

Red House Welfare And Housing Society

The Red House Welfare & Housing Society

Inspection report

Meadow Lane
Sudbury
Suffolk
CO10 2TD

Tel: 01787372948

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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

The Red House Welfare & Housing Society provides accommodation and personal care for up to 34 older people, some living with dementia.

There were 26 people living in the service when we inspected on 20 June 2016. This was an unannounced inspection.

There was a registered manager in post, who was also a provider. 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.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service and people were safe. Staff were trained and supported to meet the needs of the people who used the service.

The service was up to date with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner. People and/or their representatives were involved in making decisions about their care and support.

People were provided with personalised care and support which was planned to meet their individual needs. People were provided with the opportunity to participate in activities which interested them. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

There was an open and empowering culture in the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good ●

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their individual needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the service was continually improving. This helped to ensure that people received good quality care.

The Red House Welfare & Housing Society

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 20 June 2016, was unannounced and undertaken by one inspector.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 12 people who used the service, five relatives/visitors and one visiting social care professional. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care. We spoke with the registered manager and six members of staff, including care, administration, activities and catering staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us that they were safe living in the service. One person said, "I feel very safe here, that is everything." Another person commented how the location of the service made them feel safe, "No one knows we are here." One person's relative told us that they felt that their relative was safe and protected from harm living in the service. We saw staff ensuring people's safety. For example, when mobilising around the service.

Staff had received training in safeguarding adults from abuse. Staff understood their roles and responsibilities regarding safeguarding and how they could raise safeguarding concerns to the local authority, who are responsible for investigating concerns of abuse. The registered manager told us that they called the local authority safeguarding team for guidance when they needed to. This meant that there were systems in place to protect people from abuse. The registered manager told us about examples of actions taken when there had been previous concerns, which included disciplinary action to reduce the risks of similar issues happening.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, falls and pressure ulcers. The risk assessments were regularly reviewed and updated and when people's needs had changed, the assessments were updated to ensure they provided the correct information. Where people were at risk of developing pressure ulcers, records showed that there were systems in place to reduce these risks. This included the use of pressure relieving equipment, repositioning and the administration of prescribed barrier creams.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists, call bells and the fire systems had been serviced and regularly checked so they were fit for purpose and safe to use. The water system was regularly checked to reduce the risks of legionella bacteria. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People told us that there was enough staff available to meet their needs. One person said, "They quickly come when I need help." Staff told us that they felt that there were enough staff to meet people's needs and we saw that staff were attentive and requests for assistance were responded to promptly.

The registered manager told us that the service was fully staffed, however, they were recruiting for bank staff to provide cover for unplanned leave and holidays. They said that there were times when they had used agency staff, but before this was considered existing staff and the management team were asked to cover where needed to ensure people were supported by staff who were known to them and to keep the use of agency staff to a minimum. The registered manager told us that if people's needs increased or they had identified the need for increased staffing numbers, this was provided.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people

who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "I have them (medicines) morning and night, never a problem."

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. Where people took medicines when required for pain relief, the staff member administering the medicines asked the person if they needed them, reminded them what they were for and respected their wishes of if they wanted to take the medicines or not. Medicines administration records were appropriately completed and identified where staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed.

The registered manager told us that they were changing their medicines provider which would introduce a new system of storing and recording medicines. Before this was due to be rolled out, training in the new system had been arranged for the staff who were responsible for managing and administering medicines. The change was being made due to issues identified in the current system. This showed that the service responded to ensure that medicines were managed safely.

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "They all know what they are doing."

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records identified the training that staff had completed and when they were due to attend updated training and we saw that training that required updating had been planned. Plans were in place to ensure new staff were provided with the opportunity to complete the care certificate during their induction. This is a set of assessed standards that the staff member needed to be aware of and competent in when they started working in care. This showed that the service had kept updated with changes in the requirements of staff development to provide a good quality service to people. One staff member told us that the provision of training was good in the service and how they were being supported to achieve a qualification which was relevant to their role.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and staff meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful. Staff were provided with training in MCA and DoLS, and there was updated training in these areas booked for staff to attend in July 2016. A staff member told us that this would refresh their understanding.

People told us that the staff asked for their consent before providing any care. One person said, "I don't do anything I don't want to, I choose when I go to bed and get up." We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, if they needed assistance with their meals and where they wanted to spend their time in the service.

Care plans identified people's capacity to make decisions. Records included information which showed that people and/or their representatives, where appropriate, had consented to the care set out in their care plans. Where people lacked the capacity to make their own decisions, this was identified in their records.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person said, "The food here is very good." Another person said, "There is always a choice, if you want something different or some more, you just have to ask." One person's visitor told us that the person's dietary choices and requirements were met. We saw a folder which held comments made by people about the service provided in the form of testimonials, letters and cards. One stated, "A new menu is available each day, fresh produce, imaginative, varied, beautifully cooked and presented." There were choices of meals for the day on a large chalk board in the dining room.

People were encouraged to eat independently and staff promoted independence where possible. Where staff identified that people may need assistance this was offered in a caring manner, for example, by cutting up their meal. People ate at their own pace and were not rushed by staff. One staff member sat with a person and encouraged them to eat. When the person struggled, staff offered assistance, whilst respecting their independence. They assisted the person to put the food of their choice on their fork and said, "There you go, you take the fork." They also offered the person a spoon to eat their meal and asked which one they preferred to use, "Is it better for you with a spoon? ...You are doing really well."

People were provided with choices of hot drinks throughout the day. There were also cold drinks available for people in the communal areas and in their bedrooms, for people who chose to spend their time there. This meant that there were drinks available for people to reduce the risks of dehydration.

Staff had a good understanding of people's dietary needs and abilities. Members of the catering staff were knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. The registered manager told us how people living with diabetes were supported and advised about foods that may not be healthy for them, whilst recognising their choices when they had capacity to make their own decisions

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person said that they had seen a doctor about pain that they were having. This person's visitor told us that the service took action when there were concerns with the person's health, such as calling in health professionals and that the person's next of kin was always informed if there had been any changes in the person's health. We saw the person's visitor speaking with staff later in the day about the person's wellbeing and we saw that staff offered advice and support. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person told us how the staff had been caring and compassionate following a bereavement. They explained about the actions of one staff member, "[Staff member] knew it was important to me, a personal touch." This person's visitor added that the staff had managed this, "Very well." Another person said that the staff were, "All very kind and caring."

We saw a folder which held comments made by people about the service provided in the form of testimonials, letters and cards. One stated, "What a lovely and happy team, always smiling and very professional so making Red House a first class home." Other comments included, "Thank you all so much for all your dedicated work and caring, a real credit to Sudbury," and, "[Person] certainly grew to know and feel at home with many of you."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said.

Staff respected people's privacy by knocking on bedroom doors before entering. People's privacy was further respected by staff who communicated with people discreetly, for example when they had asked for assistance to use the toilet.

Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs and how they were met. One staff member said that the people using the service were, "Like extended family. They are a good bunch. I go home feeling I have made a difference."

People spoken with said that the staff listened and acted on what they said. One person told us how they had told the staff who was responsible for maintaining the garden about a particular flower that they liked and that this staff member had obtained the plant and put it in the grounds where the person could see it.

People's views were listened to and their views were taken into account when their care was planned and reviewed. One person, their relative and a social care professional told us that they had been consulted about the person's care plan and the support they required and that the care plan reflected what they had said. Records showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes and their preferences about how they wanted to be supported and cared for. One staff member told us about the support they had provided to people and discussions they had had regarding an upcoming referendum. This showed that people's rights to vote were promoted and respected.

There was a dignity tree in the lounge and the registered manager told us that people had discussed what dignity meant to them. One person had suggested that this be changed to a love tree, which was done. People had written on leaves stating what dignity and love meant to them. This had led to discussions about

what was important to people and how these could be respected.

People's records included their decisions about their end of life care. The registered manager told us about how they asked for people's views about their appearance at the end of life and they provided this, as much as possible. This showed that the registered manager had a caring approach and respected people's end of life wishes.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. One person said, "Staff look after us well... The Red House is exceptional." Another person commented, "They could not take better care of you, absolutely top marks." One person's relative told us how the staff were knowledgeable about the person's specific condition and they explained how this affected their daily life. We checked their care plan and found that this information was present.

Staff were knowledgeable about people's specific needs and how they were provided with personalised care that met their needs. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This included discussions with people about, for example, their family and memories. This resulted in people showing signs of wellbeing. There was a system in place to monitor the length of time it took to answer call balls to ensure that staff were responding to people's requests for assistance promptly.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to support people in their preferred way. This included information about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's needs and preferences. If any changes in people's needs were identified these were included in the records. This showed that people received personalised support that was responsive to their needs.

People told us that there were social events that they could participate in, both individually and in group activities. One person said that there were activities they could join in with, but there was no pressure to when they preferred to stay in their bedroom. One person told us how they were planning to watch the football on the television on the evening of our inspection. Later in the day we saw them talking to staff about the game and a staff member asked the person to keep them updated on the score. One staff member told us how the person had worn a hat during the previous game they watched and had kept the other people in the service and staff informed about the game. This showed that the staff took an interest in what the person liked to do.

During our inspection we saw people participating in various activities, including playing prize bingo, playing scrabble and sitting in the gazebo in the garden. There was a 'rempod' space in the service, which the registered manager and activities staff told us was used for reminiscence activities. The space was decorated and furnished in the style of a room in the 1950s. This included an ornament cabinet, sideboard, television, radio, armchairs, games and books all from this time. The registered manager told us that the television had a DVD player, where they could show older black and white programmes. There was also a miniature house in the lounge, which had miniature furniture and figures. There was a selection of books from different decades that people could choose to include in the reminiscence activities. The registered manager told us that this was used as a talking point between people, visitors and staff. This showed that the service had identified items that people could recognise and talk about in relation to their age and

memories.

The activities staff told us how they spoke with people about what they wanted to do each day, as well as having a planned activities programme. The activities programme showed planned activities included outings, visiting entertainers, therapeutic colouring, games, tea dance, and music and movement. The staff member explained how it was important, particularly for those living with dementia, to make their choices on the day. They demonstrated how they understood people's needs by telling us that they understood that sometimes people forgot that there were activities planned, so to ensure people were provided with choice they reminded them just before the activities started so they did not miss out. This meant that where people wanted to take part in activities, attempts were made to facilitate this. The staff member told us that people were asked for suggestions about activities and these were listened to and used to plan events, such as visits to a coffee shop which had animals in the grounds that people could see.

People told us that they could have visitors when they wanted them. This reduced the risks of isolation.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person said, "I have never complained, but they would listen if I did." One person told us about a complaint they had made. When we spoke with the registered manager about this, we found that they had spoken with the person and their family and this had been resolved. One person's relative commented, "We have never had any issues, I would be surprised if you find anything wrong here."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. There was also a suggestion box in the service with a notice beside it telling people and visitors that they could make suggestions, anonymous if preferred, and that staff were available if they chose to discuss anything. Records of complaints showed that they were responded to and addressed in a timely manner and used to improve the service. For example, reviewing procedures/protocols.

Is the service well-led?

Our findings

There was an open culture in the service. One person said, "I can talk to the manager any time." Another person commented, "The manager is always willing to put things right."

People were involved in developing the service and were provided with the opportunity to share their views. This included satisfaction questionnaires and meetings. The summary of the recent satisfaction questionnaires showed that improvements were made following people's comments, such as reminding people how to raise complaints. This summary was made available to people in the entrance hall to the service. Minutes of meetings showed that people's comments were valued and acted upon to improve people's experiences. This included adding activities following suggestions people had made. At each meeting, the previous meeting minutes were reviewed and people were told of progress made on any issues they had discussed. This meant that people were kept up to date and showed that people's comments were valued.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. They told us about the ongoing improvements being made in the environment including redecoration. We saw a notice in one of the hallways which stated that this area had been identified for redecoration and when this would be done by. This meant that people using the service and visitors were kept updated with any changes in the service. One person's visitor confirmed that there had been some decoration in the service and that the person's bedroom had been redecorated, "Every few years." The registered manager kept up to date with the care industry by attending conferences, one of which was attended by CQC.

The registered manager told us that they felt supported in their role and members of the committee were available when they needed them for support. They did not currently have documented supervision meetings, but the registered manager had identified this and had approached the provider. This meant that actions were being taken to address this. This would ensure that the registered manager was provided with formalised and recorded support in their role.

Staff told us that they felt supported and listened to. The registered manager said that they operated an open door policy and staff could approach them at any time. This was confirmed by the staff we spoke with and we saw when we were present in the registered manager's office, that staff entered to discuss and feedback issues to the registered manager. One staff member said that they felt, "Totally supported," by the service's management team.

Staff understood their roles and responsibilities in providing safe good quality care to people. Staff were provided with the opportunity to share their views about the service in meetings and to discuss people's wellbeing and any changes in care needs. This provided staff with the opportunity to suggest actions that would improve people's wellbeing.

The service's quality assurance systems were used to identify shortfalls and to drive continuous

improvement. Audits and checks were made in areas such as medicines, falls, infection control and care records. Incidents and accidents were analysed and checked for any trends and patterns. Actions were taken to minimise any risks identified. For example, staff were advised on the importance of ensuring that records were completed to evidence when people had been given their prescribed creams and lotions. Infection control was monitored and people and relatives we spoke with were complimentary about the hygiene in the service, including the lack of offensive odours. The registered manager showed us a carpet cleaner which had been purchased to ensure that cleaning was effective.

To support the service's own quality assurance processes, the provider sourced the support from an external consultant. The registered manager told us that this person visited the service and completed audits twice a year. In addition to this, members of the service's committee visited the service and there were monthly committee meetings and annual general meetings. We saw the minutes from a recent meeting, which showed that the items discussed included occupancy of the service, the ongoing refurbishment programme, any issues relating to the maintenance of the service, activities and the manager's report, which updated the committee on the running of the home and any issues identified. Actions were taken to address any issues identified.