

Mother Redcaps Care Home Limited

Mother Red Caps Home

Inspection report

Lincoln Drive
Wallasey
Merseyside
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mother Red Caps Home is a care home providing nursing and personal care for up to 51 people, some of whom are living with dementia. There were 31 people living in the home at the time of the inspection.

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

The systems in place to monitor the quality and safety of the service had improved since the last inspection. However, further developments regarding improvements with cleaning schedules, maintenance and refurbishment of the environment had been identified and a plan was in place to ensure these were managed.

We made a recommendation that the service's development plan was shared with people within the service.

People told us that staff were caring and they liked them. There were enough safely recruited staff on duty to meet people's care needs. However, some relatives felt the service needed more staff at times within the day. The manager advised they would review how they shared information with staffing levels, so this information was easily accessible to everyone.

Management of medicines had improved. Medicines were safely managed.

People's dietary needs had been assessed and were appropriately managed. Some records needed updating to ensure complete recording of fluid intake for some people.

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

Staff felt well supported and trained with topics necessary for their work. Staff were positive about the changes to the service and felt the manager was bringing lots of positive improvements to the care and records within the service.

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

Rating at last inspection

The last rating for this service was inadequate (published 23 December 2020) and there were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had been made.

This service has been in Special Measures since December 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or

in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Follow up

The overall rating for this service is requires improvement. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our effective findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our effective findings below.

Requires Improvement ●

Mother Red Caps Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of two inspectors, a specialist nurse inspector and an Expert by Experience who carried out telephone interviews. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. .

During the inspection

We spoke with three people living in the home and nine relatives about their experience of the care provided. We also spoke with six members of staff, as well as the manager, deputy and area manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found during the inspection and the evidence provided after the site visit.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks were robustly assessed and mitigated, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been assessed and risk assessment documents had improved to show clear actions to mitigate risks such as pressure sores and maintaining weight.
- Relatives told us their family members felt safe at the service. Comments included, "From the feedback [my relative] has given me, she feels very safe living in the home. I would speak to the manager if she didn't" and "Yes [my relative] definitely feels very safe."
- We observed staff providing appropriate moving and handling techniques to safely support people with their mobility.
- The manager provided updated documents to show improved management of the environment.
- The environment was undergoing major refurbishment on the ground floor. The manager shared plans for this refurbishment to extend to all parts of the home which showed signs of deterioration including handrails and scraped doors. .
- Following the inspection, the manager had taken appropriate actions for the replacement of doors throughout the service and updated their fire risk assessment.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely, this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medications were safely managed. Staff had improved the monitoring of medication records to show people received their medications at the right times.
- The medication trolley was found to be in need of cleaning and in need of regular oversight to check the ongoing cleaning schedule.

- Audits helped to check all aspects of managing medications.

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

At our last inspection the provider had failed to ensure effective safeguarding processes were adhered to, This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Safeguarding records showed appropriate actions had been taken to safely support people. Records needed some improvements to show updated actions following previous safeguards to help assist the manager.
- Staff were up to date and well trained in safeguarding vulnerable adults and were aware of actions to take to protect people.
- Accidents and incidents were recorded and reviewed. Information was shared with staff to keep them up to date with any risks relating to people.

Preventing and controlling infection

- Some areas of the home were not clean and in need of in-depth cleaning. The manager had already identified actions to improve the standard of cleanliness at the service and had arranged for various staff training.
- Following the inspection the manager advised the home had undergone a thorough deep clean to help improve all aspects of cleanliness within the service.
- Staff had received appropriate infection control training including details on COVID-19 and had access to all relevant policies and guidance.
- Sufficient supplies of personal protective equipment (PPE) were available and staff undertook regular testing for COVID-19 to help reduce risks of cross infection.

Staffing and recruitment

- The manager used a dependency tool to help ensure sufficient numbers of staff were always on duty, which was based on people's need.
- People told us they were happy with the staff, however some relatives felt the service needed more staff. This feedback was shared with the manager. The manager advised they would review how they shared information regarding which staff they could expect to see on duty each day to help keep people better informed.
- Staff recruitment procedures were safely managed and all required pre-employment checks were in place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we found concerns around how people's consent was sought and recorded in line with legislation, this was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's consent to care was clearly obtained and recorded in line with the principles of the MCA.
- Best interest decisions were in place for people who had been assessed as having no capacity to make the decisions themselves. Capacity assessments had improved and showed clear information relevant to specific issues such as the use of covert medication.

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

- The decor of the home offered a basic facility that needed a lot of redecoration and refurbishment to provide a more comfortable environment. A programme of refurbishment was underway within the home.
- The manager advised of plans to develop the home to meet the needs of people with dementia once their redecoration programme was complete.
- Rooms were personalised and contained people's own photographs, furniture and pictures.

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

- Recording of people's fluid was not always accurate. We noted one fluid balance chart that was not up to date and reflective of accurate fluid intake. . Following the inspection the manager advised of changes made to improve communication at handover so staff appropriately recorded peoples' fluid and dietary intake.
- One internal dining audit scored the service highly yet we observed on one unit people sat in their armchairs for all meals and drinks as they did not have a dining room. The manager advised of refurbishment plans to further develop the dining experience for everyone at the service.
- People's dietary needs had been assessed and identified risks such as problems swallowing. Staff catered for different diets that people followed due to their own personal beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were positive about their care. Relatives shared positive comments about their experiences with the service. They told us, "Yes we all had a face to face meeting with the manager, when [my relative] was admitted into the home to devise her care plan and reviews of her care plan" and " When [my relative] was first admitted he had capacity and a care plan reflected that and his needs."
- Records showed that advice from other health professionals was sought and followed, especially for those people who had been referred for specialist support, such as speech and language therapy.
- Staff had access to guidance to help support them in their practice.

Staff support: induction, training, skills and experience

- Staff were well trained and told us they felt very supported by the new manager and deputy.
- Training records had improved to show that staff had completed training relevant to their role, to ensure they had the knowledge and skills required to safely support people.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

At the last inspection we found a lack of effective systems to ensure the quality and safety of the service for the management of medications, risk management, consent and safeguarding which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The systems in place to monitor the quality and safety of the service had improved since the last inspection. However, further developments regarding improvements with cleaning schedules, maintenance and refurbishment of the environment had been identified and a plan was in place to ensure these were managed.
- Some records needed improved oversight to ensure they were accurate and well maintained.
- The local authority had recently visited and identified a number of areas that had improved within the home. They continued to support the service to improve.

We recommend the provider shares their development plan with people within the service, so they are included and informed on the developments of their home.

- The manager had a clear plan in place to ensure improvements made in the home were sustained, and further improvements made.

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

- The manager demonstrated a clear understanding of people's care needs and actions they had taken to improve quality within the service.
- The Commission had been informed of reportable incidents and events that providers are required to inform us about.

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

- Staff told us they enjoyed their jobs and were well supported in their roles and could raise any concerns they had with the manager. They were positive about the managers' approach and in the actions the

manager was taking to improve the service. They felt they were seeing lots of improvements and were fully supportive.

- Feedback from people and their family members was positive about the service since the new manager commenced in post. One person felt their relative's bedroom was in need of refurbishment and redecoration.
- Measures had been taken during the COVID-19 pandemic to facilitate people having contact with their relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives were fully involved and informed of any accidents or incidents involving their family member. People told us they had regular contact and communications to be kept up to date of their family members care.
- Quality assurance surveys had been carried out and the manager published actions and comments in reception so people were assured their comments were listened to. The manager had developed an action plan based on this feedback.