Care Quality Commission

Crocus Care Limited

The Red House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection visit took place on 26 November 2014 and was unannounced.

The Red House is a care home which provides accommodation and personal care to a maximum of 28 people. There were 22 people using the service at the time of our inspection. People's healthcare needs are met through the local community services, such as the district nurses and GPs.

At the last inspection on 15 November 2013, we asked the provider to take action to make improvements for safeguarding people. This action had been completed by January 2014 when we did a desktop review of the improvements.

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

Summary of findings

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of Health and Social Care Act and associated Regulations about how the service is run.

Staff were unsure what deprivation of liberty meant although we saw no evidence that people's liberties were deprived or restricted and people's independence was promoted. Where people's families were consulted on their behalf regarding decisions about their care and welfare, people's capacity to make those decisions themselves had not always been assessed or maximised. This meant the service was not routinely working to the values which underpin the legal requirements of the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty safeguards (DoLS).

People were supported by staff that were skilled, trained and supported in their role. Staff knew people well. There had been occasions when staff numbers were lower than planned for, but staff were being recruited and staffing arrangements were under regular review. The recruitment arrangements protected people from staff who might not be suitable to work at The Red House.

People were treated as individuals, with respect and kindness. People led busy and fulfilled lives and were supported to follow interests outside of the home. People received a nutritious diet which they enjoyed and where there were changes in people's health advice was sought promptly. Staff understood people's vulnerability and how to protect them from abuse, harm and injury.

The registered manager set the standards staff were expected to meet. She was available to hear the views of people and their families and support staff. Any issues or complaints were investigated and led to improvement.

The standard of service provided was based on people's views, close monitoring of people's health and needs and audits. Changes were made which improved people's lives where this was possible.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff did not have an understanding of deprivation of liberty or their responsibilities under the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

People were protected from abuse, discrimination and their legal rights were upheld by staff who understood their responsibilities.

Sufficient staff were available to ensure people were cared for in a safe way because staffing shortfalls were being met through a recruitment programme and regular staff covering shifts.

There were robust recruitment arrangements in place so staff recruited were suitable to care for vulnerable people.

Medicines were managed effectively so as to promote people's health.

Good

Is the service effective?
Some aspects of this service were not effective. Staff did not have an understanding of deprivation of liberty or their responsibilities under the Mental Capacity Act 2005. However, they had a good understanding of consent and supporting independence. At the time of our inspection no one was subject to the Deprivation of Liberty Safeguards.

People received effective care and support which promoted their health and well-being.

People received an adequate and nutritious diet which took into account their specific health needs and preferences.

Requires Improvement

Is the service caring?
The service was caring.

People who used the service were supported by staff who had built caring relationships with them. People were treated with respect and their dignity was promoted.

All care delivered was based on personalised care planning. People, or their representatives, were involved in decisions about their care. Their care needs were fully understood and taken into account.

End of life care was delivered based on best practice and a strong desire to care for the person and their family.

Good

Is the service responsive?
The service was responsive to each person's individual needs at all times.

People's needs were assessed and care plans were produced identifying how to support people with their care needs. These plans were tailored to the individual and reviewed as people's needs changed.

Good

Summary of findings

The service had developed a programme of varied activities ensuring people led fulfilling lives within the limitations of their health.	
Is the service well-led? The service was well led by the registered manager who was available to listen to the views of people using the service and to support the staff team. The service was monitored through audits of the service, the handling of complaints and issues raised and the staff support and supervision arrangements. The service was supported by a representative of the provider organisation who did regular monitoring visits.	Good

The Red House

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 checked 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.

The inspection visit took place on 26 November 2014. The visit was unannounced. The inspection team consisted of one inspector.

Before the inspection, 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. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with eight of the 22 people who used the service and three people's families to obtain their views about the service provided in the home. We interviewed seven staff and the registered manager. We looked at records which related to four people's individual care planning. We looked at medicine records, the recruitment files for two staff and policies which related to the running of the home such as servicing records and quality monitoring audits.

Following the inspection visit we asked a district nurse their opinion of the care provided.

Good

Is the service safe?

Our findings

People told us they felt safe at The Red House one saying, "Yes I do feel safe here."

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training and records confirmed this.

The registered manager demonstrated a clear understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. The safeguarding policy set out types of abuse, how to recognise abuse and the steps which should be followed to safeguard vulnerable adults, such as working in partnership with the local authority. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed. There were also posters which provided information about the process of alerting concerns to the local authority safeguarding team.

Risks to individual people were identified and the necessary risk assessment reviews and actions to reduce risk were carried out to keep people safe. For example, one person was vulnerable to falling from their bed and so a low bed had been provided. Another person had a pressure mat which alerted staff if they left their room without the assistance they needed to prevent them falling. Records showed this had reduced that risk.

Three people who used the service and two of the family we spoke with said they were worried about the number of staff available to meet people's needs. For example, they said sometimes a person could not have a bath when they preferred and others occasionally had to stay in bed longer than they might choose. The September 2014 resident and staff meeting records showed that staffing had been raised as an issue. Staff told us of some staffing shortfalls which had recently occurred when a staff member called in sick with no notice. The registered manager said agency staff were used where necessary and regular staff would also cover staffing shortfalls. Staff emphasised that safety was not compromised. Our visit found that people's needs were being met by sufficient numbers of skilled and experienced staff on that day.

The normal staffing arrangements for the home were said to be the registered manager, a senior care worker and three care workers for the morning shift. However, one of the care workers had to do the home's laundry and wash up in the kitchen and so their duties were housekeeping and not directly care related. In the afternoon there was the registered manager, a senior care worker and two care workers. In addition there was a chef for 10 hours a day, cleaning and activity staff. The registered manager said, "Staffing numbers and shift times are continually reviewed. These are tweeked as deemed appropriate." The September 2014 staff meeting records confirmed this was the case; shift times had been discussed taking into account the changing needs of people using the service.

There were robust recruitment and selection processes in place. Recruitment files of recently recruited staff included completed application forms and interview records. In addition, pre-employment checks were completed, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people using the service. A recently recruited staff member confirmed they had not been allowed to work with people until their recruitment checks were completed.

People's medicines were managed so they received them safely. These were supplied, where appropriate, in blister packs so that staff could administer people's medicines in a safe way. Records were kept of medicines requested, delivered and returned to the pharmacy so medicine use could be monitored.

Medicines were stored securely and in an orderly way to reduce the possibility of mistakes. There were medicines known as controlled drugs which require specialist storage and record keeping arrangements and those arrangements were in place.

Medicines were administered in a safe way. The medicines records were appropriately signed by staff when

Good

Is the service safe?

administering a person's medicines. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example, where there was a variable dose this was clearly recorded so it was clear how much medicine had been taken. Staff confirmed that staff who administered medicines received training and the registered manager said care workers did not administer medicines until they had demonstrated they could do this safely.

Requires Improvement

Is the service effective?

Our findings

Staff demonstrated an understanding of how to promote people's independence and ensure people were offered choice of the day to day care they provided. However, they were less confident in their knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, they were unable to explain what depriving somebody of their liberty meant. Staff had, however, received training in MCA and DoLS.

The MCA provides the legal framework to ensure people's rights are upheld if they lack capacity to make certain decisions. Care records showed where family were regularly consulted about a person's care. However there was no evidence that an assessment had been undertaken of the person's capacity to make those decisions. Those people had conditions where their capacity might be affected but staff had not demonstrated those people could not make individual and time related decisions themselves. They did not demonstrate use of the five statutory principles – the values that underpin the legal requirements in the MCA.

When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. There were no records of capacity assessments or confirming decisions had been made in people's best interest. However, one person's family told us, "We talk (with the staff about the person's care) every time we go in." An example related to staff arranging a GP visit and informing the family when this took place. Another person's family confirmed they knew about the use of a pressure mat to monitor their relative in case they should fall. They said they were happy for this to be in place and confirmed they were happy with the person's care plan. However, there was no evidence the person themselves had been consulted about the use of the pressure mat.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made no applications to deprive people of their liberty. The registered manager was unaware of a Supreme Court judgement on 19 March 2014 which had widened and clarified the definition of deprivation of liberty. No person was being deprived of their liberty at the time of our inspection.

People using the service and their families spoke positively about the care provided. People told us "(My parent) feels very well cared for", "They cope brilliantly with mum's aggression", "It's marvellous" and "I get good attention." However, one felt that, due to the turnover of staff, there were occasions when some staff were less knowledgeable and experienced in providing care.

People's specific health needs were understood and met by senior care workers and regular staff. For example, recognising when expert advice would be of benefit, such as liaising with a nurse specialist in Parkinson's disease. A district nurse told us, "The care is very good. I have no concerns." A person's family told us how their family member's weight and general health had improved since they lived at the home. People's weight, and other checks, were routine to identify concerns which might require expert advice. Records showed how GP, district nurse, community psychiatric nurse, speech and language therapy and chiropody expertise was sought to promote people's health.

Staff received regular training. This included fire safety, infection control, moving people safely, first aid, health and safety and 'food' (pertaining to a safe diet) . Staff had received training about conditions that affected people using the service, such as dementia and Parkinson's disease. The registered and deputy managers had completed a six month, accredited course in end of life care. Staff told us they were encouraged to complete qualifications in care and improve their skills and knowledge.

Staff said they received a formal supervision of their work and support if they had any queries. A recently recruited staff member confirmed they received an induction, were able to shadow experienced care workers and they felt able to ask if they were unsure about anything.

People were mostly positive about the food at the home. Their comments ranged from "The food's alright" to "The food is excellent". Food was home baked using fresh vegetables by cooks who were available 10 hours each day. The chef told us, "They tell us what they like". People chose their main mean from a menu, the choice the day of our

Requires Improvement

Is the service effective?

visit being braised beef or lasagne. On the list with people's choices we saw "to be arranged" for one person. The chef said this person preferred to decide on the day what they wanted for lunch and this is provided adding, "I can get anything needed."

Specialist diets were catered for. The chef said the dietary needs of people with dementia had been a part of their dementia training. He said he was due to receive training about food allergies the day following our visit. He described one specialist diet currently at the home to reduce any risk of the person choking. The person's family confirmed that specialist speech and language advice had been sought by the home and their advice was being followed.

People's dietary needs were fully considered at The Red House. For example, with hot drinks in the morning biscuits and fresh fruit were served, there was a varied menu and wine was available if requested.

Good

Is the service caring?

Our findings

People and their families described the staff as caring and said they felt well cared for. Their comments included, “Staff are kind and respectful”, “(The person) gets total, gentle care in a comfortable environment” and “We do have a joke”.

People received individual care according to their level of need, choice and independence and they were consulted about the support they wanted. For example, one person’s care plan described them as being able to shower independently. Another care plan described the person as managing their own medicines.

People were supported with kindness and patience, for example, when assisting people to move. Staff were chatty, gave people the information they needed and checked whether the activity they were involved in was what they wanted. One person thought they had mislaid a walking stick and the staff member promptly found it for them. We were with one person when the registered manager arrived and the person greeted them with a large smile and a squeeze of hand.

The registered manager said there was an ethos of dignity and respect and this was what we observed. However, one person said staff sometimes entered their room before they had been invited in. We found we could not hear the person calling for us to enter their room and so this might have been a reason why.

Staff were able to describe people’s needs and preferences well. However, there was little evidence in the care records of people’s personal histories, which meant that depth of information was not always available to inform staff understanding. The registered manager confirmed that information was not in the detail they would want, saying that a newly appointed activities worker would include the collecting of this information as part of their new role.

The Red House provided end of life care with GP and district nurse support. A picture board had been made showing one person’s life prior to their recent death. This was for people to remember the person during their wake, which was to be held at the home. The registered manager told us, “We take end of life care very seriously.” The registered and deputy managers had completed the “St Luke’s (hospice) Six Steps Programme” in end of life care. We saw records which confirmed discussions with people about their wishes for end of life care and that, where people had made decisions, such as resuscitation or not, these were on file for staff reference.

Good

Is the service responsive?

Our findings

People's care files were presented in a format where information was easy to find and staff confirmed they used the care plans for information. The care plans described in depth how the person's needs were to be met, taking into account their individuality and how any condition they had affected them. For example, for one person who was living with dementia their plan said, "Please do not overload me with information" because this had been identified as causing them anxiety. Another care plan said, "I shower independently" and the registered manager confirmed this was the case. Care plans were regularly reviewed and updated.

There was a broad programme of activities on offer for people at The Red House. This included, in December, a body shop party, a 'knit and natter', snowflake biscuit and ginger bread decorating, word/board games, a sing-along and a 'horn of plenty' afternoon tea. People had trips outside of the home, such as visits to a local garden centre and Memory Café. For the Christmas season, outings included lunch at a restaurant in Dartmoor National Park.

We saw people reading newspapers, watching television, listening to music and chatting together. One person, who due to sensory difficulties which affected their communication with other people, was at risk of isolation. They told us, "I do not feel isolated. I feel very contented and have no complaints." They told us how much the house cat gave them pleasure and, on cue, the house cat arrived and jumped on to their lap.

People and their families agreed they had no complaints other than their concern about staffing numbers. There were differing opinions as to whether they felt comfortable in making a complaint. One person's family said "I do not feel confident taking concerns to the registered manager" because they did not believe their opinion was understood. Another person's family said "(The registered manager) is very approachable." The registered manager told us they did a daily "walk around" so people had the opportunity to voice any issues. People using the service knew the registered manager well.

A complaints policy was included with a welcome letter when people were admitted to the home. There had been three formal complaints about the service during 2014. Records showed that each complaint was investigated and followed through to conclusion, keeping the complainant informed about what was happening and of the outcome. Complaints were used as a way to look at improvements in the service. For example, one person's daily routine had been adapted following a complaint and, following another complaint there was a change in a staff member's role at the home.

People had the opportunity to voice their views about the service. There had been recent quality monitoring surveys. We saw one which rated the home as excellent. People's requests were responded to, such as signage on toilet and bathroom doors. There were regular residents' meetings, the previous two being in July and September 2014. Issues raised were staffing shortfalls; the registered manager had apologised about the shortfalls and explained what was being done. People had said they appreciated the staff's hard work to cover the shifts. Activities were discussed, including cake decorating and this was now part of the activities programme. People had asked for a bell to be made available in the dining room. There was now a bell available. This demonstrated that people's views were listened to and changes made where this was possible.

Good

Is the service well-led?

Our findings

The Red House is one of two care homes in the provider organisation. There was a strong culture of providing a homely and efficient service which put the person using the service at its centre.

The registered manager said a member of the provider organisation led meetings every couple of months when managers met to discuss best practice and provide support. There were monthly monitoring visits undertaken by the provider representative where the way forward for the home was reviewed both in terms of people using the service and the environment.

The registered manager had systems in place to ensure the expected standard of service was provided. These included spot checks, staff meetings, residents' meetings, questionnaires and the complaints procedure. Staff supervision was organised according to need so that staff needing more support received it. Issues of practice were raised during staff meetings so staff understood where improvement should be made. Examples included the laundry, personal protective clothing for staff, water jugs and restocking equipment. Systems, such as medicine management, first aid boxes and staff training needs received regular audit. Staff said, "(The registered manager) is always there to help" and "Our views are listened to and acted upon." They said they could raise any issues.

There was a programme of planned improvements which included roof maintenance. Working practices included promoting the role of senior care staff to include more involvement in the care planning process and medicine management. The senior care worker on duty told us they had been apprenticed to the home and had worked their way up, taking qualifications in care, to the position of senior care worker. We found they were knowledgeable about the CQC inspection process, well informed about people's needs and how to provide care and were supervising the care workers on their shift. This showed there was a professional approach to how the service to people was organised.

There were systems to ensure robust records and data management. The registered and deputy managers oversaw record and data systems. Plans for the service included senior care workers taking on some of this role. Records were kept securely but accessible to people with a right to see them. They were detailed, demonstrated that good practice guidelines had been taken into account and information was presented so that it was easy to find.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** **Consent to care and treatment** **There were not suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to their care in that the values which underpin the legal requirements of the Mental Capacity Act 2005 were not being followed.**