

Bupa Care Homes (BNH) Limited

Red Court Care Home

Inspection report

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20 September 2022

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27 October 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Red Court Care Home is a nursing home providing personal and nursing care to up to 35 people. The service provides support to older people in an adapted building. At the time of our inspection there were 26 people using the service.

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

The provider managed risks to the premises with a range of checks such as those relating to fire, electrical, gas and water safety. Risks relating to people's care were also assessed and clear guidance was in place for staff to follow to reduce the risks. People's medicines were managed safely by staff. There were enough staff and staff were recruited through processes to check they were suitable to work with vulnerable people. Staff understood how to safeguard people from abuse and neglect. The provider investigated accidents and incidents to check the right action was taken in response, to reduce a risk of reoccurrence. Learning was shared across the organisation.

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

The manager was new in post and was in the process of registering with CQC. They were experienced and understood their role and responsibilities, as did staff. The manager notified CQC of significant events, such as allegations of abuse, as required by law. The registered manager communicated openly with people, relatives and staff through regular meetings and surveys. Staff felt well supported by the manager and provider. The provider undertook checks to monitor, review and improve the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was good (report published September 2020).

Why we inspected

The inspection took place on 20 September 2022. We received concerns in relation to safety of the premises relating to an accident involving the use of the fixed ramp behind the building. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Red Court Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Red Court Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Red Court Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. A new manager had been in post for several months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the manager, the quality manager, the premises manager, chef, two people who used the service, two relatives and three members of staff. We reviewed a range of records including two people's care records, several medicines records as well as a variety of records relating to the management of the service including staff recruitment, training and support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The premises were safely maintained with robust oversight and improvements following an accident involving the use of the fixed external ramp. Extensive renovation work had taken place on the ramp and paving outside the building to reduce the risk of trips and falls with clear guidance for staff on when the ramp should be used to reduce the risk of incidents.
- A range of health and safety checks were frequently carried out across the service including those relating to fire, electric, water safety and the environment.
- Risks, individual to each person, had been assessed by the provider and guidance put in place for staff to follow in reducing the risks. These assessments were comprehensive and included any relevant guidance from professionals. A relative told us how staff understood the complex risks of their family member. They added, "I've been astonished at level of care, [my family member] seems really happy."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- People received their medicines safely, in line with best practice. Medicines records were clear and accurate and our checks of medicines stocks and records showed people received their medicines as prescribed.
- The provider assessed risks relating to medicines for each person and staff had clear guidance to follow to keep people safe.
- People received medicines from staff who were trained and assessed as competent to do so. Additional training was available for staff who required more support.
- The provider regularly checked with audits that medicines management was safe.

Staffing and recruitment

- There were enough staff to support people safely and regular agency staff were used who knew the home. Recruitment was taking place to fill vacancies.
- The manager checked the number of staff required using a dependency tool and adjusted levels so staffing numbers remained safe.
- The provider checked staff were suitable to care for people through recruitment checks including identification, work history, references, criminal records checks and an interview to assess knowledge, skills and motivation.

Learning lessons when things go wrong

- Systems were in place for staff to record any accidents or incidents, including incidents of behaviour which challenged the service. The manager, senior managers and health and safety experts reviewed these to identify any patterns and reduce the risk of reoccurrence.
- Learning from incidents across the provider's services and generally, was shared with the registered managers in bulletins and meetings. New guidance was regularly issued by the provider to keep the manager up to date.
- Following a serious incident at the service the provider carried out a thorough investigation and took remedial action to reduce the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded as far as possible from abuse. People felt safe with the staff who cared for them and we observed they were comfortable with staff.
- The manager understood their responsibility to report any concerns to the local authority safeguarding team and to take action to keep people safe.
- Staff understood how to safeguard people from abuse and neglect as they received training in this.

Preventing and controlling infection

- Staff followed safe infection control practices as staff received training in this, including how to use Personal Protective Equipment (PPE) to reduce the risk of COVID-19 infections. A person told us, "It is hygienic and clean, there's always staff cleaning."
- The manager checked infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- Kitchen staff followed safe practices with good records to evidence they met their responsibilities.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider followed current best practice in relation to visiting and visitors were allowed without

restrictions. Masks and hand washing and sanitising facilities were available for all visitors.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a range of audits in place to monitor and improve the service and we found standards were high in all areas. Audits included checks of medicines, care records, staff records, staff training and support, infection control and the premises.
- Our inspection findings and discussions showed the manager understood their role and responsibility, as did staff. The manager was a registered nurse with experience of managing care homes registered with the CQC. They kept their knowledge current as did staff. A relative told us, "The manager is brilliant in terms of understanding [my family member's] needs and putting us at ease. She genuinely cares about the residents and helping them settle in." A person told us, "I love it here, I'd give everything 100%."
- The manager submitted notifications to CQC, such as incidents involving the police or any allegation of abuse, as required as part of their registration responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's care, meals and activities were planned in a person-centred way, based on individual needs and preferences and people were involved in the process.
- The manager and staff understood their responsibility to be open, transparent and to apologise when accidents or incidents occurred. The manager promoted a positive culture where people's individuality was respected and staff were supported to learn from any errors.

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

- The provider gathered feedback from people, relatives and staff during frequent meetings, keyworker sessions and through surveys. People and staff felt listened to and staff received training to understand people's gender, sexuality and cultural needs.
- The manager and staff worked closely with other health and social care professionals to help people receive the care they needed.