Empress Care Limited

Redcotts

Inspection report

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16 February 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an inspection of Redcotts care home on 15 and 16 February 2016. The inspection was unannounced. At the previous inspection of 23 May 2014 the home had met all the standards.

Redcotts is a home for up to 18 older people, including people who have dementia. At the time of inspection there were 12 people living at the home. The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to speak with someone if they had any concerns about their safety or wellbeing. Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible.

There were enough staff on duty to care for people, with a minimum of two care staff per shift during the day and two waking staff at night. Staff had been trained to use specialised equipment, such as hoists, safely.

People told us that they were happy with the care they received and felt their needs had been met. Staff were able to demonstrate good knowledge of people's needs when they spoke about them and provided care in a safe and caring manner. Staff told us that the aim of the home was to treat people with respect and to care for them as they would a relative of their own. This philosophy was also reflected in the home's policies and procedures and formed the basis for staff training.

The provider ensured that people's independence and choice was promoted. People told us that they had been involved in making decisions and there was good communication between staff and themselves. They also confirmed that their consent was asked for before doing anything, such as going somewhere, or receiving medicines.

We saw that people's health, nutrition, fluids and weight were regularly monitored. There were well established links with GP services offering a single point of access for people.

People told us that the staff were kind and caring towards them. Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships.

We listened to how staff spoke with people and found this was professional, relaxed, and included friendly

chit-chat between staff and people who used the service. We saw how people who used the service responded positively to the interaction.

People were able to get up and go to bed at a time that they preferred and were able to enjoy activities and interests that suited them. The home also supported people to maintain relationships with family, relatives and friends.

In order to listen to and learn from people's experiences the home had an open door policy for relatives and friends as well as occasional meetings where relatives could attend and discuss issues affecting the home and the care provided to people.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff supervision and appraisal as well as in relation to systems for quality assuring the care provided at the home.

We saw that staff received supervision but this was intermittent and not regular enough to be effective for staff professional development, with some staff sometimes going several months before a supervision meeting. Annual appraisals, where overall individual performance could be discussed and future goals set were not taking place. We found that quality assurance checks contained insufficient detail as to what was audited, identify shortcomings or how the audits were used to help the provider gain a true understanding of people's experience of living at the home or evaluate and improve their practice.

You can see what action we told the provider to take at the back of the full version of the report.

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 who lived at the home were protected from the risk of abuse happening to them. Appropriate risk assessments were carried out to ensure safety.

People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. There were sufficient staff on duty to ensure people were cared for safely.

There were clear policies and procedures in place relating to safeguarding and whistleblowing. Medicines were safely administered and securely stored in a locked medication cupboard.

Is the service effective?

Requires Improvement

The service was not always effective.

People received support to enable them to remain as independent as possible.

Staff had been trained to use specialised equipment, such as hoists, safely. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff did not always receive regular supervision or appraisal to enable them to discuss their role, performance or training needs.

Is the service caring?

Good

The service was caring.

Staff engaged with people in a personal and caring manner and responded to their needs in a friendly way.

People were involved in decisions about the running of the home as well as their own care.

Care staff respected people's dignity and showed due regard for

their needs in respect of their age, disability, gender, race, religion and beliefs.

Is the service responsive?

Good

The service was responsive.

People's requests for assistance throughout the day were responded to promptly and people told us they never had to wait too long for assistance.
Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences.

Staff ensured that people were able to enjoy their preferred activities and supported them in these, where required.

The home had a complaints procedure that was understood by people. People told us felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider did not have an effective system to regularly assess and monitor the quality of service that people received.

People were very positive about the culture and atmosphere in the home. There were opportunities for people to speak to staff and the manager and there were regular meetings between the manager and the provider.

Redcotts

Detailed findings

Background to this inspection

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

This inspection took place on 15 and 16 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we looked at information about the home that we had. This included previous inspection reports, correspondence, notifications and returns made to us by the provider.

During the inspection we spoke with three people living in the home and two relatives. We also spoke with the registered manager, the deputy manager and two members of staff.

We looked at the homes policies and procedures, four care records, four medicines administration records and two staff records.

We observed the care practice at the home, tracked the care provided to people by reviewing their records and interviewing staff.

Good

Is the service safe?

Our findings

People who lived at the home were protected from the risk of abuse happening to them. People told us they felt safe and well cared for at the service and they would not be afraid to tell someone if they had any concerns about their safety or wellbeing. One person told us; "I feel very safe here, the staff are very kind." Staff we spoke with all expressed confidence in their knowledge of how to report anything that concerned them regarding people's safety and well-being.

We observed interaction between staff and people and saw that the relationships were respectful and friendly, with people often initiating the contact and conversations. This indicated to us that people who used the service had confidence staff would keep them safe from harm. Advice and guidance posters displayed in public areas of the home enabled people, relatives and visitors to understand what they could do if they were concerned about anything.

Staff were knowledgeable about the different types of abuse and the signs which indicate abuse may have occurred. Staff described the reporting process they would follow if they witnessed, suspected or had been told an incident of abuse had taken place. This was in line with the home's safeguarding procedures which were accessible to everyone and we saw that staff had signed to say these had been read and understood.

At the time of inspection there were no safeguarding issues but the manager was able to tell us the procedure and actions they would take in the event of a safeguarding allegation, which demonstrated that the provider would respond appropriately to any allegation of abuse with the aim of keeping people safe.

Risks to people's health, safety and welfare had been assessed and where appropriate a risk management plan had been put in place for aspects of people's care and support. Risk management plans covered aspects of care such as, nutrition, mobility, physical and emotional health and medication and they formed part of the person's care plan.

Risk management plans clearly identified what the risk was and provided staff with instructions about how they needed to manage the risk to ensure people received safe care and support whilst enabling them to remain as independent as possible. These included various aspects of people's lives such as mobility, eating and drinking and moving around the home unaided. Records showed that risks people faced were reviewed and updated on an ongoing basis.

People were free to move safely from one area of the home to another including an outdoor secured garden. We saw that staff took care to support people at their own pace and to make sure there were no hazards in their way.

The provider had a staff recruitment and selection policy and procedure. Recruitment procedures ensured that people were protected from having unsuitable staff working at the service. We viewed a sample of five recruitment records and found that information and checks required by law for recruiting new staff were obtained. The recruitment process included details of previous employment, checks made under the

Disclosure and Barring Scheme (DBS) and reference checks. Staff confirmed that they had completed an application form, attended interview and underwent appropriate checks prior to starting work. This ensured staff were fit and suitable to work in a care setting.

There were enough staff on duty to care for people, with between two and three staff on duty at all times. The night care team consisted of two waking night staff. Staff were able to contact the manager on call if there was an emergency out of hours. We checked the staffing rota and found this reflected the staff on duty at the time of inspection. Staff told us they had no concerns about staffing levels, although they did say that an extra member of staff would allow more time to be spent with people socialising and doing things together.

Medicines, including controlled medicines were safely administered and securely stored in a locked medication cupboard. The medicines cabinet could only be accessed by a key which was held by the senior staff member on duty. There was a system in place for ordering and delivery of medicines in blister packs on a four weekly basis by the local pharmacy. Medicines were disposed of safely with a system in place for counting, returning to the pharmacy and signing where medication needed to be disposed of. Care staff which included team leaders and experienced care workers were trained to administer medicines and refresher training was included in the home's overall training programme.

We checked a sample of four people's medicines administration records (MARs) and saw they included details of allergies, prescribed medicines and instructions for administration. MARs also recorded when medicines were administered or refused and this gave a clear audit trail and enabled the service to monitor medicines kept on the premises.

The premises were free from hazards. Staff had been trained to use specialised equipment, such as hoists, safely. There were procedures and policies in place to control infection. We looked around the service and saw that all areas were clean and hygienic.

There was a good supply of personal protective equipment such as aprons and disposable gloves to minimise risks of the spread of infection. There were hand washing facilities including liquid soap and paper towels which enabled people who used the service, visitors and staff to maintain hand hygiene and reduce the risks of cross infection. A number of people commented positively on the cleanliness of the home. One person told us, "They work really hard at making sure my room is kept clean."

Requires Improvement

Is the service effective?

Our findings

Care staff received supervision, although this was intermittent and not regular enough to be able to ensure proper professional development and performance management. The manager confirmed that individual staff supervision took place approximately every three months, and some staff records showed supervision notes did not provide detail as to what was discussed or decided, as they were mainly the topic headings and not the substance.
There were no annual appraisals, which normally provide the opportunity for the staff and manager to discuss overall performance and future goals of the staff member.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires providers to ensure that people employed at the home receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

People told us that they were happy with the care they received and felt their needs had been met. It was clear from what we saw and from speaking with staff that they understood people's care and support needs and that they knew them well. A relative told us; "The staff can't do enough for people here." One person said; "The girls (care staff) take really good care of me and the food is good."

People told us that they felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way. We noted that some people had commented that the meal times could be staggered at better times so that the time between the last evening meal and breakfast was not too long. The manager informed us that this had been resolved with the appointment of a new cook as well as making sure that a hot drink and snacks were provided between 8pm and 9pm.

Staff told us they received sufficient training and felt very supported by the manager. Training records showed staff were appropriately skilled and experienced to care for people safely. In addition to safeguarding training, training also included first aid, moving and handling, fire safety and dementia care. Emergency equipment such as fire extinguishers and first aid boxes were located around the service.

People told us that they had been involved in making decisions about their care and there was good communication between staff and themselves. They also confirmed that their consent was asked for before doing anything, such as going somewhere, or receiving medicines. This was reflected in the care records we looked at.

The Mental Capacity Act 2005 (MCA) sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the MCA and the Deprivation of Liberty Safeguards (DoLS) and knew how it applied to people in their care.
People who lacked capacity to make decisions were protected by staff who were aware of the requirements

of the MCA and who were able to explain how they supported people to make their own decisions or otherwise act in their best interests.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. We saw that one application made under DoLS had been authorised.

Staff were knowledgeable about people's dietary needs and preferences. People could choose to eat in the main dining room or eat in their own rooms. A menu was clearly displayed and staff once again offered choice at the time of the meal itself. People spoke positively of the quality of the meals. Staff were knowledgeable about the needs of people who required support during mealtimes and were observed to provide this in a way that helped the person enjoy the mealtime.

People's care plans and staff training records included references to the importance of nutrition and hydration. We saw that people's health and nutrition were regularly monitored, body maps kept in case of pressure ulcers or accidents and notes kept concerning people's dietary needs. There were well-established links with GP services offering a single point of access for people.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring towards them. One person said; "The staff are so kind." Another person told us; "I didn't want to come into a care home. However, I am so glad I came to this one."

The provider had a clear guide for people using the service which emphasised the rights of people to be treated with dignity, to have privacy and to be able to exercise choice. This was also reflected in the home's policies and procedures and formed the basis for staff training.

People were involved in decisions about the running of the home as well as their own care. One member of staff told us, "The residents are like family and you treat them like you would your own family."

Care staff told us that care plans helped them understand how people liked to be cared for and that they had good relationships with relatives and families. Records confirmed that people's care plans were comprehensive and person-centred.

Staff gave people choices and respected their decisions. Throughout the day we saw that people had access to all communal parts of the home and their own rooms. Some people chose to spend time in their room, others chose to receive visitors in their rooms. People told us it was their choice to spend time alone in their rooms and that staff respected their wishes. We observed staff carrying out regular checks on people who preferred to be alone and offered drinks and snacks.

People told us they were able to choose how they spent their time during the day, what time they got up and went to bed. One relative told us that they were always welcomed whenever they arrived and that staff helped them to enjoy spending time with the person in the home or helping them to go out.

Staff respected people's dignity and privacy. For example; we saw people received personal care either in their own room or bathrooms with doors closed. During our inspection we observed how staff interacted with people who used the service and found it to be respectful and sensitive. For example, before entering a bedroom or bathroom, staff knocked and waited before opening the door.

We listened to how staff spoke with people and found this was professional and relaxed, and included friendly chit-chat between staff and people who used the service. We saw how people who used the service responded positively to the interaction. Staff responded promptly when asked a question and took time to explain their actions.

People who wished to speak confidentially or in private would do so in their own rooms or in the garden area, weather permitting. The structure of the building was such that there was not much space for private meeting rooms as such.

Care records contained information about the way people would like to be cared for at the end of their lives, if the person wished to discuss these matters. This included clear information about people's wishes in the

event that they may need resuscitation. The manager told us, "We try to use a person centred approach to all aspects of their care, including at the end of life, where we include the wishes and views of the whole family where possible."

Good

Is the service responsive?

Our findings

We were told by people that the staff attend promptly when asked for help. We saw that people's requests for assistance throughout the day were responded to promptly.

People and their relatives were consulted and involved in the decision-making process before moving in and staff understood and explained the procedure. People were provided with information about the home and organisation and regular reviews took place to check that the placement was working once people had moved in. The local authority forwarded their own assessments for anyone they were funding which included pre-admission assessments.

People were invited to visit as many times as they wished before deciding if they wanted to live at the home. Staff told us about the importance of recognising people's views as well as those of relatives so that care and support could be focussed on the individual. Placement agreements were based upon the home's ability to meet the needs of the individual. We looked at care records and saw that they contained assessments relating to weight, mobility, and healthcare including medicines, eating and drinking, behaviour and independence. We saw that people and their families had been consulted in the assessments and plans of care and that people's wishes were respected. People had signed their care plans and had also signed their consent to being provided with the care and services of the home, including medial services, where applicable.

People said they were able to get up and go to bed at a time that suits them and were able to enjoy activities and interests that suited them. The home also supported people to maintain relationships with family, relatives and friends.

Care records were individual to each person and contained information about people's life history, their likes and dislikes, cultural and religious preferences. Care records included details such as personal achievements, places visited and family relationships. Care records explained to staff how people wished to be supported as well as including detailed interventions and outcomes when delivering care to people.

There was a programme of activities which included games and exercise classes as well as ensuring people had access to music, books and newspapers. People were supported to have friendships and relationships both within the home and outside. Relatives and visitors were welcomed and spent time with people or went out with them.

Staff demonstrated a commitment to being available for people by always ensuring that there was a clear presence of staff around the home and by the way they spoke with and helped people and included them in the ordinary day to day life of the home and conversations about events, family life and the daily news.

People told us that they felt confident that any problems or complaints that might arise would be dealt with by the management in a satisfactory way. There were leaflets and guidance in public areas of the home encouraging people and visitors to raise any concerns and how to do this. People we spoke with confirmed

that any concerns or issues were dealt with through direct conversation with the manager or staff.

Requires Improvement

Is the service well-led?

Our findings

The provider maintained regular contact with the registered manager in order to regularly assess and monitor the quality of service that people received. However, we found that quality assurance checks contained insufficient detail as to what was audited, identify shortcomings or how the audits were used to help the provider gain a true understanding of people's experience of living at the home or evaluate and improve their practice.

For example, although there were regular monthly audits, these audits focused on different areas each month on a three-month cycle. This meant that some areas, such as frequency of staff supervision and appraisal, or the quality of people's care plans were not audited rigorously enough and gaps in staff supervision and appraisal had been missed. The audits also failed to demonstrate how the provider used the information and any feedback from people's experience to improve the quality of the service.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires providers to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

People were very positive about the culture and atmosphere in the home. One person said, "It's very welcoming and the manager is excellent."

Staff told us that they could talk to the manager about anything and they would listen and be supportive and they were reassured by this. One member of staff told us "We can always ask the manager about things and chat to her." Staff told us that if they were concerned about the treatment of anyone they would have no problem in reporting it to the manager or provider. They also told us that they work well together as a team and all know each other as there had not been a high turnover in staff for the past few years.

Relatives we spoke with supported this view. One relative told us, "The home keeps us informed about things and we can contact the manager whenever we need to."

Staff had a good understanding of the ethos of the home and quality assurance processes were in place, together with policies and procedures that focussed on the rights of the individual person and were clearly written to enable staff to understand them and apply them. Examples included safeguarding and whistleblowing, complaints, supervision, care planning, medicines administration and emergencies.

The manager was supported by team leaders and a senior team leader who deputised for the manager in her absence.

Records in the home were held securely and confidentially.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have adequate systems or processes in place to enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that staff received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)