

Red House Care Home Ltd

Red House Care Home

Inspection report

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Date of inspection visit:
05 May 2021
20 May 2021

Date of publication:
08 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Red House Care Home is registered to provide accommodation and support for up to 23 older people and people living with dementia. There were 18 people living in the home on the first day of our inspection.

People's experience of using this service and what we found

A new manager had been in post for about four months and was working systematically to improve the service. The manager had an open leadership style and responded positively to our feedback. Staff understood the need for change and most were supportive of the manager's approach.

Further improvement was required in a number of areas including notification of significant events; medicines management; deployment of staff; individual risk assessment and protection of people's rights under the Mental Capacity Act (2005) and .

More positively, staff were kind and caring. Staff promoted people's dignity, privacy and independence and people received food and drink that met their nutritional requirements. The care planning system was generally effective and staff understood people's individual needs and preferences. A range of activities was organised to provide people with stimulation and occupation.

Training and supervision systems provided staff with the knowledge and skills they required to meet people's needs. Staff recruitment was safe. Staff worked together in a mutually supportive way and liaised with a range of external health and social care agencies on behalf of the people in their care.

Systems were in place to ensure effective infection prevention and control and staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment was safe.

A range of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant events and any complaints were managed effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with CQC on 10 May 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 13 April 20218.

Why we inspected

This was a planned inspection following a change of provider and re-registration of the service as a new legal entity.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach of regulations in respect of the provider's failure to notify CQC of significant events.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Red House Care Home

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 registered 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

Our inspection was conducted by an inspector, a bank inspector whose specialism is nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Red House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. However, a new manager had been appointed in January 2021. The manager had submitted an application to become the registered manager and this was being assessed by CQC. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the local authority contract monitoring and

adult safeguarding teams. We also reviewed notifications submitted to CQC. Notifications are events which happened in the service that the registered provider is required to tell us about.

During the inspection

We conducted our inspection between 5 and 20 May 2021.

During the inspection we spoke with the manager, the deputy manager, the housekeeper, the catering manager, two members of the care staff team, the activities coordinator and ten service users and relatives.

We reviewed a range of written records including nine people's care file, two staff recruitment files and information relating to the auditing and monitoring of service provision. We also reviewed the information in the provider information return, which was submitted to us during the course of the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

After the inspection

We reviewed further information we had requested from the provider, including data relating to staff training and DoLS.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

- Systems were in place to ensure potential risks to people's safety and welfare were assessed and managed. For instance, risks related to room-sharing and the use of bed safety rails. However, action was required to ensure the provider's approach to the assessment and management of individual risks was consistently safe and effective. For example, one person's nutrition and skincare risk assessments had not been reviewed for almost three months, increasing risks to the person's health and welfare.
- Another person had been assessed at risk of falling. To help mitigate this risk, the person's care plan stated they should be observed when walking. However, without 1:1 staffing support (which was not provided), it would have been difficult for staff to always observe this person whilst walking, due to the layout of the home. We raised these shortfalls with the manager who told us she would take action to address them.

Using medicines safely

- The management of people's medicines was not consistently safe, increasing risks to their safety. In particular, the system for monitoring the administration of medicines was not always effective. Staff did not maintain an accurate running total of any medicines administered and remaining. As a result, it was not possible to ascertain whether some people had received their medicines as prescribed, increasing the risk of medicine errors going undetected.
- More positively, controlled drugs were stored correctly in line with legal requirements and protocols were in place to provide staff with information on the safe administration of medicines that had been prescribed for occasional, 'as required', use.

Staffing and recruitment

- Staffing levels were generally sufficient to meet people's care needs. However, staff told us they thought staffing was tight at times, affording them only limited opportunities to provide people with emotional support. For example, one staff member told us, "We are just about coping and people are ... getting looked after. [But] we do struggle [at times] ... there is not enough time to sit and chat [with people]. An extra pair of hands would help." Similarly, a relative had commented on a recent customer satisfaction questionnaire, 'Care and support is good [and I] always feel staff are here to support [name]. But staff are too busy sometimes to provide extra attention.'
- We discussed this feedback with the manager who said she believed it reflected the way staff were organised, rather than a staff shortage. She told us work was in hand to develop daily 'allocation' procedures to improve the deployment of staffing resources within the home. Reflecting our feedback, the manager also told us she would take action to ensure people using the main lounge were always provided with the staff support and supervision they required.

- One person told us, "There is [sometimes] a long wait when I press the buzzer." Reflecting this comment, on the first day of our inspection, we observed one occasion when staff took four minutes to respond to a call bell. We raised this issue with the manager who told us she was disappointed with the delay and took action to try to prevent it happening again. Reflecting feedback from one person who lived in the home, the manager also took action to ensure call bells were always available and in reach.
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Preventing and controlling infection

- The provider had reviewed and strengthened existing infection prevention and control measures in response to the COVID-19 pandemic. For example, staff had been provided with additional personal protective equipment (PPE) and were tested regularly. Throughout our inspection we observed staff wore PPE in accordance with national guidance, other than in one isolated instance which was addressed immediately by the manager.
- People and staff were tested regularly for COVID-19 and the vaccination programme was almost complete. Reflecting feedback from our inspection team, the manager told us she would give further consideration to the arrangements for the laundry of staff uniforms, to further reduce the risk of COVID-19 entering the home.
- The home had avoided a significant outbreak of COVID-19 and relatives and friends were now able to visit their loved ones, in line with national guidance. In an innovative development, the provider had appointed a designated visits coordinator to ensure visits were conducted safely and smoothly.

Learning lessons when things go wrong.

- The manager had a reflective leadership style and reviewed incidents to help reduce future risks to people's safety and welfare. For example, following a recent local authority safeguarding investigation, the manager had provided additional guidance to staff to address poor moving and handling practice that had been identified in the investigation.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of abuse. For example, staff had received training in adult safeguarding procedures and knew how to report any safeguarding concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and were satisfied that staff understood the importance of obtaining consent before providing care or support. However, some mental capacity assessments and best interests decisions had not been documented in sufficient detail. The manager acknowledged our concerns in this area and took prompt action to address them.
- When we reviewed DoLS applications and authorisations, we found shortfalls in the provider's poor record-keeping had resulted in two people having been temporarily deprived of their liberty, without the necessary legal authority having been obtained. Again, the manager acknowledged our concerns and took action to establish an administrative system to more effectively track the authorisation and expiry of DoLS.

Adapting service, design, decoration to meet people's needs

- There was an attractive open plan lounge/dining room which was popular throughout the day. Part of the lounge had been designated as a 'quiet area'. However, at the time of our inspection it was being used to store hoists and other pieces of equipment, making it inaccessible to anyone who might want to use it to escape the general hubbub in the main lounge.
- Parts of the home looked 'tired' and in need of refurbishment. A new maintenance person had been appointed and the manager said plans were now in place to commence a rolling programme of re-decoration of bedrooms and other areas. Looking further ahead, the manager told us she wanted to establish the home as a centre of excellence in dementia care. As part of this initiative, she had plans to improve signage to make it easier for people with dementia to find their way around the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.

- The provider used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. The manager told us, "I keep an eye on government websites and care magazines. I [have] set up a staff reading file [for] policies and documents. [Staff] sign them off when they have read [them]."

Staff support: induction, training, skills and experience

- The provider maintained a comprehensive induction and training programme for staff. As a consequence of the pandemic, most recent training delivery had been online but face-to-face training was about to resume. Commenting positively on their induction, one staff member said, "I did a lot of ... training ... [including] moving and handling and diabetes. That was really good. The induction prepared me well." Another member of staff told us, "Training has got better [under the new manager]. That's a positive."
- The new manager had introduced regular staff meetings and one-to-one supervision to provide staff with additional support and guidance. Reflecting on a recent staff meeting, one staff member told us, "It was helpful. It was nice to hear everyone's [views] and solutions coming up from [the manager]. Communication is good."

Staff working with other agencies to provide consistent, effective, timely care

- Senior staff had established working relationships with a range of external organisations to support them in the provision of effective care and support. For example, they had worked closely with the speech and language therapy team to ensure people had the right support to maintain a healthy weight.

Supporting people to eat and drink enough to maintain a balanced diet

- Catering was outsourced to an external company. We received mixed feedback from people about the quality of food and drink provided. For example, one person told us, "The food is rubbish." Whilst another person said, "The food is very good." The provider had recently served notice on the external caterer as part of a plan to bring catering back in-house. The manager viewed this as a positive opportunity. She told us, "There's a lot of frozen food at the moment. I want to see more fresh vegetables, fish and comfort foods."
- Staff were aware of people's particular nutritional requirements and used this to guide them in their menu planning and meal preparation. For example, one person followed a gluten-free diet and the catering team used a range of gluten-free products to meet their particular needs. We identified concerns about occasional restrictions on meal choices for people who required their food to be pureed. We raised this issue with manager who told us she would take action to address it. She also said plans were in place to produce photographic menus, to make it easier for people living with dementia to make their own choices from the menu.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with GPs, district nurses and other health and social care professionals to ensure people had access to local services when necessary. For example, the manager told us, "[When I started] I made [several] tissue viability referrals. The tissue viability nurse came in and gave us lots of advice." During the pandemic, the home's visiting optician had stopped coming to the home to provide people with an annual optical check-up. However, the manager told us she expected this service to recommence in the near future.
- Details of any oral care requirements that had been identified were set out in the person's care plan for staff to follow. The manager said she was considering introducing a specific oral health training course, to provide staff with additional guidance in this area.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Throughout our inspection we observed staff interacted with people with kindness and compassion. For example, we watched one member of staff singing to people, taking care to choose their favourite songs to sing. Describing their approach to the people in their care, one staff member told us, "I treat [people] like I'd like myself or my family to be treated. I love looking after them." On their birthday, people received a homemade cake and a personalised gift.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Staff were committed to supporting people retain their independence for as long as possible. For example, one staff member said, "If [people] can still do things for themselves, it makes them feel good about themselves. When [name] came to us we were told he couldn't walk. [But we got him walking again]. His wife [came to visit] and he walked [towards her] and she cried [with joy]."
- Staff understood the importance of supporting people in ways which helped maintain their privacy and dignity. For example, one staff member told us, "If someone is on the toilet, I am not going to stand in there waiting with them [unless they need that level of support]. I wouldn't want someone in the toilet with me." People's personal information was stored confidentially, in both electronic and paper formats.
- Staff were also aware of the importance of caring for people in a non-discriminatory way which reflected their cultural preferences. For instance, during the pandemic, one person had been supported to take part in online services organised by their local church.

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

- Staff were committed to involving people in decisions about their care. For example, one staff member told us, "I always ask people if they are ready to get up. I've had people change their mind halfway through getting up and I've helped them back to bed. Of course, that's okay. I'm like that!"
- The manager was aware of local lay advocacy services and helped people obtain this type of support, whenever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Under the leadership of the manager, the provider had introduced a new electronic care planning system. The process of migrating information from the previous paper-based system was still in progress although the manager told us she was confident this would be completed by June 2021.
- The electronic care plans we reviewed were well-organised and provided detailed information on people's wishes and requirements. For example, one person's plan stated that they liked to sleep with two pillows and the window closed at night. Commenting positively on the new electronic care planning system, a staff member told us, "The care plans are so much better. They are a lot more personal. On the morning [name] moved in, I sat and read their care plan. I didn't want to do something [name] doesn't like." Another member of staff said, "Information [in the care plans] is up to date."
- Staff had a good understanding of people's individual preferences and reflected this knowledge in the care they provided. For example, one staff member said, "[Name] really wanted to watch Prince Phillip's funeral [so] we sat and watched it together. [Name] enjoyed it." The catering manager told us that cooked breakfasts were available every day, and always cooked to order, ensuring people could have just what they felt like each morning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the AIS and had taken action to incorporate it within the provider's policies and procedures. Reflecting the requirements of the AIS, staff understood the importance of responding to people's individual communication needs and preferences, including people with visual and hearing impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed an activities coordinator who worked five days each week, Monday to Friday. A colleague provided additional activities support at weekends. The lead activities coordinator organised a programme of activities and events to provide people with physical and mental stimulation and opportunities for social interaction. She also provided 1:1 support for people who chose not to participate in communal activities, or who were unable to leave their room.
- The activities coordinator had just introduced a new fortnightly activities programme. Reflecting her

commitment to meeting people's individual preferences, she told us, "It can be difficult to meet everyone's needs, so on our new programme we have some days where people can choose what to do. Although we will still have the regular activities that people like to enjoy every week." The activities coordinator had also recently started supporting people to get out and about in the local community again. She told us, "Now [COVID-19] restrictions are lifting, I can take people out for a walk. After being stuck in the care home for a year, they enjoy going out. It's good for their well-being."

Improving care quality in response to complaints or concerns

The relatives we spoke with were generally satisfied with the service provided. For example, one family member told us, "I am happy with the care [name] has here. I would rate it as seven or eight out of 10." Formal complaints were infrequent but those that had been received had been handled correctly in accordance with the provider's policy.

End of life care and support

- Staff were provided with training in end of life care and worked closely with specialist agencies such as Macmillan and Marie Curie to provide people with palliative care as they approached the end of their life. Reflecting feedback from our inspectors, the manager told us she would prioritise the development of more detailed end of life care plans, as part of the implementation of the new electronic care planning system.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- In preparing for our inspection, we reviewed notifications submitted by the provider to CQC. Notifications are events which happened in the service which the provider is required to tell us about. In recent months, the provider had failed to notify us of several allegations of abuse and one serious injury.

The provider's failure to submit notifications was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- At the time of our inspection, the manager had been in post for about four months. She had submitted an application to become the registered manager and was waiting for this to be assessed by CQC. The manager had created a comprehensive action plan for the service and was working through it systematically, to address the many improvements she had identified as necessary. Acknowledging the need for change, one staff member told us, "The last manager left [the home] in a state." Another staff member said, "[The manager] is making changes quickly. I think they are for the better, although she has ruffled a few feathers. Some people are set in their ways."

- The provider maintained a range of audits to monitor the quality of the service. Under the leadership of the new manager, this quality assurance system had been refined and expanded. For example, through the introduction of a new approach to monitoring the incidence of falls, infections and pressure ulcers.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Throughout our inspection, the manager demonstrated an open and reflective approach. She was candid in acknowledging the need for further improvement in a number of areas and responded positively and promptly to our feedback. For example, in relation to mental capacity assessments, end of life care planning and the use of call bells. Describing the manager, one staff member commented, "[Name] is brilliant. She is very strict [and] knows what she wants. But she will listen to feedback." Another member of staff told us, "I think she does a great job. She is trying to sort everything out."

- Despite the many changes that were being made, most staff told us they were pleased to work for the provider and enjoyed their job. One staff member said, "There is a nice atmosphere. We all work together as a team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Shortly before our inspection, the manager had surveyed people and their relatives; staff and local healthcare professionals to invite their feedback on the service provided. Commenting on this new approach, one staff member told us, "It's got us involved. We haven't had that before."
- We reviewed some of the returned questionnaires and saw that feedback was generally positive. For example, one person had written, 'I feel well-looked after.' However, other people had identified areas for improvement, including one local healthcare professional who had highlighted communication as an issue that needed further attention. The manager told us she would review all the feedback received and take action to address any issues as required.
- Staff maintained contact with a range of other professionals including GP's and community nurses. Looking ahead, the manager told us she planned to get more involved with the local care providers' association, as a further source of advice and support to her and her team.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider had failed to notify us of significant events.