Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Redstacks

36 Heads Lane, Hessle, HU13 0JH

Tel: 01482640068

Date of Inspection: 14 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Cooperating with other providers	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Audrey Zeane Redmore
Registered Manager	Mr. Jeffrey Donnelly
Overview of the service	Redstacks is a privately owned care home registered to an individual. The home is a large house set in its own grounds in a residential area of Hessle and has been extended to provide accommodation for 14 older people who may have a memory impairment. Communal accommodation consists of one lounge and one dining room. Private accommodation consists of 12 single bedrooms and one shared bedroom. The garden provides a safe environment and is easily accessible. There is parking for eight cars.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People who lived in the home, relatives and a visiting professional told us that they felt people's needs were met. However people who lived in the home told us there were no activities as there were not enough staff. One person told us that as no staff were available they walked to the bathroom and back several times a day for physical exercise.

We observed that staff were polite with people who lived in the home and people told us that staff were "Polite and kind". We saw that people's choices were recorded in their care files, staff were able to evidence how they supported people to make choices.

There was a care planning system in place to support people with meeting their needs. However not all of these were up to date. We saw that the home liaised with other professionals, for example GP's to help ensure that people's needs were met.

The manager informed us that a large amount of the people who lived in the home required support with dementia needs. However, we found that staff had not undertaken training in this or other specialised areas and had not completed training over the last year.

When we looked at staffing levels there were three care staff on duty each morning, although one of these was allocated to undertake domestic duties. There was not an activities person employed in the home.

There were quality assurance system to help check that people's needs were being met and these included surveys of people who lived in the home; audits of all recorded accidents, staff meetings and up to date maintenance of the home.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

When we spoke with people who lived in the home they told us "Yes, the staff are polite and kind" and "Staff ask me what I want and I can choose when to get up and when to go to bed."

We looked at the care files for people who lived in the home. We saw that these included a section to identify if the person had been assessed under the Mental Capacity Act (MCA 2005) as to their ability to be able to make decisions. It also recorded if someone had a Lasting Power of Attorney (LPA) in place or if a Best Interest meeting had been held on their behalf. A lasting power of attorney is where someone has given another person the authority to make decisions on their behalf, a Best Interest meeting is held to make a decision on behalf of a person when they are no longer able to make that decision. However the provider may wish to note that not all the records for these had been completed.

We saw that as part of a personal profile, people's preferences and likes were recorded. This provided guidance to staff to be able to support people in living their life as they chose. Staff told us that people's choices included "Where to spend time." We observed that people were able to spend time with others or in their own rooms. One person told us they had chosen where to spend their time.

When we spoke with staff they told us they understood people's communication methods and that people would inform them if they wished to participate or decline an activity. They said "If someone says no then we don't do it."

We saw that some of the staff had received training in The Mental Capacity Act (MCA 2005) and four members of staff had undertaken training in the Deprivation of Liberty

Safeguards (DOLS) in 2011.

We noted that two of the toilets accessible to people who lived in the home were not lockable to ensure people's privacy. The manager was not aware of this and agreed to address this at the time of the visit.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were assessed but and care and treatment was not planned and delivered in line with their individual care plan. People's care and treatment did not reflect relevant research and guidance.

We spoke with people who lived in the home; one person said "The staff are very nice, but there is nothing to do. I want to go for walk. In an afternoon other people just sit around so I do my own thing." Another comment was "I am happy here but I feel very isolated." Another person said "Yes my needs are met and the staff are polite and kind. But no there is not enough staff, there is nothing to do and there are no activities." A visiting professional said "They care very well for people and are always considerate and explain things to the person in the home." Relatives told us they felt that people's needs were met in the home and that staff were "Very nice, polite and helpful."

We looked at care files for people who lived in the home. The files included an admission form and an initial needs form. These identified the person's personal details, their religion and some of their strengths and needs, for example, their level of mobility. This information was used to develop care plan actions sheets. These covered a variety of areas including a safe environment, communication, breathing, elimination and cleaning and dressing. They recorded the level of need for each area and any support required.

Staff recorded daily diary notes that summarised the support the person had received, their mood, diet and if they had received any visitors that day. Additionally there were monthly summary forms. However we saw that not all of these were up to date and for one person this was last completed in August 2013. This did not ensure that information was summarised and recorded in relation to people's latest needs so that staff could support them appropriately according to their latest needs.

Risk assessments were in place which assisted people in living their lives safely. These included the risk associated with any mental health needs, risks associated with moving and handling and the risk of falls. We saw that one person had fallen recently and although

the home had taken appropriate actions at the time this person's care plan and risk assessment had not been updated. The manager told us this was because the person's needs had not changed.

We saw that an incident had occurred which had not been reported to the Care Quality Commission (CQC) or appropriate local authority. No management plan was in place to support this person with their mental health needs. Without this information it was unclear how the person's needs could be fully met.

We noted that the home had received information on one person's communication and first language. As English was not their first language, this enabled staff to be able to understand the person's needs and communicate with them in their first language. However, we observed that another person who had specific communication needs, spent their time in their own room each day; the provider informed us this person was unable to use the nurse call system and staff relied upon recognition of facial expressions and body language when assessing their needs.

People's health needs were assessed and these included a Waterlow risk assessment in relation to a person's risk of pressure sores and a nutritional risk assessment to help ensure that the person's nutritional risks were identified and met. We saw that records were kept of contact with the GP or district nurse team including the date and reason for the contact. When we spoke with a visiting health professional they told us they were happy with the work the staff undertook. They felt they were contacted appropriately and that staff followed their instructions.

One person told us they liked to keep mobile and go for walks. However as there were no staff available to assist them with going for walks they would to the bathroom and back several times a day to help maintain their mobility.

We spent time sat in the lounge area of the home and observed the interactions between staff and people who lived in the home. We saw that staff were considerate and that conversations were appropriate and polite. However we observed people were sat for long periods of time with no activities taking place and only music playing. We asked staff about activities and they told us that a lot of the people who lived in the home did not like to participate in activities. Although music and movies were available and cards and games had been offered but these had either been refused or people were tired and not able to participate. We were also told that activities did not take place as staff did not have the time. When we asked about activities designed for people with dementia staff were not aware of this and these specific activities did not take place in the home.

We also looked at the statement of purpose for the home which identified people's the needs that could be supported in the home. This included memory impairment, dementia, Alzheimer's disease, stroke and Parkinson's disease. The manager told us that 60-70% of the people who lived in the home had dementia. However we found that only four staff had previously undertaken training in these areas, none of which had been in the last year, it was unclear how these needs could be met. The manager informed us they were not aware of guidance in relation to meeting the needs of people with dementia.

We saw that emergency business plans were in place which assisted the staff with maintaining a service for people should an emergency occur. This included emergency contacts, for example a plumber, a fire plan and what to do if there was a power failure. The plan was dated 2010, the provider fedback that this had been updated but the recording of the new date had been an oversight.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

We saw that people's files included evidence of liaison with other professionals in the meeting of people's health needs. This included details of visits from other health professionals, including the district nurses or GP. There was a letter from the home to the GP to ask for a review for an individual to help support them with their health.

Additionally we saw a health professional report and letter with guidance for how to support the person with their health needs

People's files contained patient passports. Patient passports included information about the person's needs and wishes. These would be shared with other health professionals should the person be admitted to another health setting, for example to hospital.

When we spoke with the visiting health professional they felt that the home contacted them appropriately.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

When we spoke to people who lived in the home they told us they felt there were not enough staff; as they were not supported to undertake activities including physical health. However the visiting professional felt there were enough staff.

Staff told us how that staff on each shift were responsible for all domestic activities in the home and this included completing people's laundry. The provider may wish to note that staff opinions varied as to whether staffing levels were adequate. They told us that some days staffing levels were difficult and that there was no-one in the office until 9 or 9.30 to be able to support the staff, with the morning shift commencing at 7 a.m. However, the provider fedback that managers were able to be called in if staff required assistance.

We observed that staff were busy throughout the shift and the provider may wish to note that leisure activities did not take place as staff were busy carrying out basic care and domestic tasks.

We looked at the duty rotas held in the home. These identified there were three care staff on duty from 7 am until 2 pm each day. However the third member of staff was also identified as the domestic person; no separate domestic staff were employed in the home. There were two staff on duty from 2 pm until 8 pm and then one waking night staff and one sleeping in night staff. During the week there was also a manager, administration person and maintenance person in the home. A chef was employed seven days a week.

When we discussed staffing levels with the managers in the home they told us how they supported the staff team throughout the day, visited at weekends to ensure people's needs were being met and that there was an on call person who lived in the adjacent bungalow. They told us that all of the managers lived near the home and were available in an emergency. They confirmed that there was no formal assessment used in the home to determine the required staffing levels.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff were not able, from time to time, to obtain further relevant qualifications.

We had not planned to assess this outcome as part of this inspection. However we asked the managers about staff training in relation to meeting people's needs. They provided us with the staff training matrix and confirmed that this was up to date.

We discussed staff training with the manager and provider; the manager confirmed to us that they no longer employed a training person in the organisation and were aware that there were gaps in the staff training which required addressing.

The staff training matrix showed gaps in training and that not all staff had completed the necessary training to support people in a way that ensured their needs were met. There was no recorded training in the last year, this included training that would be considered mandatory, for example moving and handling and infection control training.

We saw that four of the 13 staff had received training to support people with dementia needs. However two of these staff completed this in 2011 and two in 2012. We discussed supporting people with dementia needs with the manager of the home and were told that the staff had not undertaken any work in relation to dementia care pathways and the manager was not aware of guidance available to meet people's needs in relation to dementia. They confirmed to us that 60-70% of people who resided in the home had a need in relation to dementia.

We saw that 5 of the 13 staff had undertaken training to support people with their mental health and behaviour; again two of these were in 2012 with the remainder being in 2006. There were no details of updates for this training.

Although the statement of purpose recorded that the home was able to support people with specialist needs for example Parkinson's disease we saw that staff had not undertaken training in this. Additionally they had not been trained to support people with

continence care or diabetes care.

When we spoke with staff, one person told us they had completed training in relation to dementia care in the last year and were undertaking a National Vocational Qualification (NVQ). They also confirmed that they had not undertaken any other needs specific training, for example, Parkinson's or stroke care. Evidence of this training was not recorded on the staff training matrix.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

We looked at the quality assurance system used in the home. This included an annual plan for the undertaking of checks within the home which recorded that each month different areas would be assessed for compliance. The areas included staff training and audits of the needs of the people who lived in the home. This included records and audits of any accidents. We saw an example completed questionnaire were people had been asked in February 2013 about the standard of catering in the home. Relatives told us they had not received any surveys about the home.

We saw records which recorded that a staff meeting had taken place in November 2013 and a residents meeting was planned although no date had yet been arranged. When we spoke with staff they confirmed to us they attended staff meetings and that they found these useful to keep up to date.

We reviewed records of maintenance and discussed these with the maintenance person employed in the home. We saw that checks were completed in relation to portable appliances (PAT), the passenger lift, fire systems and equipment. The maintenance person confirmed that regular checks of bed rails were not undertaken but that this would be commenced.

There was a complaints folder held within the home which included details of the complaints procedure. When we spoke to staff they held varying opinions on how well complaints could be raised and handled in the home.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: Regulation 9.—(1) The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of— (a) the carrying out of an assessment of the needs of the service user; and (b) the planning and delivery of care and, where appropriate, treatment in such a way as to— (i) meet the service user's individual needs,(ii) ensure the welfare and safety of the service user, (iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment, and (iv) avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user's individual needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**

This section is primarily information for the provider

	How the regulation was not being met: Regulation 23. —(1) The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by— (a) receiving appropriate training, professional development and (b) being enabled, from time to time, to obtain further qualifications appropriate to the work they perform.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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