're fully recruited now. I persevered and I feel I have a reasonably good team now." We checked staff files and found correct procedures had been followed when staff had been employed. This included reference and criminal record checks, qualifications and employment history.

We discussed recruitment processes with newly recruited staff to check their experiences. One staff member told us, "I had to wait until [the registered manager] got my DBS [Disclosure and Barring Service] checks and references before I started work." One person told us, "The new staff who have come on board are absolutely fantastic. They're

Good

Is the service safe?

caring and take their time." The provider had safeguarded people against unsuitable staff by completing thorough recruitment processes and checks prior to their employment.

We checked how medication was dispensed and administered to people. This was done in a safe, discrete and appropriate manner and followed the policy and procedures in place. One person told us, "The staff do my medication for me. I'm so glad because I'm on so many tablets that this keeps me safe." Another person said, "They watch me to check I've taken my tablets. They do an extremely thorough job of making sure medication is given correctly and safely."

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Related documents followed national guidance on record-keeping. Changes to people's medication was recorded and people were monitored where this occurred. When asked about keeping up-to-date with people's medication, a relative told us, "Yes, I'm told about medication changes." Medication was stored safely and staff undertook regular audits to check and act upon any issues that arose with medication procedures. All the staff who administered medication had received training to underpin their skill and knowledge. This ensured medication processes were carried out using a safe and consistent approach.

Good

Is the service effective?

Our findings

People and their representatives told us they felt their care was good and provided by experienced, well-trained staff. One person told us, "The staff are very well-trained and experienced. They know what they're doing." When asked about staff skill and knowledge levels a relative told us, "Certainly, the senior staff are up-to-date."

Staff told us they were supported to access training and further qualifications to develop their skills and knowledge. The registered manager told us, "In the first six months of this year I'm really focusing on training, such as dementia, care planning and MUST [Malnutrition Universal Screening Tool]. We have a trainer coming in to spend time with me and then coming every week to work with the staff." The registered manager explained the local authority had provided a lot of additional support to staff. This demonstrated staff were supported to access training in order to carry out their duties effectively.

The registered manager told us, "It wasn't working with employing experienced staff. So I've been recruiting new, inexperienced staff so I can properly train them and give them the experience they need." A relative told us, "I've noticed a couple of staff changes recently. The care has got a bit better since then."

Staff told us they received regular supervision and appraisal to support them to carry out their roles and responsibilities. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. Records showed staff had regular opportunities to explore their professional development. One staff member told us, "Supervision is useful. They give me feedback on what I can improve on. It gives me confidence in what I'm doing." Another staff member confirmed, "I had my appraisal a few months ago."

We observed people were relaxed and comfortable during our inspection. We noted staff interactions with people demonstrated they understood their needs and how to support individuals. A staff member told us, "I've been ignorant to people's needs, such as those with dementia and other cognitive issues. Now I'm working here I feel like I am contributing to helping people and making a difference to their lives."

Care records contained documented evidence of people's consent to their care and support. This included information about people's choices with regard to, for example, support needs and preferences around timing for getting up and going to bed. One person told us, "We discussed my care when I came in and I was happy to sign my agreement to this."

We observed staff consistently supported people to make decisions throughout our inspection. For example, staff offered individuals choice of fluids, meals and snacks; options of where to sit; and choice around activities to ensure people were occupied. One person told us, "The staff have never taken over. My independence is extremely important to me and they always make sure they work with me to keep this. I feel very much in control of my care." A staff member said, "It's about having a basic human understanding of people's needs."

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There had been one application made to deprive a person of their liberty in order to safeguard them. The application showed that mental capacity and best interest meetings had taken place. Assessments of the individual's capacity to make decisions were recorded and all documents had been signed and reviewed. There was evidence of family involvement in these processes. The funding authority that had placed the person at the home had been involved as part of the best interest decisions. We did not observe people being restricted or deprived of their liberty during our inspection. One person told us, "I can come and go as I please. They don't stop me from going out for example."

We joined people for lunch and found the quality of food provided was home-cooked and of a good standard. For example, meals were well-presented and of ample portion. Blended diets, for people with swallowing difficulties, also

Good

Is the service effective?

looked appetising. People were provided with a wide and varied menu and, where appropriate, were supported by staff using a discrete and caring approach. One person said, "I eat good food. The food is excellent."

One person told us, "I'm so funny with my food, but they make me whatever I want." A relative stated, "They are absolutely marvellous. They had a dietician in and [my relative] has her main food pureed now. It's remarkable what they've done with her." Another relative said, "When [my relative] first came in [my relative] wasn't eating. They were very good at getting [my relative] to eat." A third relative told us, "I was impressed by the way they serve fresh food."

We reviewed care records and noted people's weights were checked on a monthly basis and where changes occurred staff acted upon this to protect people from the risk of malnutrition. For example, the GP was contacted for advice. We found there were no risk assessments to protect people from potential risks of poor diet. However, the registered manager told us she was planning to implement these after all the staff had received relevant training to underpin their understanding. We saw evidence that this training had been arranged. A visiting professional told us, "The staff deal well with dietary problems, diets and fortified drinks."

We found the kitchen clean and tidy. Our observations and records we reviewed confirmed staff had completed important checks of cooked food, cleanliness and fridge temperatures. This meant the registered manager had protected people from the risks of poor food safety and hygiene by having adequate systems in place.

Where an individual's health needs had changed, staff worked closely with other providers to ensure continuity of care. Care files contained a record of professional visits, including an outline of identified issues, actions taken and the outcome of interventions implemented. One person told us, "I have been ill recently and they got the doctor quickly." A relative said, "[My relative] got up early and fell and broke her hip, but they dealt with it. They called an ambulance and notified me." The registered manager ensured people were supported to maintain their health by having access to other services.

Good

Is the service caring?

Our findings

We observed staff interacted with people in a friendly and supportive manner. People told us they felt the staff were caring. One person said, "When the staff are with me they treat me as a friend." Another person stated, "The staff are lovely and caring. You know what is so important is that they are respectful." A third person told us, "The staff clearly enjoy their jobs and this shows in their positive attitudes towards us."

We observed staff ensured people's privacy and dignity were protected. For example, staff knocked on people's doors and spoke with people in a respectful manner. One person told us, "They are considerate and make sure I keep my privacy and dignity." A relative said, "I've never heard staff discuss other residents." Another relative confirmed, "Confidentiality is maintained."

The various policies in place that we reviewed referred to the diverse needs of people who may be vulnerable and are classed as protected characteristics under the Equality Act 2010. For example, the safeguarding policy highlighted particular groups who may be vulnerable whilst receiving care, which covered areas such as sexual orientation, ethnicity and older people. This demonstrated the registered manager took into consideration people's diverse and cultural needs when planning and delivering the service's procedures and processes.

We reviewed four care records to check how people were involved in their care planning. We found records were comprehensive and included a document called 'Person Centred Care Planning. We noted care plans were task orientated, which focused on completing actions to meet people's care needs. Although we noted records were personalised to the individual they concerned, there was limited information about people's goals, diverse needs and preferences about, for example, activities.

The registered manager told us a new care planning system had been introduced over the past year. We saw evidence of this and were assured the management team would continue to develop personalised care records. Records demonstrated people or their representatives had been involved in care assessment, planning and review. One person told us, "I have a care plan and the staff regularly discuss this with me. This means the staff support me in the way I like to be supported." This confirmed people received support appropriate to their needs because the staff team involved people in the planning of their care.

People told us they were enabled to maintain their important relationships with family and friends. One person said, "I like my [relative] to be kept up-to-date with how I am and [my relative] says the staff always do." Relatives confirmed they could visit whenever they wanted in order to maintain their relationships with people who lived at the home. One relative said, "I come in every day."

Staff described good practice in maintaining people's independence and how best to support people. A staff member told us, "It's a hard job, but I'm really enjoying it. I feel like I'm giving something back." Another staff member said, "Good care is about being patient. This is key, along with empathy and respect." The registered manager stated, "We work with advocates, but nobody needs one at the moment." One person said, "The manager helps to keep me going. I fill the drinks up at meal times. It keeps my bones going and I feel useful."

Good

Is the service responsive?

Our findings

People told us they felt staff were responsive to their needs and offered them choice in all aspects of their care. One person said, "I decide what time I go to bed and get up." Another person explained, "They're very good and listen to any problems. If I want anything done they do it."

Staff used personalised care approaches to people's individual needs. We observed people were able to individualise their rooms with their own personal items. People's photographs were on their bedroom doors. Similarly, doors to communal areas, such as the dining room and toilets, had pictures to identify their purpose. This showed the management team was responsive to the needs of individuals with limited capacity.

Care records were regularly reviewed to ensure staff responded to people's changing care requirements. Staff sought people's preferences to help them understand their needs, although we noted this was not always recorded. We saw evidence of a new care planning system that had been introduced over the past year. The management team assured us this would continue to be developed to include fuller documentation of people's preferences. One person told us, "The staff know what I like to eat and drink, when I want to get up and go to bed, and so on. They never interfere with this and give me the things I like."

Our discussion with staff demonstrated they understood how best to meet people's changing needs. A staff member told us, "I've built up a personal relationship with people and monitor their body language to check I'm meeting their needs properly. I also check their care plans." The registered manager explained, "All our paperwork has changed now and this has been implemented fully. It's working well." A visiting professional said, "We have no problems or concerns with the care, they do everything we advise."

When asked about being involved in care plan assessment and review a relative told us, "I've signed all the documents about [my relative's] care regularly." Two other visitors confirmed they had been involved in their relatives' care plan review. This showed people were protected against inappropriate support because staff involved them and their representatives in the assessment and review of their care.

We observed people were comfortable and active during our inspection. Individuals were supported to engage in a variety of activities. This included physical exercise, word games, quizzes and bingo. One person told us, "There's plenty to do. The manager has activities on a daily basis like bingo and physical exercises. We play word games to make sure our minds are working well and properly occupied." A relative said, "There's quizzes and a soft ball throwing exercise. [My relative] really enjoyed that." We saw a programme of daily activities was attached to the notice board outside the dining room to notify people what events were taking place.

Information was attached to the notice board outside the dining room to keep people informed about how to make a complaint. This included contact details of the registered manager and the Local Government Ombudsman. This showed the registered manager kept people informed about who could be contacted in order to support them to make comments about the service.

The notice board additionally contained the complaints process and policy the registered manager had in place. This detailed the various stages of a complaint and how people could expect their concerns would be addressed, including the timescales the management team would work within. One person told us, "If I needed to make a complaint, which I don't, I would know how to. The manager has explained this and I've been given information about it." Another person said, "I do know the procedure to make a complaint, but I haven't made one." A relative confirmed, "Information is on the notice board."

Good

Is the service well-led?

Our findings

We observed the registered manager worked with the staff in providing support to people. They were friendly and reassuring towards people who lived there and it was clear they had a good understanding of each person's needs. One person told us, "The manager is fantastic. She always has time to sit and chat. She's not an office person and she is out working with the staff." Another person said, "The management is good, they speak to you." A relative confirmed, "It's very good and very organised."

The registered manager told us, "I've learnt a lot over the past year and so I listen much more to my staff and relatives and residents. I really involve them much more in the running of the service." A staff member said, "[The registered manager] is very visible and approachable. All the senior staff are."

Staff felt they worked well as a team. The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day to day duties. Any performance issues could be addressed as they arose. The registered manager told us staff meetings were held every eight to twelve weeks. The minutes from the last meeting looked at fire safety, cleaning, activities, care provision and medication. The registered manager said, "We work very closely as a team." A staff member told us, "I'm inspired by [the registered manager] because of her attitude and drive. I admire her and how she is with the other staff and the residents."

The registered manager told us regular meetings were held with people who lived at the home and their representatives. The minutes from the last meeting in October 2014 were posted on the notice board by the dining room for everyone to read. This looked at maintaining people's confidentiality and checking individual's preferences around this. People who lived at the home were also consulted about activities and the redecoration programme within the home. One person confirmed, "I go to a residents' meeting every two months."

We saw evidence that comments and issues raised at these meetings were followed up by the registered manager, which ensured people were involved in the running of the home. For example, people had chosen colour schemes and furnishings, which was then implemented by the registered manager. The registered manager told us, "The dining room has been re-decorated and the residents chose the colours and furnishing. It was great and important to involve them in this." One person told us, "[The manager] manages the home properly. She frequently asks me for feedback about the staff and if the home could improve. I don't think it could as it's great here." A relative told us, "I talk to the staff and manager regularly and feel listened to."

The registered manager told us they work closely with an external company to drive up standards and had received a five-star rating for quality assurance for 2014-15. The external assessor had checked and rated the service against a variety of key areas. This included care provision, admission and assessment processes, facilities, health and safety, communication and management. A relative told us, "I don't think they need to improve, the residents get exceptional care."

In addition, the management team regularly carried out a range of internal quality audits. These ensured the service provided remained consistent. Audits included checks of care records, recruitment, complaints, first aid, health and safety, personnel and resident information packs. The registered manager told us, "I'm introducing an auditing system of care records." Monitoring systems included records of any issues and actions undertaken to address these issues. For example, it was noted in one audit that the first aid boxes needed updating, which was addressed by the next audit. The service's safety certification for water, gas and electric were all up-to-date. This meant the registered manager monitored whether the home was maintaining an effective service and acted upon identified problems.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.