Care Quality Commission

Country Court Care Homes 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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The Red House provides accommodation for up to 23 people who require nursing or personal care. The service mainly provides support for older people and people who are living with dementia.

The accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor. The service has 11 single bedrooms and five double rooms, which two people can choose to share. There were 20 people living at the service at the time of our inspection.

At the time of our inspection the home did not have 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 and associated Regulations about how the service is run. The service did have a manager in post who had started at the service in July 2014. They have commenced the application process to become registered with the commission.

Summary of findings

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no people had had their freedom restricted.

People who lived in the service were happy with the care they received. People said felt safe living in the service and that staff treated them with kindness and respected their privacy and dignity.

There were enough staff on duty to meet people's needs. We found that action had been taken by the manager to increase the staffing levels during the evening period to reflect the needs of people who lived in the service.

Robust arrangements for ordering, storing, administering and disposing of medicines were in place.

People were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs.

The service was recruiting a new member of staff to provide social activities for people and assist people in enjoying their hobbies and interests. People had been assisted to continue to access local community resources.

People and their relatives were able to raise any issues or concerns and action was taken to address them.

People had access to a range of healthcare professionals when they required specialist help.

People had been consulted about the development of the service.

The manager had completed quality checks to make sure that people reliably received the care they needed in a safe setting.

There was an open culture that encouraged staff to speak out if they had any concerns.

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.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by avoiding accidents.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff had been supported to care for people in the right way. People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good

Is the service caring?
The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere in the service and people could choose where they spent their time.

Good

Is the service responsive?
The service was responsive.

People had been consulted about their needs and wishes.

The service was recruiting a new member of staff to plan and carry out social activities in the service. In the meantime, care staff supported people to access local community resources and enjoy their hobbies and interests.

People and their relatives knew how to raise a concern or complaint if they needed to and the provider had arrangements in place to deal with them.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The provider had completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was not a registered manager in post in the service. The manager was currently completing the application process to become registered with the commission. Staff were supported in the service and given the opportunity to raise concerns.

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 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.

We inspected The Red House on 8 January 2015 and this visit was unannounced.

The inspection team consisted of an inspector and an expert by experience who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service.

During our inspection we spent time talking with four people who used the service and two relatives who were present on the day. We also spoke with the manager, a registered nurse, two care workers and a member of the catering team.

We observed care and support in communal areas and looked at the care plans of three people.

A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

We looked at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, records of meetings and arrangements for managing complaints.

We also looked at the quality assurance audits that the manager and the provider completed which monitored and assessed the quality of the service provided.

Good

Is the service safe?

Our findings

People said that they felt safe living at The Red House. One person said, "Yes, I do feel safe here. I have no concerns about my safety." Relatives said that they felt their loved ones were kept safe.

Staff said that they had received training in how to maintain the safety of someone who lived in the service. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager and the provider. They also told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about The Red House showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

Assessments were undertaken to assess any risks to each person who lived in the service and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, had reduced mobility or were likely to develop a pressure ulcer. The care plans identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress or having bed rails in place to stop them falling out of bed. This had been done with the agreement of the people concerned so they would be safe.

Staff knew about the assessed risks and management plans within people's care records. They explained how they used this information on a day to day basis to keep people safe. Staff highlighted the importance of the use of lifting hoists which enabled them to move people safely. Staff told us they felt they needed an increase in the number of hoist slings in the service. We spoke with the manager about the number available for staff to use and they confirmed that extra slings had been ordered.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, when a concern had been raised by the local authority safeguarding team, we saw that appropriate action had been taken by the manager. This incident had been discussed with the registered nurses at a team meeting and the handover information process had been reviewed and communication had improved. This had helped to reduce the risk of re-occurrence.

The provider had completed background checks on new staff before they started work to ensure they were suitable people to be employed in the service. We looked at three staff recruitment files and found that processes were in place. This included completion of an application form with a formal interview with references and identity checks.

There were sufficient numbers of staff available to keep people safe on the day of our inspection because people received the care they needed. People were positive and told us that they thought there were enough staff to look after them. A person said, "Generally speaking there are, but they do have plenty to look after." Another person said, "They [staff] can't be with everyone at once, they do their best, I have no complaints."

The manager and the provider had established how many staff needed to be on duty by assessing each person's needs for assistance and they had reviewed this on a monthly basis. They recently used this evidence to increase staffing levels during the evening period. This additional shift supported staff when they assisted people with their evening and night time personal care.

There were other staff who supported the service which included housekeeping, catering, administration and maintenance. The team were supported by the manager who worked in a supernumerary capacity which allowed them to assist when required.

The service did not use any care agencies to assist them with unplanned staff sickness or leave and care staff within the team covered shifts when required. We looked at the staffing rota for the month of December and found that there were no significant gaps. Staff confirmed that generally there were enough staff on duty to meet people's

Good

Is the service safe?

needs. One told us, “Sometimes we can be a bit short staffed but there are a couple off at the moment and it’s just covering their shifts. We know the manager is recruiting more bank staff.”

People were confident in the way that staff managed their medicines and there were reliable arrangements for ordering, storing, administering and disposing of medicines. A person said, “The nurses do introduce themselves and say what they are doing. They say what they [the staff] are bringing you and why you are taking this.”

We saw that there was a sufficient supply of medicines and they were stored securely. Monthly medicines audits and the results were available for us to look at. We noted that there had been an independent audit of medicines management in September 2014 and that actions identified from the audit had been noted and action taken. All of these checks ensured that people were kept safe and protected by the safe administration of medicines.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs.

Staff said, "There are the opportunities to train and I do my annual training. I have completed my NVQ level 3 and it would be good to continue to do more and use the skills I have."

All staff annual training was organised by the training department within the provider and monitored by the manager. A new training directory had been introduced which offered staff a wide range of training. This directory included training in key subjects such as manual handling, fire warden training and infection control.

Staff were encouraged to undertake training in other areas such as nutritional screening, privacy and dignity and health and safety. Staff said that they held or were working towards a nationally recognised care qualification. This meant staff were appropriately trained and supported to meet people's individual needs.

Staff received regular supervision sessions and an annual review of their performance. We saw that the manager had a timetable for all staff so that they could monitor when these supervision sessions and reviews were due and had taken place. These processes gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

The manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful.

The manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty. They informed us that at the time of our inspection they were in the process of reviewing people's mental capacity assessments to reflect a recent supreme court judgement that had clarified the meaning of deprivation of liberty.

We were told that none of the people who currently used the service were being deprived of their liberty or were subject to any restrictions which included one to one supervision to keep them safe.

During our inspection we saw that people were provided with enough to eat and drink. People we spoke with were happy with the meals and the snacks that were provided between meals. One person said, "It's very good, it's well cooked and the flavour is good." Another said, "Usually I am satisfied with what I am presented with and they [staff] will ask if I would like anything to go with it."

A relative told us how their loved one had their weight monitored and was offered healthy alternatives between meals. They said, "They are very good at weighing [my relative] and in the afternoons there is fruit and yoghurt offered. This has helped them to lose some weight."

We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow.

The catering team within the service were employed by an external company and not the provider. We spoke with the manager and asked if this arrangement worked well. They told us that staff were getting used of this new way of working and on the whole it worked well. They encouraged care staff to work closely and to communicate with the catering team to ensure that people's needs were met. The manager met on a regular basis with a senior member of the catering team to discuss and plan a varied menu and evaluate how the service was delivered. We noted that this person had been invited to the next 'resident and relative' meeting planned for January 2015 to talk about the choices available and ideas that people may have for the future menus.

We spoke with a member of the catering team on the day of our inspection who told us about their role and how they worked to ensure that people received a full and varied diet. The member of the catering team told us how they used fortified foods that contained more calories to help people stay at a healthy weight.

People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. One person said, "If I wished to have pain relief I'd ask to speak with my GP." A Family member explained to us how vigilant

Good

Is the service effective?

the staff were with their relative's care and said how well the staff kept a watch out for signs that they were becoming unwell. They said, "Yes, as soon as [my relative] feels a bit sleepy they are soon on the ball."

Some people who lived in the service had more complex needs and required support from specialist health services. We saw how one person received regular visits from a community mental health nurse and on the day of the inspection, two GP's visited to review people within the service. We contacted a healthcare professional who knew the service after our inspection. They said that they were 'happy' with how people who lived in the service were supported to maintain their health.

Good

Is the service caring?

Our findings

People were happy with the care provided in the service and told us that they received a good standard of care. A person said, "I am happy with the type of care I receive from the caring staff." They emphasized how the atmosphere was warm and friendly in the service and said, "The atmosphere is nice and the girls [the staff] are very good to me. I have no complaints about the care at all."

There was a homely and welcoming atmosphere within the service during our visit. One person said, "I know how much care that they take with the older residents, they do gently persuade them. It's a very friendly atmosphere." One visiting member of the clergy told us, "I have been coming here for over 20 years to visit people and it's the staff and the size of the home that make it feel like home. It's a lovely home with staff who I have witnessed to be caring and approachable. People are well looked after and I hope it does not change and lose its individuality "

We saw that staff treated people with respect and in a kind and caring way and staff referred to people by their preferred names. We observed the relationships between people who lived in the service and staff were positive and caring. One person described to us how the staff were amiable and good fun when providing their personal care. They said, "Yes they [staff] are very good. I have a laugh with them [staff]. I have no complaints about them."

We saw staff supporting people in a patient and encouraging manner. We observed staff assist a person to change position in their chair and noted how they allowed the person time to do it for themselves, encouraging but not hurrying them. Another person returned from a morning out in the local town with their family, and we saw how staff assisted them off with their coat and helped them into a chair. The staff member then got the person a cup of tea and made sure that they were settled and comfortable.

We observed many positive interactions and saw that these supported people's wellbeing. One member of staff entered the communal area and noted the sun was shining on a person's face. They closed the blinds and offered to move them to an alternative chair where the sun was not shining. Another member of staff noted that one person was reading the paper without their glasses on. They asked them if they wanted to wear them and offered to get them out of their handbag. The staff member noticed the glasses were smeared and cleaned them before giving them to the person to put on. Another interaction we observed was just before lunchtime. A staff member assisted a person to the table for their lunch and noted that the person did not have their dentures in. They quietly spoke with the person and reminded them they did not have them in and offered to take them back to their room. This was carried out in a discreet, quiet manner so they did not embarrass the person and did not draw attention to the situation.

Relatives said that they were able to visit their relatives whenever they wanted. One relative said, "I visit every day. I always get a warm welcome." Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The manager was aware that local advocacy services were available to support these people if they required assistance, however, there was no information available for people who lived in the service should they wish to access this service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. The manager told us that information would be put on display in the main reception area immediately.

We noted that staff respected people's privacy and dignity. People gave us examples of when staff would knock on their bedroom door before entering and remember to close the door when changing their clothing or attending to their personal needs. A relative described how well the staff talked and communicated with her relative. They said, "Yes they do treat [my relative] with dignity and respect. They [staff] talk with [my relative], have a conversation with them and they complement them."

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress and what jewellery they liked to wear and we saw that people had their wishes respected. One staff member said, "The reason I like working here is because of the size of the home. It feels like someone's home which is important and we get to know people well and know what they like and don't like."

Good

Is the service responsive?

Our findings

We found that each person had a care plan which was personal to them and had been regularly reviewed to make sure that it accurately described the care to be provided. One relative told us how they were involved in care plan reviews. They said, "We were involved in a review of the care plan in December." Other relatives confirmed that they had been offered invitations to take part in care plan meetings and reviews.

We looked at four people's care plans which demonstrated how individual needs such as mobility, communication, spiritual and social needs, continence and nutrition were met. We found that new care plan documentation had been introduced and that although the care plans were accessible they were not user friendly as there was a duplication of information. However, this had not impacted on the care people received.

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person said, "Being a fairly small home the staff do know you and your particular ways." People said that they would be happy to tell staff how they would like their care. One person said, "I will soon tell them and they will do as I ask."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One staff member said how they always encouraged people to choose their own clothes in the morning. A relative said, "Consideration is taken about what is asked for, the personal interest is there."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The manager said how people and their families were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met This included the assessment of what level of support people required with their personal care, mobilising and eating and drinking.

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. One relative said how they were involved in their relative's care and how their relative received person centred care and was widely consulted on their own wishes regarding their care and welfare. Another family member said how involved they were made to feel by the staff in their relative's care and how they were continually updated on things like medication. They said, "They [the staff] always ring me up and let me know when [my relative] is on different medications."

People said that they were provided with a choice of meals that reflected their preferences. We noted how people were offered a range of alternative foods if they did not want what they had chosen. We observed at lunch that one person asked staff if they could have the quiche instead of the pork chop they had ordered. Another person was offered a choice of soft drinks, however, they asked if they could have a glass of sherry with their meal which was arranged for them.

We observed people having their lunch within the dining room in the service and noted that the meal time was relaxed and a social event in the day as people who lived in the service were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do.

Relatives we spoke with raised some concerns about the lack of an activity person, however, they were aware that the manager was trying to recruit for to this vacancy. One relative told us how they had been involved in a planned outing. They said, "I've been out with them on an outing and looked after [my relative] on that outing."

The service had been without an activities person since December 2014 and this post was currently advertised within the local community. During this time, people were supported by care staff with activities and hobbies. People continued to be assisted to access local community resources which included attending a day centre one day a week and joining a local bridge club. There had been musical entertainment for people over the Christmas period and a volunteer continued to visit the service to carry out reflexology for people.

We observed how there were regular visits from ministers from various faiths to support people. One person said. "I have a visit from the Jehovah's Witnesses once per week,

Good

Is the service responsive?

which I enjoy very much." We noted how this person had benefited from these visits and how a healthcare professional had observed how this had improved the person's mood.

During our visit we observed people were sat in the communal area, listening to music, reading their newspapers and completing crosswords. Relatives and visitors were in the service during the morning and afternoon period and the hairdresser arrived to wash and style people's hair. Overall, people appeared to be happy with what they had chosen to do.

There was one large communal area within the service and this functioned as the lounge and dining area. The manager told us and we saw from the last 'resident and relative' meeting minutes that there were plans to re-furbish this area and divide it into a quiet room, a dining room and a television lounge. This would then give people the choice of where they wished to sit and spend time. We noted that people had been informed and asked for their opinion at the meeting about the changes and would be involved in the decoration schemes for the area.

People also had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings.

Everyone we spoke with told us they would be confident speaking to the manager or a member of staff if they had any complaints or concerns about the care provided. One person said, "There is a feeling that me and the staff can go to them to raise any concerns. Another person said, "Oh yes I would talk to one of the carers." A relative said, "It is possible to raise general issues and raise issues with the manager."

The home had a complaints procedure which was available in the main reception. We looked at the last formal written complaint made to the service and found that this had been investigated and responded to in line with the provider's policy.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of our inspection. The current manager had been in post since July 2014 and they were in the process of completing their application process.

There were clear management arrangements in the service so that staff knew who to escalate concerns. The manager was available throughout the inspection and they had a good knowledge of people who lived in the service, their relatives and staff.

People said that they knew who the manager was and that they were helpful. One relative said how the manager took the time to speak to them each day. They said, "[The manager] always stops to ask if you're all right." A person who lived in the service said, "I think they are great. They are not one of them who won't talk to you, they will ask and will explain things."

We saw the manager talking with people who used the service and with staff. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff told us that they felt supported by the manager. One staff member said, "We have been through a lot of change over the last few months but I do think it is settling down here now. [The manager] has been very supportive and flexible. It makes you want to do that bit extra when the manager does something for you." Another said, "There has been a lot of change and uncertainty for staff. So far, I have found [the manager] to be very caring in their approach and I feel like the home is on the up."

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff said, "I have never had to raise anything, but I would have no hesitation in raising a concern if I thought something wasn't right." Staff were able to tell us which external bodies they would escalate their concerns to.

Staff were provided with the leadership they needed to develop good team working practices. One of them said, "We are a good team. We support each other and because we are small we know how each other works. I did leave when all the changes happened, but I am back now and glad I am back." Another staff member told us, "We all work together, carers and nurses, we work as a team. There is no division, we work well together."

People who lived in the service said how they observed good relationships between the staff and the management, and how this had a positive influence on the atmosphere in the service. One person said, "Yes, the staff are very friendly and helpful to each other, there's no conflict, it's generally a very friendly atmosphere, staff can communicate with the manager and they can take on board what they say." These arrangements helped to ensure that people consistently received the care they needed.

There was a named registered nurse in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. The records of the meeting held in October 2014 showed that people were kept informed of important information about the service and had a chance to express their views.

The manager was in the process of establishing links with organisations in the wider local community such as schools and colleges. They encouraged visits to the service by members of these establishments and wanted them to be involved in supporting people with their hobbies and interests.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as infection control and cleaning, and health and safety. The manager submitted quality indicator reports on a monthly basis to senior managers that monitored the service's performance and highlighted any issues.

Good

Is the service well-led?

Records showed that the registered provider referred to these reports when they visited the service to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.