Mother Redcaps Care Home Limited

# Mother Red Caps Home

## Inspection report

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## Ratings

| Overall rating for this service | Inadequate |
|---|---|

| | |
|---|---|
| Is the service safe? | **Inadequate** |
| Is the service effective? | **Requires Improvement** |
| Is the service well-led? | **Inadequate** |

# 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 50 people living in the home at the time of the inspection.

People's experience of using this service and what we found
People's safety was not maintained as safeguarding procedures were not always followed to protect people from the risk of harm and potential risks were not always assessed robustly or mitigated. Medicines were not always managed safely and records regarding administration were not completed accurately. These issues are breaches in regulation.

The systems in place to monitor the quality and safety of the service were not effective. They had not identified the issues we highlighted during the inspection and when actions were identified, it was not always clear if they had been addressed. The Commission had not been informed of all reportable incidents and events providers are required to inform us about. This is a breach in regulation.

People's consent was not always sought and recorded in line with the principles of the Mental Capacity Act 2005. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This is a breach in regulation.

Records showed that not all staff had completed training relevant to their role. Staff felt well supported in their roles and felt comfortable raising any issues they may have. They received regular supervisions and new staff completed an induction when they commenced in post.

People's dietary needs had been assessed, however identified risks were not always managed and kitchen staff did not have access to information regarding all people's dietary needs. People and their relatives told us GP's were contacted quickly when people were unwell.

There were enough safely recruited staff on duty to meet people's care needs. The home was clean and infection prevention and control procedures were in place, including those relating to COVID-19. Staff told us they enjoyed their jobs and were well supported in their roles and feedback from people regarding the service they received was positive. Quality assurance surveys had recently been completed by staff and people living in the home and the registered manager had developed an action plan based on this feedback.

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

Rating at last inspection
The last rating for this service was good (published 28 June 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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.

We have identified breaches in relation to consent, medicines management, safeguarding and the governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was not safe.<br>Details are in our safe findings below. | **Inadequate** |
| **Is the service effective?**<br>The service was not always effective.<br>Details are in our effective findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led.<br>Details are in our well-Led findings below. | **Inadequate** |

# 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.

Inspection team
The inspection team consisted of two inspectors, a medicines inspector 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.

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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced 20 minutes before it began. This was to enable the inspection team to arrange a safe way to access the service and ensure the provider's Covid-19 procedures could be adhered to.

What we did before the inspection
We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-
We spoke with six people living in the home and eight relatives about their experience of the care provided. We also spoke with three members of staff, as well as the registered manager, administrator and deputy manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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. We also received feedback from a health professional who worked with the service.

Inadequate

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- Safeguarding procedures were not always followed to ensure people were protected from harm.
- Concerns of a safeguarding nature recorded within complaints and incident forms, were not always recognised as safeguarding concerns and had not been referred to the local authority for investigation as required, to maximise people's safety.
- Not all staff had completed safeguarding training to ensure they had the required knowledge of safeguarding and procedures to follow if they had concerns.

Failure to ensure effective safeguarding processes were adhered to, is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management
- Risks to people were not always assessed, recorded and mitigated robustly.
- We observed staff providing care that was not in line with people's risk assessments and plans of care.
- Care plans and risk assessments did not always provide accurate or consistent information regarding people's risks and care needs, to ensure staff knew how best to support them.
- Care planned was not always provided. For example, one person's plan showed they required their weight to be monitored weekly to enable staff to quickly identify and increased nutritional risk. However, this support had only been provided monthly.
- When risks to people had been identified, appropriate action was not always taken to reduce those risks.

Failure to risks are robustly assessed and mitigated, is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
- Records about medicines were not always accurate and could not always show that medicines, patches and creams could be accounted for or had been administered or applied as prescribed.
- Systems in place did not ensure adequate stock of medicines were always in place to make sure people received their medicines as prescribed.
- When people were prescribed medicines to be given "when required", written guidance was not personalised, and staff did not have adequate information to tell them when someone may need the medicine.
- Information was missing to help staff administer covert medicines safely.
- Waste and unwanted medicines were not stored safely in line with current guidance

Failure to ensure medicines are managed safely, is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

● Accidents and incidents were recorded and reviewed. However, trends were not always identified and addressed to reduce risks to people.

● Information was shared with staff through handovers between shifts, staff meetings and individual staff supervisions.

Staffing and recruitment

● Records showed that staff were recruited safely to ensure they were suitable for the role.

● People told us there were enough staff to meet their needs in a timely way. People told us, "Yes, there always seem to be enough people if I want anything" and "Yes, there are enough. I don't have to call them, they are around all the time."

● A dependency tool was used to help ensure sufficient numbers of staff were always on duty, which was based on people's neds.

Preventing and controlling infection

● Sufficient infection prevention and control procedures were in place, including those relating to COVID-19.

● Increased cleaning schedules had been developed and the home was clean. We did observe one chair that would not be able to be effectively cleaned and the registered manager addressed this immediately.

● Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely.

● When asked about the cleanliness of the home, people told us, "The cleaners are great, they are thorough" and "It is very clean."

Requires Improvement

# Is the service effective?

## Our findings

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

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

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.

- People's consent to care was not clearly obtained and recorded in line with the principles of the MCA.
- Consent forms had been signed by staff, or people's relatives, who did not have the authority to make decisions on people's behalf.
- Best interest decisions were sometimes in place for people who had been assessed as having capacity to make the decisions themselves.
- Some capacity assessments in place were not decision specific.

Failure to ensure people's consent is sought and recorded in line with legislation, is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
- Records showed that not all staff had completed training relevant to their role, to ensure they had the knowledge and skills required support people safely. The registered manager was aware of this and told us they had begun addressing this with staff.
- Staff told us they felt well supported in their roles and felt comfortable raising any issues they may have.
- Staff received regular supervisions and new staff completed an induction when they commenced in post

Supporting people to eat and drink enough to maintain a balanced diet
- People received sufficient food and drinks and told us that they enjoyed the food available. Comments included, "I can't complain it is nice" and "The food is great." Relatives agreed and told us, "My [relative]

loves the food especially fish and chips on a Friday" and "My [relative] absolutely loves the food here which is wonderful as in the past she only picked at her food and was very thin."
● We found that although people's dietary needs had been assessed, identified risks were not always managed. One person required a specific consistency of diet due to swallowing difficulties, but records showed they were not always provided this.
● Kitchen staff did not have access to information regarding all people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Advice from other health professionals was not always sought or followed.
● One person at high risk of choking had not been referred to speech and language therapy for specialist advice and staff did not follow guidance from a dietician regarding another person's nutritional needs.
● People and their relatives told us GP's were contacted when people were unwell.

Adapting service, design, decoration to meet people's needs
● Rooms were personalised and contained people's own photographs, furniture and pictures.
● A lift gave access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
● Some areas of the home would benefit from redecoration and the registered manager was addressing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Pre-admission assessments were completed before people moved into the home to ensure staff could meet their needs.
● Staff had access to guidance to help support them in their practice. Some care files contained information leaflets relating to people's diagnosed medical conditions, providing advice and guidance to staff.
● Not all people's medical conditions had been incorporated into their plans of care.

Inadequate

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- The systems in place to monitor the quality and safety of the service were not effective. They had not identified the issues we highlighted during the inspection, such as those relating to consent, medication management, safeguarding and risk management.
- When audits did identify areas for improvement, it was not always clear if they had been addressed. For example, a kitchen audit identified improvements required, but these were not incorporated within the monthly improvement plan for action.
- It was unclear what oversight the provider had of the service. There was no evidence available to show whether the actions identified at the last provider visit in 2019 had been addressed.

Lack of effective systems to ensure the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager did not demonstrate a clear understanding of people's care needs or of the quality monitoring systems in place.
- The Commission had not been informed of all reportable incidents and events providers are required to inform us about.

Failure to report relevant incidents is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The ratings from the previous inspection were displayed as required.

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 registered manager.
- Feedback from people regarding the service they received was positive. One person told us, "They look after us as people, you never feel alone."
- Measures had been taken during the Covid-19 pandemic to facilitate people having contact with their relatives. This included the use of technology for video calls, as well as visits in the garden gazebo when

appropriate.

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

● Relatives were informed of any accidents or incidents involving their family member. One relative told us, "They contact us if anything untoward happens."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Quality assurance surveys had recently been completed by staff and people living in the home and the registered manager had developed an action plan based on this feedback.

● There had not been any recent meetings held with people or their relatives, but relatives were kept informed through regular newsletters. One relative told us, "They are good about keeping in touch and I ring in several times a week."

● The registered manager engaged with the local authority to participate in local initiatives with the aim of improving services for people.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>People's consent was not always sought and recorded in line with the principles of the Mental Capacity Act 2005. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks to people had not always been robustly assessed and mitigated. Medicines were not always managed safely. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Safeguarding procedures were not always followed to ensure people were protected from harm or abuse. |

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.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Systems in place to monitor the quality and safety of the service were not effective. |

**The enforcement action we took:**

Warning notice issued.