

Mother Redcaps Care Home Limited

Mother Red Caps Home

Inspection report

Lincoln Drive
Wallasey
Merseyside
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Date of inspection visit:
14 December 2023
22 December 2023

Date of publication:
17 January 2024

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mother Red Caps Home is a care home providing nursing and personal care for up to 51 people, some of whom are living with dementia. There were 47 people living in the home at the time of the inspection.

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

The provider had implemented some refurbishment such as the development of newly refurbished bathrooms. However, we noted a high volume of repairs needed for the environment such as scraped doors, windows, door frames, scraped worn flooring, repairs throughout the building including faults to some radiators. The registered manager was responsive in her actions and by day two of this inspection had taken appropriate actions for auditing and improving cleaning schedules and repairs. The refurbishment and development of the home needs confirmed timescales to improve and enhance the service.

Systems to monitor the quality and safety of the service were in place but needed further review to identify issues raised during the inspection around maintenance, repair and cleaning of the service. The registered manager was open to improvement and listened and acted on feedback and demonstrated a commitment to keep improving the service.

Staffing levels were appropriately managed by senior staff. However due to current difficulties recruiting new staff, the home had regularly used agency staff. Staff showed us they were taking action to recruit more permanent staff and were in the process of arranging inductions.

People were protected from abuse because staff understood the correct procedure to follow if they had any concerns. Staff were knowledgeable and shared lessons learnt from seeking training and sought support from other health professionals as appropriate to support people's needs. People told us they felt safe and their relatives also found the service safe.

Care records were individualised and reflected each person's needs and preferences. Risk assessments had been updated and staff had guidance to help them support people to reduce the risk of avoidable harm. Medicines were administered safely and actions had been taken to train staff and audit improved practices at the service.

People, relatives and staff spoke positively about the management of the service who they felt were approachable and listened to their views.

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 had the necessary capacity assessments and legal processes in place to ensure their rights were fully respected.

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

Rating at last inspection

The last rating for this service was rated requires improvement (published 02/09/2022). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made however, at this inspection, we found that the provider had failed to make sufficient improvements within the service. This meant the service was in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement

We have identified a breach of the regulations in relation to lack of effective governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

Will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Mother Red Caps Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 1 inspector and 1 regulatory coordinator and 1 Expert by Experience. (An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.)

Service and service type

Mother Red Caps Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service did have a registered manager in place.

Notice of inspection

This 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 9 relatives and 5 people living at the home about their experience of the care provided. We spoke with 10 staff that included the registered manager, deputy and area manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found during the inspection and the evidence provided after the site visit.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to take reasonable steps to mitigate risks regarding infection prevention and control. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made some improvements and was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The environment was not always well maintained and monitored. We found some parts of the environment in need of repair e.g. some walls had sharp broken edges that posed a risk to people walking past, some radiators did not work and had no heat despite being on the highest setting, we found people's personal toiletries in shared bathrooms, we found a broken shower screen left loose in a bathroom, we observed a lot of scrapes and indentations to woodwork, door frames and skirtings and gaps to the kitchen door.
- The service was no longer in breach of not following guidance and procedures for testing for results of covid. Although we noted improvements in the cleanliness of the home, we took pictures to show the registered manager areas that audits had not identified issues such as; cleaning of windowsills, and cleaning of one bathroom floor and one set of weighing scales.
- By day two of the inspection the registered manager had taken responsive action to ensure repairs carried out to potential risks and radiators in bedrooms had been repaired. The registered manager had implemented risk assessments for all areas of risks such as the kitchen door and reviewed and audited all cleaning schedules.
- Risk assessments outlined measures to help reduce the likelihood of people being harmed, and care plans contained guidance for staff about how to keep people safe.
- Personal Emergency Evacuation Plans (PEEPs) were in place and described how staff should support people to evacuate the building in the event of an emergency.
- People, relatives and staff we spoke with expressed that safe care and support was provided. Relatives told us, "Yes I feel that mum is very safe here", "Yes I feel my husband is safe here, it's a relief to know that there are people here to care for him and watch him" and one person said, "Yes I feel safe here, I like all the staff really, they're fabulous."

Staffing and recruitment

- The registered manager ensured there were enough staff, with the right training and skills, to meet people's needs. They used regular agency staff in the interim of recruitment of new staff. The registered manager provided updates during the inspection that internal staff had been recruited to the activities vacancies and were due to commence in that role as soon as possible.

- People told us they were happy with the staff but various people felt the service needed more staff and shared comments such as, "They can always do with more staff as there are a lot of poorly people here and the care staff are run off their feet", "They could do with more staff and they get agency in, although they try and get the same ones, sometimes when they're busy it takes a while for them to come if I ring the buzzer" and "The staff work very hard here, they could do with more staff on especially at weekends when it seems they're short."
- The provider had effective recruitment processes. Recent records showed staff being recruited safely, with appropriate checks completed. Staff told us they had received training to effectively support them in their role.

Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Learning lessons when things go wrong

- The provider had appropriate systems in place to safeguard people from abuse. Actions were taken by the provider to keep people safe and to share any lessons learned to help prevent recurrences.
- Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse.
- The provider had safe processes in place to support people with prescribed medicines.
- The registered manager ensured staff received up dated medicines training and audits were in place to assess their competency to administer medicines safely.
- The provider had systems in place to support staff reporting and recording any accidents and incidents. The registered manager ensured lessons were learned and had improved practices at the service for clinical needs, management of accidents, incidents and medications when trends were identified.

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.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance and quality assurance procedures and processes were in place. However, we identified numerous issues during the inspection that needed attention to aspects of cleanliness of the environment and repair and maintenance of the service, including broken radiators and a fire door in the kitchen that needed repair. The registered manager swiftly took action to the issues raised but audits had not identified most of the issues noted.
- The registered manager provided some feedback from their provider who showed positive steps in acknowledging the service needed complete refurbishment both internally and externally of the building. However, the management team had no confirmed plans to show to people and relatives when work would start and be completed to improve all parts of the service.
- One relative described the problems encountered when the lift had recently broken. The registered manager showed updated maintenance certificates to show it had since been repaired and maintained.

At this inspection we found that due to the concerns highlighted in this report, the provider was in breach of regulation 17. The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service to ensure good governance. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It was clear the management team had worked hard to improve the service and reflected and learnt from previous events. Staff were clear about their roles and their level of responsibility in keeping people comfortable and safe.

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; Continuous learning and improving care

- We observed caring and supportive interactions between people living at the service and staff. However, we observed a difference in how staff interacted with people on different units. We discussed how we noted staff on the ground floor unit seemed to use peoples dining tables throughout the day. By day two the senior staff had taken actions to encourage the staff to discontinue this practice and to sit next to people and not by the dining tables.

- People spoke positively about the service. Comments included, "I can speak with the person in charge of this floor if I have concerns and they sort it out straight away", "I like all the staff really, they're fabulous, I have nicknames for some of the girls, we have such a laugh together" and "The manager seems to sort things out and is approachable."
- We shared some comments and suggestions from day e.g. one person felt that some staff needed more training in how they supported them with eye drops. Staff responded positively to this feedback and arranged further training and support to help improve this persons experiences.
- The provider understood the requirements of their duty of candour, ensuring they were honest and open about any incident or accident that had caused or placed a person at risk of harm.

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

- People and relatives were kept up to date in the running of the service. Some people attended the arranged meetings and relatives met with staff directly during their visits. One person didn't have any complaints but told us they didn't know if there were any meetings at the service as they mainly stayed in their bedroom.
- Minutes of meetings showed regular discussions where people were encouraged to give feedback. One previous suggestion from people asked for pictures of all staff to be displayed to help better inform them who was on duty. We discussed this with the manager as this had not been completed, with pictures on some floors only displaying senior staff and not the full team. The registered manager told us they did have plans in place to display the whole staff team in the reception area.
- Staff told us they felt supported by the management team. One person told us the registered manager was really caring and always did what she could for the residents.
- Staff ensured they had effective working relationships with outside agencies such as local authorities, district nursing teams, SALT team, GP practice and tele triage services. Staff told us how this had helped them to improve management and oversight of all types of injuries and incidents.
- The service had received a positive report following recent assessments carried out by the local authority teams.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to take reasonable steps to ensure good governance of the service.