Shaftesbury Care GRP Limited

Redworth

Inspection report

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County Durham
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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

This inspection took place on 4 and 6 October 2017 and was unannounced. Redworth is a care home with nursing that is registered to provide care for up to 57 people. The home is located in Shildon, County Durham and is owned and run by Shaftesbury Care GRP Limited. At the time of our inspection 41 people were using the service.

At the last inspection on 26 August 2015 the service was rated Good but with a breach of regulation as it did not have a registered manager at that time. At this inspection we found the service remained Good.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us staff at the service kept them safe. Risks to people using the service were assessed, and the premises and equipment were regularly checked to ensure they were safe for people to use. Medicines were managed safely by staff who had been trained to do so. Policies and procedures were in place to safeguard people from abuse. Staffing levels were monitored to ensure enough staff were deployed to support people safely. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

Staff were supported to carry out their roles by regular training, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this. People were supported to maintain a healthy diet and to access healthcare professionals to monitor and promote their health.

People and their relatives praised staff at the service, describing them as kind and caring. People said staff treated them with respect and helped to maintain their dignity. People were encouraged to maintain their independence. Throughout the inspection we saw numerous examples of kind and caring support being given. Policies and procedures were in place to arrange advocacy support should this be needed.

People received the care and support they wanted. Care records were personalised to people's needs and wishes and were regularly reviewed to ensure they reflected people's current support needs and preferences. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints.

Staff spoke very positively about the registered manager and the culture and values of the service. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was regularly sought from people, relatives, external professionals and staff. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Redworth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 6 October 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of an adult social care inspector, a specialist advisor nurse 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.

We reviewed information we held about the service, 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.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Redworth.

During the inspection we spoke with nine people who used the service. We spoke with five relatives of people who used the service. We looked at five care plans, medicine administration records (MARs) and handover sheers. We spoke with 14 members of staff: the registered manager, the area manager, a nurse, a clinical lead, six care staff, two kitchen staff and two domestic staff. We looked at four staff files, which included recruitment records.

Good

Is the service safe?

Our findings

People told us staff at the service kept them safe. One person told us, "I feel so safe and protected." Another person said, "Always felt this way (safe) from day one. It's like coming home."

When people started using the service their support needs were assessed, including any risks they faced. Where a risk was identified plans were put in place to reduce the chances of it occurring. For example, one person at the service who was living with a dementia was identified as being at risk of trying to leave the service. As a result staff regularly assisted them to access the garden areas so they could enjoy outdoor spaces safely. Recognised risk assessment tools were used to help keep people safe, and regular observations were recorded of people identified as being at high risk. Risk assessments were regularly reviewed to ensure they reflected people's current level of risk.

The premises and equipment were regularly checked to ensure they were safe for people to use. Required test and maintenance certificates were in place. Bathrooms and toilets had non-slip flooring, and specialist chairs, mattress and hoists were used throughout the service to support people safely. Accidents and incidents were monitored, and the service had regular health and safety and falls meetings to see if improvements could be made to keep people safe. For example, after one person had several falls protective equipment such as falls mats were installed in their room. Regular fire drills were carried out, and fire safety equipment and procedures were monitored. Plans were in place to support people in emergency situations and to provide a continuity of care should the service be disrupted.

Medicines were managed safely by staff who had been trained to do so. People's medicines were safely and securely stored, and regular stock checks undertaken to ensure they had access to their medicines when needed. We did see that some people's medicines did not have opening dates recorded. We spoke with the deputy manager about this, who said it would be dealt with immediately. Protocols were in place for managing people's 'as and when required' (PRN) medicines. Prescribed controlled drugs were appropriately stored and monitored. Controlled drugs are medicines that are liable to misuse. Medicine administration records (MARs) had been completed without gaps or errors.

Policies and procedures were in place to safeguard people from abuse. Staff had access to a safeguarding policy that provided guidance on the types of abuse that can occur in care settings and how this should be reported. All staff we spoke with said they would not hesitate to report any concerns they had. One member of staff said, "If I saw something wrong I'd report it to either a senior carer or the manager. If it involved the manager I'd go higher." Records confirmed that when issues had been raised they had been appropriately investigated. Staff also told us they knew how to whistleblow. Whistle blowing is when a member of staff tells someone they have concerns about the service they work for.

Staffing levels were monitored to ensure enough staff were deployed to support people safely. People told us there were enough staff. One person said, "I have no more worries about anything really. Tablets and food are on time and plenty of cups of tea." Another person said, "The staff are always on the go but never too busy to help us or care for us." Staffing levels were based the level of support people needed, and were

regularly reviewed. Staff told us there were enough staff and that sickness and holidays were covered. Rotas we looked at confirmed this.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Employment histories and written references were sought and Disclosure and Barring Service (DBS) checks carried out. A DBS check allows employers to check whether the applicant has any past convictions that may indicate they present a risk to people who may be vulnerable.

Good

Is the service effective?

Our findings

Staff were supported to carry out their roles by completing regular mandatory training. Mandatory training is the training and updates the provider deemed necessary to support people safely. Mandatory training was provided in areas including equality and diversity, fire awareness, food hygiene, health and safety, infection control, manual handling and medication awareness. Training was carried out by a combination of computer e-learning and practical, classroom-based sessions. A chart was used to monitor and plan training. This showed that training was either up-to-date or planned.

Newly recruited staff completed induction training. This consisted of learning about the provider's policies and procedures, meeting people using the service and following more experienced members of staff on shift. We spoke with one member of staff about the induction process, who said it was useful and helped them to "settle in much more quickly."

All staff we spoke with were positive about training and learning opportunities at the service. One member of staff told us, "There has been a lot of training. I've just done nutrition for people living with a dementia. We're always learning new things." Staff said they were confident they would receive any additional training they requested.

Staff received regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found these meetings supportive and felt confident to raise any support needs they had. Records of such meetings confirmed this was the case. One member of staff said, "Supervisions and appraisals are useful as it gives us a time to express what we're feeling."

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection 15 people were subject to DoLS authorisations. People's rights under the MCA and DoLS were protected and staff had a good working knowledge of their principles. Throughout the inspection we saw that people were supported to make choices, or that choices were made in their best interests by staff who knew their needs and preferences well.

People were supported to maintain a healthy diet. People's nutritional needs and preferences were recorded in their care records, including details of any specialist support needs such as Percutaneous Endoscopic Gastrostomy tubes (PEG). PEG is a system used where people having difficulty swallowing foods and fluids. Where appropriate, people's diet and weight was monitored to ensure they were receiving the nutritional support they needed. People and their relatives spoke positively about food at the service. One person said, "The food here is always good and I am putting on weight, which is a good thing." A relative told us, "[Named person] certainly enjoys the food here."

People were supported to access healthcare professionals to monitor and promote their health. Care records contained evidence of the service working with community practice nurses, district nurses, speech and language therapists and tissue viability nurses. This meant people were able to access appropriate support when needed.

The premises had been adapted to make them safe and comfortable for people to use. Communal areas were clean and tidy, with adaptations such as hand rails and dementia friendly signage. The service had a large garden area that had been adapted with features such as mock buildings and with furniture to make it dementia friendly. This included a railway station and waiting room complete with suitcases and umbrellas.

Good

Is the service caring?

Our findings

People and their relatives praised staff at the service, describing them as kind and caring. One person told us, "What lovely staff we have. They will always stop what they are doing and sit and chat if I need a cuddle or a hug. I haven't had those for ages." Another person said, "My care is not just good, it is brilliant. I feel so lucky and my family can breathe a sigh of relief." A third person told us, "I know someone is looking after me and this is a nice feeling. My family know I am happy." A fourth person we spoke with said, "I was wondering how I could be so lucky to find such a lovely homely place." A fifth person told us, "The staff here are always busy but never too busy to sit and chat."

People said staff treated them with respect and helped to maintain their dignity. One person told us, "It is not easy to feel good about yourself when someone is helping you in the bathroom, but they are so considerate and kind it makes it as good as it gets." A relative told us, "[Named person] is quite difficult sometimes but the staff care for him so well and they are always so calm and patient." We saw that staff addressed people by their preferred names, knocked on doors and waited for permission before entering. Staff had close but professional relationships with people who used the service.

People were encouraged to maintain their independence and do as much for themselves as they could, but staff were always on hand to ensure they were safe. One person we spoke with said, "We can make our own cups of tea and we always wash up afterwards just like being at home." Another person told us, "I always try and do things myself but I like to know I can call for help if needed." We saw staff using communication cards with one person who had difficulty with verbal communication. By using the cards the person was able to answer staff questions and make more decisions, which helped them to maintain their dignity and independence.

The registered manager told us that everyone living at the home had a similar ethnic background and religious beliefs. People who practised a religion were supported by staff to do so. Staff completed equality and diversity training to help them ensure people received support that maximised their individuality.

Throughout the inspection we saw numerous examples of kind and caring support being given. For example, we saw one person accidentally drop some litter. This led to a member of staff joking, "I've got your number!" which caused the person to laugh and pretend they had been caught out. Whenever staff passed the rooms of people who were cared for in bed they made a point of saying hello to people. We saw staff completing paperwork in communal areas so they could chat with people as they did so, while always making sure confidential records were protected. There was lots of laughter from communal lounges and people's rooms as people, their relatives and staff chatted. One person told us, "They (staff) always take their time with personal care and make sure I have everything I need and that I am comfortable'."

At the time of our inspection nobody at the service was using an advocate, but policies and procedures were in place to arrange this should they be needed. Advocates help to ensure that people's views and preferences are heard.

Good

Is the service responsive?

Our findings

People received the care and support they wanted. They told us they could be involved in care planning if they wanted to but usually preferred to leave this to relatives. One person we spoke with said, "Care plans are of no interest to me. I leave that to my family." Care records we looked confirmed that people and their relatives were involved in planning and reviewing care. This helped ensure people received personalised support.

Before people started using the service they were visited by staff and a pre-admission assessment was completed to ensure the home was able to meet the person's needs. We saw these were detailed and provided the necessary information to provide immediate care for the person whilst individual, detailed care plans were produced. Care plans were in place covering areas such as communication, eating and drinking, personal hygiene, mobilising, sleeping and mental health.

Records we looked at were personalised to people's needs and wishes. Some were very detailed, and from this detail it was clear a lot of time had been spent talking with people and their relatives to help plan personalised care. For example, one person had a care plan detailing how they liked to smoke. Staff had spoken with the person about the risks associated with this and also with other professionals involved in the person's care. This information was used to develop a care plan on how the person could be supported to do what they wanted.

Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences. Daily handover meetings took place whenever staff came onto shift so they had the latest information about people. It was clear from our observations that staff were very familiar with people's support needs.

People were supported to access activities they enjoyed. The provider employed two activity co-ordinators, who arranged a wide variety of group and individual activities. These were advertised in communal areas of the building, and during the inspection we saw staff discussing upcoming activities with people. These included visiting entertainers, pet therapy and a party. Staff arranged trips to amenities and attractions in the local area. The service had links with local schools, pupils from which visited to sing and spend time in reminiscence sessions with people.

People spoke positively about activities on offer. One person told us, "When the school children come in and sing it is so magical." Another person said, "The activities are mixed and they have some good things lined up for later in the year." A third person told us, "I have friends here and we can sit and talk or watch TV. It is really nice to have company."

Policies and procedures were in place to investigate and respond to complaints. People and their relatives told us they knew how to raise complaints but no-one we spoke with said they had anything to complaint about. A relative told us, "As a visitor it is easy for me to complain if needed but as a resident it could be hard, but the manager and staff are so approachable there would not be a problem." Records confirmed that where issues had been raised they had been investigated and responded to following the provider's

complaints policy.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff spoke very positively about the registered manager and the support she provided. One member of staff said, "[Registered manager] is an excellent manager. She tells you what she needs to tell you but is always very approachable. A strong manager." Another member of staff said, "[Registered manager] is approachable. I like her. I'd be alright to go to her with anything. She always tells us, 'You know where I am if you need me'." A third member of staff said, "The manager is one of the best. She is always there for us and this is for everyone, staff and residents." The registered manager's office was next to the main entrance of the service, and throughout the inspection we saw she was often the first person to greet relatives and visitors. The registered manager was a visible presence throughout the service and clearly knew people and their relatives very well.

Staff were proud to work at Redworth and spoke positively about its culture and values. One member of staff told us, "It's welcoming. We're all friendly. It's a nice place to work." Another member of staff said, "It's lovely here. Very friendly and welcoming." A third member of staff said, "The registered manager said this is their home and we must treat it as such. Everyone here is someone's relative and I want them to know we will look after them as though they were our relatives." Regular staff meetings took place, and staff said these were useful to aid communication and share any issues they had.

The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. These included audits of care plans, medicines, health and safety, catering, infection control and 'weekly walk arounds'. Where issues were identified action plans were drawn up and monitored by the registered manager until they were resolved. For example, a catering audit identified that crockery supplies were starting to run low so new crockery was purchased. A medicines audit identified that one person's breathing care plan needed updating and set a deadline for doing so. This action was completed within the deadline.

Feedback was regularly sought from people, relatives, external professionals and staff. An annual feedback survey was carried out. We looked at the results from the latest surveys and saw they contained positive feedback. For example, all 26 people who responded said they would recommend the service to others. An external professional used the survey to leave positive feedback, commenting, 'Lovely feel when entering the home, manager very welcoming, friendly atmosphere.'

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.