

Redjacket Specialist Care Ltd

No 68 Specialist Care

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

No 68 Specialist Care Service is a residential care home providing personal care to 11 people aged 50 and over. At the time of the inspection the service was supporting nine people.

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

Risk assessments had been carried out to assess the risks to people's safety, and care plans informed staff how to keep people safe. Systems were in place for people to receive their medicines in a safe way. Staff understood their responsibilities to protect people from harm and abuse. Safe recruitment practices were in place and there was enough staff on duty to meet people's needs.

People were supported to receive a varied diet. Mealtimes were a sociable experience. There was evidence of collaborative working and communication with other professionals to help meet people's needs. 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, and their relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive. One person said, "The staff are friendly enough. It's nice here because it's small and not too many people." There was a welcoming and friendly atmosphere at the service.

Care plans were personalised. Staff knew the people they supported and knew about their choices and preferences. There were opportunities for people, relatives and staff to give their views about the service. People were involved in decision making about the care and support they received. There was a varied activities programme in place. People were supported to go on trips several times a week. One person said, "I like it because we go out on trips 3 times a week or so. We go to lots of places. They didn't do that at my old home."

Staff spoke very positively about working at the home and the people they cared for. Staff said the registered manager was, "amazing" and, "so supportive." There was a quality assurance system in place to assess the standards of care in the service.

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

Rating at last inspection – This service was registered with us on 28/02/2020 and this is the first inspection.

Why we inspected

This was a planned inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home 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.

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 findings 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 ●

No 68 Specialist Care

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.

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 was carried out by one inspector.

Service and service type

No 68 Specialist Care Service 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 it was registered, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. Staff were aware of the steps to follow to raise any safeguarding concerns. Staff had received training relating to safeguarding adults. One member of staff said, "The safeguarding training was really interesting and told us how to keep vulnerable people safe. I know what I need to report and how to report it."
- One person's relative said, "I have no reason to think why [person's name] wouldn't be safe. The doors are secure here." Another person's relative said, "I am very confident [relative] is safe here."

Assessing risk, safety monitoring and management

- A range of risk assessments were in place and had been regularly reviewed. These included assessments of mobility, skin integrity and malnutrition. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm. For example, in one person's plan, the guidance for staff was, "Will need staff to bring legs to edge of bed, [name] will then stand unaided." And, "More steady when holding staff hand. When walking upstairs, needs support of one carer. Remind to use the bannister."
- Regular health and safety audits were carried out to monitor the safety of the service.
- Environmental checks were carried out.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Staffing and recruitment

- Safe recruitment processes were in place.
- There was enough staff on duty to meet people's needs. Staff did not appear rushed and were available when people needed them. Staff told us they felt there were enough staff on duty to meet people's needs. One member of staff said, "I don't think I have ever been on shift when we were short staffed."

Using medicines safely

- People's medicines were managed safely. Staff completed medicines training and had their competencies regularly checked.
- Medicines were stored safely and when no longer required, were disposed of safely. Regular stock checks and audits were carried out.
- Medicines administration records showed that people received their medicines as prescribed.
- The temperature of medicines rooms and fridges was monitored to check that items were stored at the manufacturers recommended temperatures.
- Protocols for additional medicines people might require (PRN) were personalised and described steps

staff should take before resorting to the use of medicines. When additional medicines were administered, staff documented the reasons why and the outcome.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents.
- Incident and accident reports showed immediate action taken and any steps taken to avoid a recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 moving to the service. One relative said, "[Registered manager] came out to meet us at home, and we had a chat and then came here to have a look around."
- People's support needs were regularly reviewed.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and preferences for staff support. For example, the registered manager told us they had arranged for one person to start having Holy Communion at the weekend. Another person had specific dietary preferences, and these were being met.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to carry out their roles.
- Staff said the training and induction gave them the knowledge and skills they needed. One member of staff said, "The induction was really in-depth, and the medicines training is really thorough too." Another member of staff said, "New staff have to complete all their training before they do shadow shifts which I think is really good and makes them safer."
- Staff spoke highly of the training opportunities available to them. One member of staff said, "[Provider] is very supportive. I started as a carer; they encouraged me to progress to senior carer."
- Records showed staff received regular supervision from a line manager. One member of staff said, "I get loads of supervision. It's really nice because I feel really appreciated and get positive feedback."

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

- We observed lunch, which was a sociable experience. People sat round a communal table and there was a relaxed atmosphere. There was music playing in the background and people were talking amongst themselves.
- The food looked and smelt appetising. People told us they enjoyed the food and that there was plenty of it. People were asked if the food was good, and if they wanted any more. One person said, "The food is lovely, it's all home cooked."
- Staff asked people if they needed any support. For example, one staff member said, "Would you like to me to cut your food up? Do you want any mustard or mayo to dunk your chips in?"
- People's food and drink preferences had been recorded. For example, one person's plan informed staff, "Doesn't like too much food on the plate." The registered manager said, "When somebody new moves here, we get their favourite food in for them, so that something will be familiar when they arrive."
- Some people were having their food and fluid intake monitored. Records had been completed in full and

showed that people had received enough food and drinks to meet their needs. We heard staff regularly offer people drinks throughout the day. The service used an electronic reporting system which alerted staff to offer more drinks if the person was not likely to meet their daily target.

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

- People were supported to access ongoing healthcare. The registered manager said, "The GP visits weekly and is wonderful. They come to see any new clients and any concerns outside of the weekly visits [they] come, within an hour."
- People had access to a chiropodist and hairdresser who visited the service. People also had access to a local dentist and were supported to attend any hospital appointments.

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

- The building was suitable for the number of people using the service.
- The environment was light and there was a pleasant communal dining and sitting area. There was outdoor space which people could access if they wanted, and we saw this happen throughout the day.
- People had their own large bedrooms, with their own fob access. People were able to bring other items in to personalise their rooms as they wanted to. People's rooms we saw confirmed this.
- Both of the relatives we spoke with commented on the size of the service. Both said they liked the fact the service was smaller than usual. One said, "We didn't want anywhere that was too big." Another relative said, "It's not too big. [Relative] was lost in the last home."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to consent to their care and support had been assessed. When people did not have capacity to make a decision, best interest decisions had been made. These were clearly documented and showed how the decision had been reached. However, not all the assessments had been completed on a decision specific basis. We discussed this with the registered manager, and they told us they would review all capacity assessments as a priority.
- Staff understood and followed the principles of the MCA and Mental Health Act. This included supporting people to make their own decisions and assuming capacity unless they thought otherwise.
- One member of staff said, "People might not have the capacity to make big decisions, but they can still possibly make smaller ones. I always ask people what they want, hold up clothes for them to choose from for example."
- People's legal rights were upheld. Staff sought advice and guidance from external professionals was then followed. People had access to independent mental capacity advocates.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 appeared relaxed around staff. People were smiling and engaging with staff. When one person became upset, we saw staff talked quietly and calmly to [them] to relieve their distress.
- We saw that when staff spoke with people, they knelt to the person's eye level, or sat beside them so that they could see them clearly. Eye contact was maintained.
- When a member of staff put some music on, they asked people what they would like to listen to. This then led into a conversation about which artists people had been to see in concert.
- One person's relative said, "The staff are fantastic. They're very caring, very polite to me. I've seen them with other members of the household, and I can't fault them. Nothing is too much trouble. I have no issues with any staff. They're all lovely."
- Another relative said, "It feels family run here. It's small, so you really get to know the staff."
- All of the staff we spoke with said they were confident about the quality of care provided. One staff member said, "Honestly, I think it's amazing here. I was shocked compared to my last job. It's really so good here." Another staff member said, "I can tell the care is good here. Our residents are happy. One resident asked another earlier, 'Where are we. When are we going home?', and the other resident replied, 'This is home.' And that, I think speaks volumes."

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

- Relatives we spoke with told us they were involved with the planning of their family member's care. They said staff had spoken to them at length about what level of support was needed.
- One member of staff said, "I always speak to new clients and try to get to know them, and I talk to the family too. Nobody's care needs are the same, and so it's important to get input from people who know."
- People were encouraged to make choices about their day to day routines and activities. This was in line with their preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. We saw staff knock on doors before entering rooms.
- Care plans guided staff to encourage people to maintain their independence where possible. For example, in one person's plan, it was written, "If staff give [them] the razor [they] can shave most of [their] chin." In another person's plan, staff were informed to assess the person each day, because some days they would be able to brush their hair, and on others they might not.
- One member of staff said, "I always ask myself; how would I want to be treated. I make sure to close the

door when giving personal care and tell people exactly what's happening."

Another member of staff said, "I respect people's privacy. I would never discuss one resident in front of another."

- In one person's plan it was documented that they liked to be smart and well presented. When we discussed this person's care with staff, they knew exactly how this person liked to be supported. One staff member said, "I hold up two outfits and let [person] point at the one they want to wear. If they don't point at anything, I put those outfits away, and take out two different ones."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans contained detailed person-centred information for staff. This included people's preferences and choices for how they wanted to be supported. For example, in one person's plan, it was written, "If staff put shower gel on a flannel [person's name] will help to wash. [They] will lather shampoo in [their] hair themselves." Additional guidance for the same person included, "Hates water in [their] face, so use handheld shower for hair washing."
- Plans provided clear information for staff on how to help people who might experience episodes of anxiety. The plans were detailed and showed clearly the steps staff should take before resorting to the use of medication.
- The service used an electronic planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and included a summary of people's needs. This meant that staff had easy access to information about the people they were supporting.

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.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. The registered manager told us information was available in a variety of formats, such as easy to read and pictorial information to meet the communication needs of people and to give people more control over their lives.

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

- People were supported to maintain relationships with family and friends. During the pandemic, people used video calling and telephone calls to keep in touch. The service was now open to visitors in accordance with government guidelines and still used video calls between visits.
- One person's relative told us they liked being able to take their family member out for a dog walk which was an important pastime for the person. They said, "[Name] loves to be outside, so I often go out for long walks with them."
- The registered manager said they supported people to access the community on a regular basis. The service had a minibus and people had been out to the beach, museums, bowling and for afternoon tea. Staff

told us that on most Fridays, everybody went out for the day and then out for dinner. If people preferred not to go, this was respected by staff.

- One person said, "I like it because we go out on trips three times a week or so, we go to lots of places."
- The service encouraged people to take part in cooking and baking. There was a small vegetable garden outside which people had helped to grow.
- The registered manager had produced a newsletter for people and their relatives. They said they were setting up a private social media page to share photographs and videos with relatives and friends.

Improving care quality in response to complaints or concerns

- The service reported and responded to complaints in a timely manner.
- The relatives we spoke with said they had not needed to complain. One said, "I can think of no reason to complain, but if I had to, I would speak to [registered manager]. [They] are very approachable and helpful."
- Feedback was sought from family members. Comments included, "We feel totally valued by the [provider] team as a family, and are incredibly grateful to them for looking after us," and, "I had a video call with [relative] today and I'd just like to say [they] were so happy! Smiling and laughing and responding to me at times which was so lovely. These days out you have been doing I feel is really helping as [they've] always been an outdoor person. Thank you to you and your team. I'm truly grateful."

End of life care and support

- The service had developed good links with the local hospice and used them for support and advice when people needed end of life care and support.
- We were shown feedback from a relative of someone who had recently died. They had written to the registered manager and said, "I'm so glad you were there for [relative] at the end and [they] weren't alone."
- Treatment escalation plans were in place that specified when and why people would want to be admitted to hospital and when they would rather remain at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff knew the provider's values. One member of staff said, "This is a really good company to work for. The company line of 'let our family look after yours', sums up exactly what we do here."
- Staff told us there was a positive open culture at the service. Comments from staff included, "The staff here are happy and enjoy their work. It's a lovely atmosphere", and, "I love working here, it's like my second family. We work well as a team."
- The registered manager was a visible presence during the inspection and staff said this was no different to usual. One staff member said, "[Registered manager] is really good. [They] care so much and are really hands on. Every day, [they] come in to work and the first thing [they] do is to say hello to all the clients and then they help with breakfast. In my old place, the manager stayed in the office." Another member of staff said, "We all look up to [registered manager]. You can go to [them] with anything and [they] will support and help you."

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 provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training, supervision and staff meetings about what was expected of them.

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

- The provider sent us an organisation chart which showed the level of support provided by the team at head office. This included regulatory support, audit support and human resources support.
- There were comprehensive audits of all aspects of the service. When issues were identified they were addressed promptly with the registered manager.
- The provider's chief compliance officer told us by email, "This process within head office ensures that [registered manager] can concentrate on the direct care of the residents at No 68 and build a good relationship with the staff."
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.

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

characteristics

- Regular staff meetings took place. The registered manager told us that people using the service would sometimes attend part of these meetings.
- Staff said that meetings had continued throughout the pandemic, using an online video meeting platform. One staff member said, "If for whatever reason you can't attend, you get given the minutes and then [registered manager] sits and goes through the notes with you, so you're kept fully informed."
- Staff said they felt able to speak up at meetings and felt their contribution was taken seriously. One staff member said, "One person was having a drink supplement, but if they had it in the morning, they wouldn't want anything to eat at lunchtime. A member of staff suggested we change the time of the supplement to the afternoon to make sure the person still ate their food. This was agreed at the meeting and was really successful."

Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal responsibilities and were committed to learning and improving care for people living at the service. They told us, "I'm passionate about this place. I want the residents to have the best day possible, supported by the best staff. The care is outstanding here. Staff spend time, they make sure nails are clean, that shoes are polished. They sit with the clients and really talk to them."
- The service worked in partnership with people, relatives and health and social care professionals to provide good outcomes for people. Health professionals visited on the day of our inspection and were welcomed into the service. One visiting professional told us, "They really are doing a wonderful job here."