SCL Care Limited

Redbrick Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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:
Redbrick Court is a care home that provides personal care for older people, some of whom are living with dementia, and or physical or sensory disabilities. In addition, the home provides respite to people from hospital to aid their recovery. At the time of the inspection, 27 people lived at the service. The home provides a range of communal areas to include; cinema room, sensory room, library area and café.

People's experience of using this service:
People's medicines were not always stored safely. Staff had not recognised that some medicines were stored at incorrect temperatures which made them unsafe to use. Expired medicines had not all been returned to the pharmacy and there was insufficient room in the medicine trolleys for people's medicines to be organised and stored safely.

People and their relatives told us they felt happy and safe. People were satisfied there were enough staff to support them, although occupancy levels were low. Risks to people's safety and well-being were identified and managed. However, falls analysis needed to improve to further reduce risks. People had a clean and hygienic environment to live in.

People enjoyed the meals and had regular access to drinks. Risks related to nutrition and hydration were monitored to ensure people remained well. People had access to health care support and staff followed recommendations to support people's health needs. People's capacity was assessed and their consent was obtained before care and support was given. People were supported in the least restrictive way possible; the policies and systems in the service supported this practice. Facilities had been designed to consider people's specific needs.

People and their relatives described staff as kind and patient. We saw people being treated with respect. People's dignity and privacy was protected and they had support to maintain and develop their independence.

People's care was responsive to their needs and people said staff knew their preferences and routines. Care plans were regularly updated to provide guidance to staff on how to meet people's needs. Complaints were dealt with appropriately to include written outcomes to people. People were encouraged to participate in activities and utilise the facilities available such as the cinema room. The registered manager was looking how they could increase recreational visits outside of the home. Systems and training was in place to support people's end of life care.

The management team had increased and staff felt positive about the way the service was run. The registered manager divided her time between other locations owned by the provider. Staff felt they would benefit from full-time leadership. People and relatives said they were happy with the service. Their views were sought and acted on to improve the service provided. Quality assurance checks were in place, however

for some areas, these had not identified where improvements needed to be made.

Rating at last inspection:
Requires improvement (report published 26 March 2018.

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

Enforcement
No enforcement action was required.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received 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 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**

Redbrick Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:
The inspection team consisted of one inspector, one Expert by Experience, (ExE) and a Specialist Advisor, (SPA}. An ExE is a person who has personal experience of using or caring for someone who uses this type of service. Their area of expertise was dementia care. Our SPA was a pharmacist who reviewed medicines management.

Service and service type:
Redbrick Court is a care home. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service us run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with fifteen people and three relatives to ask about their experience of the care provided. We spoke with four care staff, two seniors, one domestic staff, the cook, and registered 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 four people's care records, six medicine records, two staff files, accidents, incidents and complaints records. We reviewed records relating to the management of the home including audits, staff and resident meetings, questionnaires menus and DoLs approvals. We also conducted a tour of the premises.

Requires Improvement

Is the service safe?

Our findings

At the last inspection January 2018, potential risks to people's health were not consistently monitored to reduce risks. There had been occasions where people had not been supported by enough staff to provide their care. These improvements have been made.

Some aspects of the service were not always safe

Using medicines safely
• Medicines were not always stored safely. For example, the fridge temperature records showed that the temperature was consistently below the lower limit threshold since 1st December 2018. Senior staff confirmed there had been some insulin stored in the fridge in December which would have been used. Senior staff had not acted on the low temperature readings. We discussed this with the registered manager who took immediate action to dispose of medicines stored in the fridge and request repeat supplies from the pharmacy. On day two of our inspection the registered manager confirmed the fridge was working but the temperature probe was faulty and a new one purchased. She also confirmed senior staff had not informed her of the temperature changes. She had provided the recommended ranges to them to avoid a similar incident.

• Expired items in the fridge and cabinet were not picked up on the monthly checks or returned to the pharmacy. This was addressed on-site but evidences stock control needs improvement.

• There was insufficient space in the medicines trolley to adequately separate medicines for different people. The registered manager told us they would purchase another trolley. Medicine handling, records and administration was good. Staff also had knowledge about the medicines they were handling.

Assessing risk, safety monitoring and management
● Risk assessments were in place which showed how risks should be managed. For example, if people were at increased risk of choking, developing pressure sores, or not eating and drinking. Whilst risks and causes of falling were identified, our analysis of these identified five people had fallen in the previous three months. These had occurred in communal areas but were described as unwitnessed. Therefore patterns and themes had not been fully captured. The registered manager told us they would improve their falls analysis to further reduce risks.

● Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe. One person said, "I am safe here; everyone treats me well". A relative told us, "Staff are very good I have no worries about safety or abuse".
• Staff understood the different types of abuse and were aware of how to escalate and report any concerns.
• The registered manager had notified appropriate agencies where harm or abuse was suspected. There were no current safeguarding concerns. The manager reviewed safeguarding outcomes for any lessons to be learned.

Staffing and recruitment
• People and their relatives said there were enough staff to meet their needs. One person told us, "You may wait a few minutes but they do come". A relative said, "There's always staff when I visit". Staff told us previous unreliable staff had left and staffing levels were maintained. Occupancy numbers were low and they felt there were enough staff. The registered manager told us staffing levels were reviewed when people's needs increased.
• Safe recruitment procedures were evident with evidence that pre-employment checks had been carried out. These including Disclosure and Barring Service (DBS) checks and references to ensure suitable people were employed.

Preventing and controlling infection
• People were happy with the standards of hygiene. One person said, "It is always clean and there are no horrible odours".
• There were dedicated domestic staff who we saw carried out cleaning schedules to maintain standards.
• We saw staff used protective equipment such as gloves and aprons which were changed between care tasks and handling food. Hand gel was freely available around the home to reduce the spread of infection.

Learning lessons when things go wrong
• There were clear procedures known to staff about communicating information about incidents and accidents on a daily basis. These were reviewed by the registered manager and provider to help reduce risks.

Good

Is the service effective?

Our findings

At the last inspection in January 2018, improvements were needed in relation to staff support, supervision and training. The principles of The Mental Capacity Act 2005 were not always followed and the monitoring of risks related to people's nutrition was not consistent. These improvements have been made.

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

Good: 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
•Assessments of people's needs were detailed and included the expected outcomes. For example, where people who had arrived from hospital they continued to receive the care they needed to aid their recovery.

Staff skills, knowledge and experience
• People were supported by staff who had received relevant training to meet their needs effectively. Staff felt supported and said practical training in moving and handling had improved their confidence. Competency checks were in place to ensure staff used their training to move people safely.
• People and their relatives said staff had the skills to meet their needs. One person said, "They move me safely using the turn-table and did it properly". A relative said, "They understand about dementia and diabetes and have supported us well". We saw staff used their knowledge of dementia effectively in how they approached and supported people who at times became agitated and confused. We saw a person was encouraged to help with general tasks as staff recognised that the person had previously been a carer and that it was important for them to be acknowledged in this role. Another person had been a magistrate and staff acknowledged and responded to their train of thought.
• Staff confirmed they had an induction to prepare for their role. We saw this was thorough and included shadowing experienced staff. A staff member said, "I was well instructed and felt supported and prepared for my role".
• A system was in place to monitor and plan staff training. Staff told us they had support and formal supervision had improved in frequency to enable them to reflect on their practice. All the staff felt communication was good; with regular staff meetings and daily handovers to keep them informed of changes and expected standards.

Supporting people to eat and drink enough to maintain a balanced diet
• People enjoyed the meals provided and confirmed they had a choice. We saw staff support people with their meals and drinks in an encouraging way. Drinks were offered frequently throughout the day, further enhanced using the cafeteria where visitors could access refreshments as well.
• Care plans provided information about how to support people's nutritional and fluid intake and how any related risks should be managed. For example, people who were at risk of losing weight or not drinking enough were monitored and referred to healthcare professionals for further support, such as nutritional supplements. The registered manager had improved the checks on monitoring records to ensure people

were reaching the required amounts.

Staff working with other agencies to provide consistent, effective, timely care
• People confirmed they had access to a range of healthcare professionals such as the GP, district nurse, dentist, chiropodists and opticians. We saw specialist advice was sought such as speech and language therapists and dieticians to support people's nutritional needs.
• Records showed that staff made referrals when people's needs changed; for example, to mental health services. People had been assessed by mental health services and we saw their recommendations to support people were known to staff and followed.
• The service liaised with the local hospital to ensure people admitted for short term care continued to receive the care they needed once they had moved into the home.

Adapting service, design, decoration to meet people's needs
• Facilities had been designed to consider people's specific needs. A choice of communal areas, a cinema room, library, hairdressing room and sensory room. A cafeteria enabled people to have a meeting place in which to meet family and friends and have access to refreshments. We saw a person enjoying the 'garden room'; decorated with wall paper of trees, furnished with a garden bench and a sensor which activated birds singing.
• Personalised signage on people's bedroom doors helped people orientate themselves. Corridors were named after local streets to assist people to find their way around. Facilities such as toilets and bathrooms were clearly identified with words and pictures. The facilities were spacious, well-lit and pleasantly decorated.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• People confirmed their consent was sought prior to staff assisting them and we saw this during our observations.
• Best interest meetings were recorded with a clear decision of the outcome so that only agreed decisions were taken on behalf of the person. This reflected staff worked within the principles of the MCA in the least restrictive way.
• Improvements had been made to ensure Mental Capacity Assessments were completed appropriately and DoLS applications only made where people's liberty needed to be restricted for their safety. For example, the use of covert medicines.
• Staff had received training in MCA and DoLs and were aware of restrictions in place and how to support people with these.

Good

Is the service caring?

Our findings

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

Good: 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 were treated with kindness and were positive about the staff's caring attitude. One person told us, "They do me a hot water bottle, I like that, it's very kind". Another person said, "They are always polite never shout or rude to me or anyone else from what I have seen". Relatives were equally as positive. One relative said, "Absolutely brilliant here; [Person's name], came in here on Saturday, from hospital. Has picked up tremendously and it's only been a few days". We observed staff were kind and friendly and respected people's diversity. For example, supporting a person who preferred to walk continuously by offering their meals and personal care at times that suited them.

● Staff consistently told us they enjoyed working in the home and we saw they were motivated to provide high quality care. One staff member told us, "It's a pleasure to come to work, it's a lovely home; I like that staff attitude is positive, people have choices and the manager puts people first".

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

● People and relatives told us they felt listened to and involved in how their care and support was provided. Care plans reflected involvement of people and their family in decisions about their care.

●We saw several occasions where people chatted with staff in the cafeteria; this provided an opportunity for people to share their views with staff. People told us they made their own decisions and staff sought their views about aspects of their care and their daily routines. One person told us, "They come and ask me what I want to eat, what I want to wear". A relative told us, "She has had chats with staff and other people living here which is nice to see, and she is asked".

● Regular meetings were planned in small groups to enable people to express their views.

● There was a large menu displaying choices of meals. Displays of activities for the day were also evident to support people with making choices.

● People had been supported by other specialists and had access to an advocate to support them to express their views.

Respecting and promoting people's privacy, dignity and independence

● People's independence was respected and promoted. Staff supported to people to do things for themselves. For example, a person told us, "I am very satisfied with the home. I help the staff with everything in the café". People were encouraged to make their own drinks and help with domestic tasks. People were encouraged to regain their mobility and self-help skills following a hospital stay.

● Staff protected people's dignity when providing personal care. Staff knew how to promote people's dignity where people were unable to do this independently. For example, where people refused support staff tried different approaches.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People had been involved in assessing their needs. One person told us, "I came from hospital and they asked all about what help I needed, it was very good".

● Care and support was provided in line with people's assessed needs. For example, staff were supporting a person in line with the mental health teams recommendations regarding their self-neglect and refusal of personal care. We saw staff used different approaches to gain the person's trust whilst enabling the person to retain control.

● Care plans included information about people's history, health, social needs and were person-centred. For example, people's daily routines and preferences were captured and met. A person told us, "Staff know what I like to do; my routines, I also have a little tipple a glass of Baileys and stay prefer to stay up late at night".

● Care plans included information about risks to people's welfare and how these should be managed, by for example specific equipment. We saw that staff were responsive to these, for example, using hoist and stand aids to support people's mobility, elevating a person's legs to improve their health condition and managing people's risks in relation to pressure relief. This ensured people's recovery was continued whilst in the home.

● Care plans were reviewed and amended when peoples' needs changed. For example, a person told us they had developed a medical condition and staff were supporting them with this.

●People's communication needs had been explored in line with the Accessible Information Standard (AIS). For example, a person had been provided with a notebook to look with prompts to remind them of their routines and events of the day. Information about the home and the provider's complaints procedures were available in other formats to support people's understanding of information.

● People had access to planned and spontaneous activities which were displayed to inform them. We saw people take part in arts and crafts, watching a film in the on-site cinema room, watching TV or reading. Later we saw people engaged in a quiz. A person told us they liked to sit in the sensory garden room. Staff told us they tried to support people to access the library upstairs and the garden. People and staff said they would like opportunities to go out more. The registered manager told us they were planning events. A person told us they enjoyed the regular religious services which took place. "I like to receive Communion, it makes me feel good".

Improving care quality in response to complaints or concerns

● People and relatives said they knew how to complain and felt confident to do so. The systems in place showed complaints were investigated and responded to. There were no current complaints. Complaints were used to improve the service, for example, improving staffing levels.

End of life care and support

● The provider had considered the needs of people who required end of life care. Although not providing this at the time, they had made links with their local hospice and attended additional training for staff in

providing this care. Staff were aware of the importance of key elements such as pain management, comfort and being aware of people's wishes.

Good

Is the service well-led?

Our findings

At the last inspection January 2018, we identified the service had experienced inconsistent management since they were registered in July 2017. At this inspection we found the required improvements had been made and a registered care manager was in place.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and understanding and acting on their duty of candour responsibility

- Staff described the registered manager as receptive, responsive organised and reliable. Staff felt the service was well-led and organised in a manner that helped them focus on people's care.
- The management team had increased since the last inspection with a registered manager and deputy manager in place. However, the registered manager also oversees two other locations. Staff felt they would benefit from having full-time leadership in place.
- Staff said regular meetings, support and opportunities to discuss the service provision had improved because of regular management.
- Staff felt improvements had been made to benefit people because of improved meetings. For example, increasing staffing levels, choices of a cooked tea and infection control standards.
- Staff were supported to understand their roles and responsibilities. For example, whistle blower procedures were reinforced through staff meetings. A staff member said, "We are encouraged to speak up when things were not right".
- Staff described an open culture in which they could approach the registered manager or provider who visited regularly.

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

- Audits were carried out to monitor the quality and safety of the service. We saw audits were effective in terms of monitoring risks such as pressure care, food and fluid intake. However, the audits did not identify the concerns we found such as the analysis of falls to identify themes or patterns where these were evident. The medicine audit did not identify the issues with medicine storage and maintaining fridge temperatures.
- Staff were aware of the systems to escalate incidents and accidents to management for daily review and action. The provider had ensured we were notified of events as required by the law.

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

- The provider and registered manager had consistently sought the views of people living in the home, relatives, staff and professionals to monitor the quality of care people received. Analysis of feedback was

displayed and seen to be positive. People expressed positive comments about their safety, how their dignity was protected, and staff attitude and kindness.

● Feedback was used to drive improvements, for example, practical training for staff in moving and handling had been provided. Plans to take people out more regularly were being discussed.

Continuous learning and improving care

● The registered manager had provided guidance to staff in relation to new legislation or good practice guidance to support their knowledge. For example, the General Data Protection Regulation (GDPR) had been discussed in staff meetings to ensure staff used and protected people's personal data appropriately.

Working in partnership with others

● Links with the local hospice were evident to support staff in providing end of life care.

● Links with the local hospital were evident to support people needing respite to recover from health conditions.

●The provider was working with local commissioners regarding care practices, records and staffing concerns. The provider reported progress in these areas was noted in a recent commissioner visit.