1st Care (UK) Limited

Redcote House Residential Care Home

Inspection report

Redcote Drive
Lincoln
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 31 March 2015 and was unannounced. The last inspection took place on 6 June 2014.

The service is registered to provide care and support for up to 18 people. The care provided is mainly for older people, some of whom experience memory loss and have needs associated with conditions such as dementia. At the time of our inspection there were 16 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 received the care and support they needed to meet their health and social care needs. Staff had a good understanding of people's needs, wishes and preferences and were respectful and compassionate towards people.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which meant they were working within the law to support people who may lack capacity to make their own decisions. Wherever possible people were supported to make their own decisions about what they wanted to do and staff respected people's right to privacy so their dignity could be maintained.

There was enough staff available to meet people's needs. Staff had a range of skills and on-going support from the registered manager to enable them to understand people's diverse needs and work in ways that were safe.

People were supported to carry out person-centred activities on a regular basis in order for them to maintain and develop their interests and hobbies.

People were provided with a choice of nutritious meals. When necessary, people were also given additional support to make sure that they had enough to eat and drink.

Healthcare professionals worked well together with staff when people needed more specialised help in order to maintain their health and well-being. We also found appropriate arrangements were in place for ordering, storing, administering and disposing of medicines.

There was a system in place to make sure any concerns or complaints raised were responded to by the registered manager and provider. The provider undertook monitoring checks at the service in order to provide support to the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff on duty to meet people's needs. Staff responded to any concerns related to people's safety and the provider took action when needed to ensure people were kept safe from harm.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

There was a range of food and drinks available which were accessible to people in order for them to stay healthy.

People's rights were protected because MCA and DoLS were followed when decisions were made on their behalf.

People's health and social care needs were met by staff who received on-going training in order to give them the knowledge and skills they needed.

Good

Is the service caring?
The service was caring.

There was a welcoming atmosphere in the service and people could choose where they spent their time.

People's privacy and dignity were respected and staff were kind and compassionate toward them.

Good

Is the service responsive?
The service was responsive.

People's health and care needs were assessed, met and regularly reviewed.

Wherever possible people and their relatives were involved in making decisions about their care.

People were supported to continue to enjoy their individual hobbies and interests.

People were able to raise any issues or complaints about the service and the provider acted to address any concerns identified.

Good

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

There was a registered manager in post and staff were well supported.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The provider had systems in place to monitor the quality of care provided.

Good

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Detailed findings

Background to this inspection

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Good

Is the service safe?

Our findings

People and relatives we spoke with told us they received safe care and the service provided a safe environment for their relatives. One person told us, "I feel safe here because the carers can see me and know when I need help."

A relative said, "if [my family member] wanders and gets confused staff see that and act straight away." We saw the relative's family member walking around freely as they wished. Staff sensitively observed them with little interference. At one point the person walked towards the kitchen and staff immediately but gently guided them safely back into the dining room area of the home.

Risks to people's safety had been assessed by the registered manager and staff. Records of the risks identified and how these might be reduced had been made. The information had been personalised to each individual and covered areas such as going out into the community, moving around and bathing and showering.

The registered manager told us they had an up to date fire risk assessment in place for the service which had been reviewed regularly. People had personal fire safety evacuation plans in place to show the help each person needed in case they had to leave the building quickly in the event of a fire. Staff said they knew the procedure to follow to make sure people could be evacuated safely.

However, we also saw some fire extinguishers were not mounted on the wall and may have presented as a possible trip hazard. The registered manager said the wall brackets had not been strong enough and they were awaiting a visit from the provider's maintenance person very soon so they could be remounted. However, there was no clear record to show a timescale had been agreed for completion of the work. After we raised this the registered manager took immediate action to schedule this and the work to remount the extinguishers was completed straight away.

The registered manager also acknowledged how they could further improve their systems and made contact with the local fire officer in order to consult with them about the actions they were taking.

The provider had policies and procedures in place for helping people to take their medicines safely. There were clear arrangements in place for storing medicines. We observed a staff member supported people to take their medicines in a kindly manner explaining what the medication was and staying with each person until they were satisfied that the medication had been swallowed. Each time the staff member moved away from the medicines trolley they locked it to make sure it was safe to do so.

Records showed staff had received training in order to keep people safe from harm. The staff we spoke with told us they understood how to report any concerns and were aware of the systems in place to protect people and how to apply them. Records we hold showed the provider and registered manager had worked well with local authority safeguarding team and had responded quickly in regard to any issues linked to people's safety when it was needed.

Staff were recruited safely because background checks were completed by the provider for new staff before they were appointed. These checks included confirming with the Disclosure and Barring Service that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped ensure that new staff were suitable to be employed in the service.

People, relatives and staff we spoke with said they felt the service had enough staff available to support people safely. One staff member said, "Enough [staff] yes, now. At one point we had a lot of residents in bed and it was hard but now a lot more are up and so we are okay."

The registered manager told us staff numbers were calculated in line with the number of hours of care each person needed through the application of a dependency tool provided by Lincolnshire County Council. Staff rotas showed the registered manager had identified the service had sufficient staff deployed in the right way to meet people's needs.

The registered manager told us that cover had always been provided from within the staff team and they did not need to use agency staff. Staff we spoke with also confirmed this. From our observations it seemed that staff were on top of their tasks and had time to interact socially with people. We observed there was a consistent staff presence in communal areas to support people. We also saw staff used equipment such as hoists in the right way to help people move around the home and when people called for assistance their calls were answered promptly.

Good

Is the service effective?

Our findings

People told us they felt staff were trained to meet their health and social care needs. A relative we spoke with told us, "I think they are a skilled bunch. The staff all have different qualities but I think they know what they are doing."

Staff told us they had received an induction when they started to work at the service and the ongoing support in place from the registered manager helped them develop their skills. Staff said they periodically met with the registered manager to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who experienced memory loss associated with conditions such as dementia.

Staff also said their training had helped identify and support people who preferred to follow a definite routine and/or who needed to be supported to promote their health. For example, one person was supported to maintain and promote their identity by being supported by staff to choose what clothes they wanted to wear and the individual hygiene patterns they followed.

The registered manager and staff we spoke with understood and were able to demonstrate they knew about the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). MCA is legislation that protects people who do not have capacity to make a specific decision themselves. DoLS is legislation that protects people where their liberty to undertake specific activities is restricted.

The registered manager confirmed they always worked to ensure any decisions made on behalf of people who lacked capacity were made in their best interests. The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty.

Records showed that the registered manager and staff had received training about the subject and knew how to make an application to the supervisory body [the local authority] if a person was being deprived of their liberty. This showed us that the provider was aware of their obligations under the legislation and was ensuring that people's rights were protected. The registered manager confirmed that at the time of the inspection they were undertaking an application to support one person who lived at the service to have their freedom restricted in an appropriate way to help keep them safe.

People and relatives we spoke with told us that they had access to local community nurses and doctors when they needed to see them. We spoke with a healthcare professional who told us that referrals raised with them by the service were made on time and that they had not experienced any delays in requesting support from the service when it was needed. We saw that when necessary staff had also arranged for people to receive support from a range of other community services such as opticians, occupational therapists and chiropodists.

The cook showed us they had developed menus through discussions with people and through getting to know about changes in people's preferences and tastes. The cook said this helped people maintain a healthy diet and that they received the right balance of food to maintain their nutrition levels. Staff kept a record of how much some people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. When assessments had highlighted that people required a specific diet for example, a soft diet or reduced sugar diet, action had been taken to ensure that this was reflected in the meals prepared for people.

A four week menu plan was in place which contained a wide range of options for people to choose from. The cook also told us that although there was no one living at the service who had specific cultural dietary needs they were confident they could adapt the menu to suit any new needs identified.

Visiting relatives told us a range of food and drinks were available and that people were well supported to eat and drink enough of what they wanted and needed to keep them healthy. One person said, "The food's good." Another person said, "I like the food because it's all chopped up for me." The person's relative said, "Comparing the home to a previous one [my relative] had been in the foods better here."

One person had chosen to have their meal at a small table in the lounge and was being assisted by a staff member.

Good

Is the service effective?

The assistance was given at the person's pace with lots of reassurance and praise. We also saw the person was encouraged to drink enough to keep them hydrated. After the main course we saw that one staff member, when collecting plates interacted well with people encouraging those with food remaining to eat more and offering more drinks. We observed a great deal of social interaction between staff and people during the day and that interaction was kindly, non-patronising and not overly familiar.

People were given choices regarding the level of support they needed in order to eat their meal and in regard to the amount of food they wanted. For example, plate guards and adapted cutlery was available and we saw a staff member ask one person if they wanted an apron cover to protect their top from any food spillages in a kindly, non-patronising way. The person said no and this was accepted. One person was given a small portion at their request and two other people changed their minds when their meals were served and that these were changed immediately and without fuss.

Good

Is the service caring?

Our findings

People said the registered manager and staff were caring. One person said, "[the registered manager] visited me when I was in hospital and she took me to see my husband when he was in hospital." A visiting relative said, "We've had a few family christenings and weddings and staff here took [my relative] and looked after them. I couldn't go before but now I can enjoy events knowing that one of the staff is there to look after [my relative]."

We observed the service had a relaxed atmosphere with a warm and friendly feel. One person said, "It's alright, it's nice". Another person said, "They [staff] are never cheeky with me and I get on with them. I can have a laugh with them." The person added, "Staff walk to and fro and they always acknowledge you whether it is once or 50 times." A member of staff we spoke with said, "It is a home in the proper sense of the word."

Relatives told us they visited the service regularly and found that staff were always welcoming. One relative said, "I find them [staff] all very friendly and pleasant. I think they try and make it as homely as possible." Another relative commented that, "it's more like a home, home."

We saw and heard evidence to suggest that the registered manager and staff were willing to go that extra mile to ensure people had a good quality of life. A relative said the registered manager, "Even offered to take [my relative] out to the betting shop for the Grand National." The relative also told us they were supported to have a celebratory meal at the service with their family member for a special occasion saying, "They put us by ourselves, that was very nice." and that, "They even allow my relatives dog to come in to see them. It's those little touches."

One person told us both of their relatives were in jobs which meant they couldn't visit till late in the day or evening. The person said, "They let them come in late because they are on shifts". A relative said that when their family member was confused and distressed they could visit any time and that this helped their relative to settle. The relative added, "I trust staff but they know I'd rather come in and help [my relative] through it." Another relative said, "No matter what time you come there's always a cup of tea or coffee for you."

Care records showed people were supported to maintain their dignity and identity. For example, through being supported to choose the clothes they wanted to wear, to and to shave regularly when they had chosen to do so. We saw people were well dressed and that their clothes were clean. One person told us. "We're kept clean, the carers help us get washed in the morning and we have a bath or shower once a week."

During breakfast and lunch time we saw communal dining tables were set with clean, ironed tablecloths, mats, cutlery and beakers. The cook told us condiments were available to people if they wanted them. Drinks were served and people were gently were encouraged to drink. We observed people having their breakfast and lunch within the dining area of the home and noted that both meal times were relaxed with people being encouraged to come together to eat.

At lunch time music was playing and there was a buzz of conversation amongst people residents sitting on one table where six people sat together. The registered manager told us it had been a conscious decision to make the table this size as the group of people enjoyed interacting with each other. We saw meals were served promptly and that there was a choice of braised beef or scampi. The meals appeared hot and looked appetising and well presented.

We saw there were two rooms at the service which had double occupancy. The registered manager provided information to confirm people occupying these rooms had chosen to share the rooms. These included written agreements to show people had consented to share. The registered manager also showed us how the rooms had been set out to protect people's dignity when they received personal care in these rooms.

Although people told us they had not needed to access any additional support to help them in communicating or representing their views we saw that the provider had information available and could access local lay advocacy services for people. Advocates are people who are independent and who help support people to make and communicate their wishes and make decisions.

Good

Is the service responsive?

Our findings

We found that people's health care needs were assessed when they moved into the home.

We looked at three people's care plan records. The records showed how individual needs such as mobility, communication, social needs and nutrition should be met. They accurately described the care provided and any changes needed and undertaken to make sure they were up to date. We also saw the records had been regularly reviewed using daily records maintained by the staff team.

People and relatives we spoke with told us they were involved in planning their care. One relative said that they were, "Fully involved in my relative's care planning." Another relative said they, "Did talk to the manager when [my relative] came." The relative added that they were able to talk about specific things such as their family member's likes and dislikes and that staff did listen. The relative added that they were, "actively involved" in the preparing the care Plan.

A relative we spoke with told us they felt that the compact nature of the service was ideal for their family member saying, "When we came here I said no, it is small and seemed cluttered, not the right place, then I saw a member of staff kneeling down, holding the hands of [my relative], stroking their arm." The relative then pointed to a staff member supporting another person in the same way and said, "Look, even now there's a staff member kneeling down reassuring that man."

One staff member told us they had recently been given the role of activity co-ordinator. They told us they kept records of the activity sessions to show how people had been supported to take part in activities and pursue their interests. The activity co-ordinator showed us their "Activity Reminder" for all staff which was a guide to them of how to involve people during both their day to day contact and with specific activities.

The service provided opportunities for people to go out and maintain good links with the local community. The activity co-ordinator showed us photographs of visits to the local Lincolnshire Life Museum and said, "People love it and it will continue. We take people out to the garden centre and the local shops for a look around and a coffee, we like to get out as much as we can."

People and staff also said that on the last Wednesday of every month they had an afternoon tea. We were shown photos of one of the events and it was clear that people had enjoyed it. We saw that the two main downstairs corridors were labelled Memory Lane and Hall of Fame and had photos and posters of stars and events from an era which staff said had some relevance to people. The activity co-ordinator told us these were referred to constantly when accompanying people to bed or when they needed to go through the corridors in order to receive personal care in private.

We observed a chair exercise session in the main lounge where three members of staff were supporting five people to move to music. It appeared that people, and indeed staff, were enjoying this. Staff ensured that all of the people were able to join in to some degree and gave lots of encouragement and praise.

People and relatives told us they felt staff and the activity co-ordinator did a good job organising activities. A relative said, "The activity leader is absolutely amazing with activities. They got them doing things with bean bags, Lincoln City Footballers have been in doing exercises, they have Easter and Christmas events. The activity leader knows [my relative] loves singing and they have got some Scottish songs she knew they would love."

We also found the service acknowledged the diverse needs of people. For example, one staff member was able to tell us of activities linked to memorabilia they had arranged specifically for men who lived at the service. The staff member said they had brought in a range of tools and that this had triggered discussions and memories for the men involved in this activity. We also saw that whilst the service had visits from the local Anglican Church there were also visits from representatives of the Methodist and Catholic community when people wished this.

One person told us they were a very good gardener and had specialised in hanging baskets. The person said the registered manager had agreed that they could buy plants so that they could make some hanging baskets up for display in the home. The registered manager later confirmed this and said the person was being taken out to choose the plants and that other people were involved in the planting activity. We spoke with the person's relative who confirmed the arrangements saying, "[my relative] loves gardening, baskets; they are going to get a lot of plants to let [my relative] make them up."

Good

Is the service responsive?

The registered manager had a procedure which helped to ensure that complaints could be resolved quickly and fairly. People we spoke with, and their relatives, said they knew how to make a formal complaint if they needed to. None of the people or relatives we spoke with said they had made a complaint or had any need to do so. However, they all said that they felt they could do so if the need arose. One relative told us they had, "No reason to complain." Another relative said, "I've no complaints but if I find small things wrong, I can tell staff and they deal with it straight away."

Good

Is the service well-led?

Our findings

The service had a registered manager in post who confirmed they were supported by the provider who visited the service regularly. The registered manager was accessible to people. They spent time out and about in the home, seeing what was going on, talking to people and supporting staff.

All of the people, relatives and staff we spoke with talked highly of the registered manager. A relative told us the registered manager was, "Very nice, sensible, and very co-operative." The relative added, "She is very approachable, I can speak to her, she is very much involved with patients but she stands back and you can tell she is in charge not just one of the girls. I know that if I said can I have five minutes before I go she'd make time. She's bubbly but she has her eye on the ball."

Another relative said, "[The registered manager] is very good, very understanding and caring; everyone seems to get on with her. She's always willing to turn out and do a bit extra." A member of staff told us the registered manager was, "Brilliant, so supportive, gives me every opportunity and she is helping me progress."

Staff told us the registered manager set time aside for them to meet to discuss any issues but that they felt they were not always needed because they spoke every day either during the staff handover period or directly with each other. One staff member said, "It's a small home and we are always there for each other and the manager is accessible when we need her." Staff also said they took part in hand over meetings between shifts so they had the opportunity to discuss any changes in need for people.

In addition to being available for people to speak with directly the registered manager confirmed the provider had a more formal process in place to gather the views of people and relatives. A survey was undertaken annually with the last survey completed during June 2014 and the overall feedback provided indicated people were happy with the services provided.

We asked staff about how they would raise any concerns they identified and about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice.

Staff told us they would feel confident to whistle blow if they felt there was a need to and would take any concerns to both the provider and appropriate agencies outside of the service if needed.

The registered manager had a system in place which they used to identify when they needed to inform us of incidents or important events that took place in their service. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. This information was used by the registered manager to review if staffing levels required amendments.

The registered manager confirmed we had not been informed about one of the incidents, which occurred in December 2014. The registered manager was able to show us the actions staff had taken to fully respond to the incident in order to ensure the person had received appropriate support and treatment. They also recognised they needed to send a formal notification to us. The registered manager took immediate action and submitted the appropriate notification for our records.

The provider told us they carried out a range of audits which included checks on areas such as the environment and infection control. The registered manager showed us the local authority infection control team had recently visited and made recommendations for the service to make improvements to their management of infection control practices. The registered manager had an action plan with timescales set to show these were being followed up. We also spoke with the local health prevention advisor who told us the registered manager was working with them pro-actively and since their visit had taken positive actions to address the issues they had identified.

However, the environmental audits and infection control checks previously completed had not always been robustly recorded and therefore did not fully support early identification and resolution of issues identified such as the arrangements in place relating to fire safety issues.

The registered manager showed us they had recently produced an updated action plan which detailed actions they were undertaking in relation to the environment. These included clear timescales for actions set. After we completed our inspection visit the provider sent us information to show that a survey was also being

Good

Is the service well-led?

undertaken with people and their relatives to ask them for their views on the environment. The provider confirmed they would take action to address any issues raised as a result of this.