

BPS Care Homes Limited

Redclyffe Residential Care Home

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Redclyffe Residential Care Home provided accommodation, personal and nursing care to 24 people aged 65 and over at the time of the inspection. The service can support up to 26 people in one adapted building.

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

People and relatives were happy with the care and support they received and spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

Appropriate recruitment checks took place and there were enough staff available to meet people's needs. Staff completed training to enable them to carry out their roles effectively. Staff were happy working for the service and felt very well-supported by the registered manager. Many staff had worked at the service for a long time. They had built good relationships with people and worked well as a team.

Care records contained extensive, clear information covering all aspects of people's individualised care and support. Risk assessments were comprehensive and information about people was written in a respectful and personalised way.

People and their relatives were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development.

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.

There was a range of activities available for people and these were well attended and received. People's spiritual and emotional needs were met by staff.

The service had established links in the local community and worked in partnership with key organisations including local authorities and other agencies to improve the service for people. Staff at the service worked with health and social care professionals to ensure good outcomes for people.

There were systems in place to monitor and improve the quality of the service. When there were problems, the registered manager dealt with them appropriately and worked to reduce the likelihood of recurrence.

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 Good (report published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

The service was safe.

Details are in our Safe section below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Redclyffe Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an 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

Redclyffe Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, care workers and domestic and kitchen staff. We spoke with a professional who regularly visits the service.

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

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.

Systems and processes to safeguard people from the risk of abuse

- People told us staff helped them to feel safe. One person said, "Yes, [I feel] very safe. They look after us quite well."
- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team and staff told us they knew how to access the policy at any time.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that reduced these known risks. Staff were kept up to date with changes in people's care during handovers and through daily notes.
- Staff ensured people had their call bells on their person before leaving their rooms. People told us staff responded to call bells in a timely manner.
- Fire safety checks were completed regularly and staff demonstrated a thorough knowledge of the fire procedure. People's care plans contained Personal Emergency Evacuation Plans to enable information to be quickly and easily shared with the emergency services such as the Fire and Rescue Service.

Staffing and recruitment

- There were enough staff deployed to provide people with their care at regular planned times.
- People received care from a familiar team of staff who knew their needs.
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, they received these as prescribed.
- Peoples' medicines were stored and managed safely by staff who had completed a range of medicine training. Staff demonstrated they knew what to do in the event of any errors.
- The registered manager completed regular spot checks to check staff competencies, however, there was

no formal process of documenting this. We discussed this with the registered manager who immediately took steps to put a system in place.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- We saw staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.
- All areas of the service were clean and free of odour. One person told us, "My room is always clean and tidy." One relative told us, "[Person's] room is immaculate, cleaned daily. I can't praise the cleanliness enough."

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences. One relative told us, "The manager and senior nurse did a review when [person] first came in. The doctor did a medicine review."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls risk or nutrition tools.

Staff support: induction, training, skills and experience

- New staff received an induction which provided staff with a good foundation of knowledge and understanding of the organisation and their roles. New staff shadowed experienced staff to get to know people they would be caring for.
- Staff received additional training to meet specific needs, for example catheter care training.
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive. Staff told us, "[Registered manager] is 'one of us', you can tell him anything." and, "I can take anything to [registered manager], queries or ideas, we work things out – I'm well supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People were assessed for their risks of malnutrition and dehydration. Staff referred people to their GP and dietitian where they were identified as at risk. Staff followed health professionals' advice in providing meals that met people's dietary needs.
- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being.
- People were offered choices that suited their needs and preferences. People told us, "The food is perfectly cooked, it's presented well. It speaks highly of the kitchen," and "[Person] has choices. Food is not forced on [them]. [They] like to sit with staff at lunchtime and staff accommodate that. There's one main choice at lunchtime but [people] can have something else".

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care plans enabled staff to easily identify when people were supported by other health and social care professionals and their advice was incorporated into the way people were cared for. For example, treatment plans written by the continence nursing team were clearly reflected in people's records.

- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when they showed signs of illness. One relative told us staff were very vigilant and understood their relative's needs, they said, "When [person] needs a doctor they arrange it quickly. Chiropodist is six weekly. [Optician] came and gave them eye tests."

Adapting service, design, decoration to meet people's needs

- The building was well-maintained and traditionally decorated. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated they understood the principles of MCA, supporting people to make choices. People confirmed the staff always asked their consent before providing their care.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Where people's relatives were acting lawfully on their behalf, this was clearly documented in care plans, and we saw evidence that copies of the relevant legal documents had been obtained.
- The manager confirmed no people using the service were currently subject to any restrictions to their liberty under DoLS, however we saw that applications had been submitted appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from long-standing experienced staff who knew them well. One person told us, "[Staff] are absolutely fantastic." A relative told us, "I've noticed that the staff are very good with the residents, they don't rush them, they're very caring." A staff member told us, "We don't use agency [staff], it's better for the residents, we get to know them and they us."
- Staff enjoyed their work and spoke fondly about the people they supported. One staff member told us, "I like working here, I don't think there's anyone who doesn't like working here. We know which residents respond better to which team member, we dance, we sing, everybody chips in."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- Staff ensured people's choices and decisions were respected. People told us, "I can do whatever I want here, there's no restrictions I'm pleased to say," and "I'm free to wander as I wish. I've not a concern in the world".
- The registered manager arranged for people's opinions on their care to be obtained, for example through resident's meetings and surveys. We saw that action was taken in response to the feedback people gave.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity and demonstrated how they did so. One person told us, "[Staff] are very respectful when I have a bath. They cover me." A relative said, "They always use [person's] name, it's very personal."
- Staff promoted independence and encouraged people to support themselves as much as possible. One relative told us, "Assistance is always forthcoming but they encourage her to do things herself."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and where appropriate, their relatives had been involved in creating and updating their care plans. One relative said, "[Person] has a six month review with [registered manager] and my [relative]."
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, when people's religious beliefs affected their dietary needs.
- People's care was planned and delivered in a person-centred way. Care plans included a 'life map' document which enabled staff to learn about people's personalities and life history. This encouraged staff to treat people as individuals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was available in range of formats, for example, easy read or alternative languages.
- Care plans detailed information on people's communication needs, including what they found difficult and alternative forms of communication staff could use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Redclyffe had a dedicated activities team who organised a range of activities for people to enjoy. This enabled people to take part in hobbies, pastimes and new experiences which enhanced their lives and their well-being.
- People were encouraged to be as involved as they would like. One person told us, "I don't take part in the organised activity. I keep to myself, I prefer that".
- People were supported to maintain and develop relationships with people who were important to them and access the community. Relatives told us they were always welcomed to the home.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. We saw the registered manager had documented and investigated complaints in line with this policy.
- People and relatives told us they knew who to speak to if they had any issues, and were confident

problems would be resolved. One relative told us, " The manager is sociable and approachable. He has answered all our questions to our satisfaction."

End of life care and support

- People were given the opportunity to record what was important to them at end of life. We saw letters from relatives praising staff for the quality of the end of life care provided.
- When people had made decisions about their end of life care, this was clearly documented in their care plan.
- Staff worked closely with people's GP and the district nurse team to ensure people were assessed for their symptoms and kept comfortable.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the registered manager promoted a culture of person-centred care. One said, "It's a jolly nice atmosphere here." A relative told us, "The manager is brilliant, he speaks to everybody. Always around and good with his staff."
- Staff told us they were happy working at the service and felt supported by the management team. Staff told us, "I enjoy coming to work here, there's nothing I'd change. It's a nice place to work," and "I've worked in a lot of care homes and this is the best; best for care, best for teamwork."

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

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The management team carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified, the managers acted to improve the service.
- External audits were completed which provided independent overviews of the service and identified areas for improvement. For example we saw that regular pharmacy audits were conducted.
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked for their feedback through formal surveys and at group meetings. We saw that during the most recent survey, 100% of respondents described the overall standard of care as good or excellent.
- The registered manager acted upon issues and suggestions. For example, people had asked for themed food nights and we saw that a family fish and chip supper had been organised and well-attended.
- People's equality characteristics were considered when sharing information, accessing care and activities.

Continuous learning and improving care. Working in partnership with others

- The provider recognised the importance of using technology to improve the service. The registered manager was in the process of transferring care plans to an electronic records system. Staff told us they felt positive about the benefits this would bring.
- The registered manager maintained good relationships with health and social care professionals. One visiting professional spoke positively about the care provided and told us staff 'know patients really well' and 'do their best for them'.