Bhandal Care Group (1ST Care UK) Ltd

Redcote House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Redcote House Residential Home is a residential care home providing personal and nursing care to 14 people aged 65 and over at the time of the inspection. The service can support up to 18 people.

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

Records for medicines did not always accurately reflect stock and information for administration was not always clear. Staff did not always receive safeguarding training but understood how to keep people safe. Some equipment was damaged which posed a risk to infection control, however, staff took other measures to reduce the risk of infection to people. We made a recommendation in relation to equipment which poses an infection risk.

Quality assurance processes were in place where some shortfalls had been identified. However, some shortfalls had not been identified prior to inspection and where they had, actions had not always been prioritised. We made a recommendation in relation to timely action following audits.
The environment was worn and required updated. Some staff did not receive ongoing training nor on induction. We made a recommendation in relation to training and the environment.

Accidents and incidents were recorded and monitored. Risks associated with people's care had been identified and measure were put in place to reduce the risk of avoidable harm. The registered provider carried out pre-employment checks on staff.

Staff shared a vision with the registered manager to deliver good care to people. Staff and relatives spoke highly of the management team. The registered manager understood their duty to be open and honest. The service worked with others to promote positive outcomes for people.

People were supported to maintain a diet they enjoyed. People's needs had been assessed prior to admission to the service. Staff worked with other healthcare professionals. People's capacity had been assessed. People's end of life care wishes had been recorded.

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.

Staff interacted and engaged with people using the service in a positive way. Staff knew the people they were supporting well. People's dignity was considered and respected. People were given choice in care.

People had comprehensive care plans in place. Activities were available to people which were organised around their hobbies and interests. Complaints were investigated and responded to appropriately.

Information was available to people in different formats.

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 (published 13 July 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Redcote House 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 two inspectors.

Service and service type
Redcote House Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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
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 information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-
We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, deputy manager, a team leader, domestic worker and the chef.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two 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.

Requires Improvement

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 now deteriorated to 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.

Using medicines safely

● Medicines were stored safely. However, prescription directives on MAR (Medication Administration Record) charts were not always clear whether it was an 'as needed' medicine or not.

● Some stock was not able to be audited as information about medicine in stock was not up to date and accurately recorded on the MAR chart. For example, medicines booked in to the home and stock carried forward had not been recorded appropriately.

● Where people were prescribed and MAR charts detailed 'as needed' medicines, protocols were in place to ensure staff knew when to administer these medicines to people. Protocols also detailed how people may express pain if they were unable to do this verbally.

● We discussed this with the registered manager, who took immediate action and contacted people's doctors to seek clarification on people's medicines. They also implemented a daily audit to have full oversight of the MAR charts.

Preventing and controlling infection

● Some equipment in the service was damaged therefore compromised infection control to people. For example, external coverings for the bath were wooden and damaged, which meant they could not be cleaned effectively.

We recommend the registered provider reviews equipment in the service to ensure it does not pose a risk of infection to people.

● Following the inspection, the registered manager sent us a plan to ensure risks to infection control would be reduced and equipment would be replaced.

● Personal protective equipment (PPE) was available to staff and we observed them using this during the inspection.

● Several wall mounted automatic hand gel dispensers were accessible. This was to encourage staff and visitors to use this before going in to different areas of the service, which prevents the spread of infection.

Systems and processes to safeguard people from the risk of abuse

● Whilst not all staff had attended safeguarding training, they understood their responsibilities to keep people safe from avoidable harm.

● Information about how to raise a safeguarding concern was available to staff and they were confident how to escalate these if needed. One member of staff told us, "I would go to [name of registered manager], they

would deal with it. However, if I was concerned I would report it to the owner and the local safeguarding team if needed."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
● Risks associated with people's care had been identified, assessed and measures were in place to reduce the risk of harm.
● Accidents and incident were recorded and analysed monthly to identify themes and trends to prevent re-occurrence.
● Where environmental risks had been identified such as the stairs, measures were put in place to reduce the risk of an incident. For example, where people got up during the night and experienced confusion, sensor mats were in place to alert staff and ensure people could be supported safely.

Staffing and recruitment
● The registered provider continued to carry out pre-employment checks on staff. This included a criminal record check and staff told us, they could not start work without these.
● There was enough staff deployed in the service to meet people's needs. Where shortfalls were identified, these were covered using other staff and the management team.
● People's care dependency was monitored and reviewed monthly by the registered manager. This enabled them to calculate safe staffing levels for the service.

Requires Improvement

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
● Staff did not always receive relevant training to their role. For example., seven care staff had not received safeguarding training and three care staff had not received moving and handling training.
● Staff received induction support from shadowing an experienced member of staff. However, some staff told us they had received no training at all during their induction.

We recommend the registered provider follows through with their plan to ensure all staff have appropriate training.

● Following the inspection, the registered manager sent an us action plan on how they would ensure all staff received relevant training within a realistic timescale. Some training courses had been held, days after inspection, for example, manual handling.

Adapting service, design, decoration to meet people's needs
● The service design met the needs of people. However, the environment was worn and required attention. For example, areas of the service were damaged.

We recommend the registered provider reviews their plan to refurbish the service.

● Where people were unable to use the stairs to get to a different apart of the service, there was a stair lift for people to use.
● There was an outdoor area accessible to people with different needs, for example, people who required a wheelchair to move around. Staff had created a sensory garden with raised planters, so people were able to help with this, without distress.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed prior to admission. This was either done by a National Health Service (NHS) trusted assessor or by the registered manager.
● Care plans detailed people's care needs, their preferences, likes and dislikes, and communication needs. Protected characteristics under the Equality Act had been considered, for example, people's religious and cultural needs and lifestyle preferences.
● Equipment was available to people to enhance their lives and promote independence. For example, adapted cutlery and plate guards. This enabled people to enjoy their meals independently and with minimal

support.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat meals they preferred and maintain a balanced diet. One person told us, "The food is nice here."
● Staff were aware of dietary requirements relating to health conditions and how they could be supported best. For example, providing a low sugar and gluten free diet.
● People were able to choose their meals and if they did not like what was on the menu; alternative options were available. Four weekly, seasonal rolling menu's gave a variety of meal choice to people using the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with health care support services to provide timely, effective care. For example, doctors, Speech And Language Therapist (SALT) and community nursing teams.
● People's oral health had been assessed and people had access to a visiting and community dentist. People's care plans detailed what healthy oral health looks like and symptoms of when this should be reviewed.

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.

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.
● People's capacity had been assessed where there was reason to believe they lacked capacity. Best interest decisions were recorded specifically relating to people's care. For example, receiving support from staff to reduce the risk of pressure areas by repositioning every two hours.
● Where people did not have capacity to manage their financial affairs, information was clearly documented on who would be managing this on the person's behalf. Details of people's legal representatives were recorded on file also.
● Staff had knowledge of the MCA and understood how to access advocacy service, should a person require support with decision making.

Good

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 told us they felt staff treated them well. One person commented, "If you are here to check we are looked after, they look after us very well."
- Relative and people spoke highly of the staff team. A relative said, "Everyone is so nice here. The staff can't do enough for you."
- People were encouraged to personalise their own rooms with photographs and personal memorabilia, to make it their own.

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

- Some people were able to give their consent to their care. To show this, they had signed a consent form which was kept on their personal file. Where people were unable to do this, legal representatives had signed on their behalf.
- People were given a choice about daily activities. For example, if they wanted to join in with activities, where they wanted to reside and if they wanted snacks between meals.
- One person was staying at the home for a short period and said, "I can't wait to go home, but I would come here again."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Care plans highlighted people's abilities and how staff can support them to continue doing things for themselves.
- Staff understood the important of maintain people's dignity. A member of staff explained, "We always knock before we go in to their room, it is just like going into someone's house. We make sure we get their consent and greet them with a smile."
- Staff interacted positively with people and engaged with them at eye level..

Good

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 had personalised, comprehensive care plans in place which enabled staff to know how to support them best. Staff involved people, relatives and legal representatives in developing these. These were reviewed regularly by senior staff.

● We observed staff meet people's needs in line with their care plan. For example, one person had been assessed for staff to support them to cut up their food at meal times. Staff did this and gained consent before doing so.

● 'Things you need to know about me' booklets were in place for each person, detailing things which were important to them. For example, personal relationships.

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 was accessible to people including large print, alternative languages and braille format. This meant people could receive information in line with their communication needs. Audio information was also accessible.

●People had care plans which included pictures and large print. This enabled people to understand what was in their care plan.

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

●There was an activity coordinator who supported people with their social needs. There was an activity program place which offered variety of activities for people to choose from. For example, this included a rock and roll day, massage therapy and music entertainers.

●Staff were passionate about supporting people to maintain personal relationships. They supported a person to visit their relative who was living at another care provision. A member of staff said, "It's so important people get time with their loved ones."

●We observed people take part in a musical activity, people were dancing and singing with staff. One person told us, "I like this country music."

●Peoples cultural needs were considered, and the service had visits from a religious leader regularly to ensure people had to the opportunity to continue to follow their chosen faith.

Improving care quality in response to complaints or concerns

●The registered provider had a complaints policy, and complaints information was accessible to people and visitors in communal areas.

●The registered manager held a record of complaints which were received. These were investigated and handled in accordance with the registered provider's policy.

●People, staff and relatives told us they knew how raise a concern. One relative told us, "I know how to make a complaint. I would happily approach the registered manager and feel it would be sorted."

End of life care and support

● People's end of life wishes were recorded and care plans were in place. These detailed how the person wanted to be supported at the end of their life, including which relatives they wanted to be involved.

● The service worked with specialist healthcare professionals to ensure people could be comfortable and pain free at the end of their life.

●Some staff had received training in relation to end of life care. The registered manager had recognised a need to ensure all care staff were trained in this.

Requires Improvement

Is the service well-led?

Our findings

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

- There was a quality assurance process in place which was carried out by the registered and deputy manager monthly. Where shortfalls were found, action plans were put in place on how to address these. However, not all quality audits identified the concerns which were found upon inspection.
- The registered provider carried out regular visits to the service. However, where shortfalls were identified, these had not been prioritised to ensure these were resolved in a timely way. For example, staff training.
- Following the inspection, the registered manager submitted a detailed action plan on how staff training would be brought up to date, timescales for a refurbishment of the environment and other quality assurance audits which have been implemented.
- The registered manager was clear about their role and reported events as required to the CQC. For example, injuries and safeguarding concerns.

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

- There was a positive, inclusive culture in the service. Staff told us they enjoyed their roles and shared a vision with the management team to give people good care.
- We spoke with relatives and one relative described the staff team and said, "Staff who go above and beyond for my loved on."
- Staff told us they could approach the registered manager. One member of staff said, "Yes, [Name of registered manager] is approachable, I would always speak to them if I needed to."

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

- Staff were engaged in using the service and told us they attended regular staff meetings and were supervised formally to support their development. Records we reviewed confirmed this.
- Some relatives were asked for their feedback using a quality assurance questionnaire. Where concerns were raised an action plan was implemented to address this.
- The registered manager understood their responsibilities to be open and honest if things go wrong.
- Staff worked in partnership with others to ensure positive outcomes for people. Such as occupational therapists, social workers and community psychiatric nurses.