

Mrs R M Morton

# The Red House Nursing Home

## Inspection report

London Road  
Canterbury  
Kent  
CT2 8NB

Tel: 01227464171

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

This inspection was carried out on 19 and 20 February 2018 and was unannounced.

The Red House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Red House accommodates 31 older people in one adapted building. There were 27 people using the service at the time of our inspection. Most people using the service were able to tell staff how they preferred their care provided. No one using the service had complex or high risk health care needs.

The manager began working at the service in January 2018 and intended to apply to be registered but had not yet applied to CQC to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff told us the manager was approachable and supportive.

At the last inspection on 17 November 2016, we asked the provider to take action to make improvements to the way they managed medicines, supported staff and checked the quality of the service. Action had not been taken and the shortfalls continued. At this inspection we found further shortfalls in relation to the governance of the service, staff recruitment and the management of infection control risks. The rating for the key questions responsive and well-led had deteriorated.

The provider did not have oversight of the service, had not ensured that effective governance processes were in operation and did not have a clear vision for the service. They had not checked the quality of the service and relied on information provided by staff without checking it. Policies and procedures staff relied on had not been reviewed to make sure they reflected current guidance. Shortfalls we found had not been identified so action could be planned and implemented to address them and make sure they did not occur again.

The provider had not informed CQC when they ceased to be in day to day charge of the service and had delegated this responsibility to their family. The manager understood their role and responsibilities. Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

Records in respect of how the service operates and each person were not accurate and complete and could not be used to review the quality of the service. The manager was unable to find much of the information we requested during our inspection. Guidance for staff about the care and treatment people required was not sufficiently detailed.

There were enough staff to provide the care and support people needed when they wanted it. However, the required recruitment checks had not been completed for all staff. Checks to make sure nurses were registered with the Nursing and Midwifery Council and kept their skills and knowledge up to date had not been completed. Disclosure and Barring Service (DBS) criminal records checks had been completed.

Records of the training staff had completed had not been maintained and the manager had not planned staffs' training and development to make sure they were able to fulfil their role. Some staff had not had the opportunity to meet with a manager to discuss their role and any concerns they had since our last inspection. Nurses had not been offered regular clinical supervision to discuss their nursing practice.

The way people's medicines were managed had not improved since our last inspection. Medicines were not always stored securely and some medicines had not been sent for destruction. Guidance was not available about how people preferred to take their medicines and how 'when required' medicines should be managed. Medical devices which were no longer or rarely used had not been serviced or removed and there was a risk that they may be used.

The provider did not have effective infection control processes in operation. Infection control audits were not completed and infection risks had not been identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; however the policies and systems in the service did not consistently supported this practice. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS) and knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and offered them any support they needed to make decisions.

The manager had taken action to reduce the risk of accidents happening again after each accident occurred. However, accidents and incidents had not been analysed to identify any ongoing patterns and trends so action could be taken to stop them happening again.

The manager had identified that people had not been offered the opportunity to fully discuss their end of life wishes and had plans in place to do this. People who had chosen to receive their end of life care at The Red House had been supported to do so by staff, health care professionals and their loved ones.

The building was well maintained and systems such as the fire detection and hot water systems were checked regularly to make sure they were safe and effective. The building and grounds were accessible to everyone, and plans were in place to further improve people's access to all areas of the garden.

Staff felt supported by the manager and worked as a team to meet people's needs. The manager was taking action to make sure all the staff were clear about their roles and responsibilities. A member of the management team was always available to provide the support and guidance staff needed.

Staff were kind and caring to people and treated them with dignity and respect at all times. People told us staff gave them privacy. Everyone was encouraged and supported to be as independent as they wanted to be. People told us they had enough to do each day and enjoyed a range of activities.

People were not discriminated against and received care tailored to them. Assessments of people's needs were completed in line with best practice and any risks had been identified and managed. People had planned their care and treatment with staff and received support to meet their individual needs and preferences.

Changes in people's health were identified quickly and staff supported people to contact their health care professionals. Staff followed the advice of people's doctors. People were offered a balanced diet, which met their needs and preferences. People had been involved in planning the menus and suggestions they had made, such as more fresh vegetables, had been acted on.

Staff knew the signs of abuse and were confident to raise any concerns they had with the manager and provider. A process was in place to investigate and responded to complaints. People told us they were confident to raise any concerns they had. The views of people, their relatives, and community professionals were asked for and acted on.

The manager had a willingness to work in partnership with others including the local authority safeguarding team and Clinical Nurse Specialist for Older People to develop the service and keep their skills up to date.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating under their previous legal entity in the entrance hall of the service and on their website.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 safe.

People's medicines were not managed safely.

Checks had not been completed on all staff to make sure they had the skills they needed and were honest, trustworthy and reliable.

Some equipment was not clean or maintained. The building was clean and maintained.

Guidance had not been provided to staff about how to support everyone to be as independent and safe as possible.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

There were enough staff who knew people well, to provide the care and treatment people needed.

Action was taken to prevent accidents or incidents happening again.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff did not have regular supervision. Action had not been taken to make sure staff had the skills they needed to provide the care and treatment people required.

People's needs were assessed with them.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

People were offered a choice of food to help keep them as healthy as possible.

Changes in people's health were identified quickly and they were

**Requires Improvement** ●

supported to see healthcare professionals.

The building and grounds were designed to support people to be as independent as possible.

### Is the service caring?

The service was not always caring.

The provider had not been caring and taken action ensure to protect people from the risks.

Staff were kind and caring to people and supported them if they became worried or anxious.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their care.

People were supported to spend time with their family and friends.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People had not been supported to plan the care they preferred at the end of their life.

People had planned their care with staff and received their care in the way they preferred. However detailed guidance was not available for staff to refer to.

People participated in a variety of activities and told us they enjoyed these.

People were confident to raise any concerns they had.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

There were breaches of regulations

There was no registered manager.

The provider did not have a clear vision of a good quality service.

**Inadequate** ●

Up to date procedures were not in place for staff follow.

Checks had not been completed on the quality of the service.  
The provider was not aware of the shortfalls we found.

People, their relatives and community professionals shared their views and experiences of the service and these were acted on.

The manager worked with other agencies to ensure people's needs were met.

# The Red House Nursing 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 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 19 and 20 February 2018 and was unannounced.

We looked at four people's care and support records, associated risk assessments and medicine records. We looked at management records including four staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the provider's representative, the manager, nine staff, 17 people who use the service and their relatives and a visiting psychiatrist.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We observed people spending time with staff and receiving support in communal areas of the service.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.



# Is the service safe?

## Our findings

People told us they felt safe at The Red House and their comments included, "I definitely feel safe living here" and "I feel safe and secure". However, we found that people were not always safe.

People were generally happy with the way their medicines were managed; however, some people were concerned about how they were given their medicines. Their comments included, "At lunch time one particular nurse just chucks my tablet on the table instead of leaving it in the pot, that upsets me but generally I am happy for them to organise my medicines". We shared people's concerns with the manager who told us they would investigate and address the concerns.

At our last inspection on 17 November 2016 we found that risk assessments had not been completed to check if people were able to manage their own medicines. We also found that guidance had not been provided to staff about the use of people's when required medicines. At this inspection we found the action had not been taken to address these shortfalls.

The risk of people would not being supported to manage their medicines continued. Assessments of people's ability to manage their medicines had not been completed in accordance with the provider's medicines management policy dated October 2015 which said, 'The Home will provide support to enable self-administration. If the resident wishes to undertake this, a risk assessment is undertaken...'. We looked at the medicines assessments for three people with different needs. They were the same and not personalised to people's preferences and needs. For example, all three assessments stated 'medicines administered by RGNs [nurses]. This is done by implementing the mental capacity act and ensuring needs are met'. People's individual needs and preferences had not been considered and people had not been offered the opportunity to continue to manage their own medicines.

There was a continued risk that people would not be offered their medicines when they needed them. Some people were prescribed 'when required' medicines, for example for pain relief. Most people were able to tell staff when they needed their medicines. Staff told us how they knew other people needed their medicines including observing their facial expressions and body language. The provider's procedure for when required medicines had not been followed. The procedure required that guidance for staff was included on the medicines administration records, including the 'interval between doses' and 'maximum or total does which may be given in 24 hours'. This guidance had not been included in the medicines administrations records or other care records, such as people's care plans.

Two people were prescribed pain relief patches which were changed regularly. Records of the removal and application of patches were maintained because pain relief patches need to be applied to different areas of the skin. One person's patch had come off three times in January and February 2018 and had been replaced. The nurses on duty were not able to tell us how long the person had been without their pain relief medicine and the records did not show how long the patch was not in place. The pain relief effects of the patches build up over time when they are applied and reduce over time when they are removed. Not having the patch on for a period of time could result in the person being in pain.

Medicines were not always stored securely. We observed that the medicines trolley was left open and unattended on one occasion and the medicines cupboard was left unlocked with the keys in the door. The manager had identified that medicines were not always stored securely and had reminded nurses of the importance of this. This had not been effective and medicines continued not to be stored securely.

The provider did not have an effective process in operation for the disposal of medicines. Stocks of surplus medicines and medicines no longer required were stored with current medicines. These included medicines dispensed in September 2016, which staff told us were no longer required. There was a risk that the out of date medicine would become confused with current medicine.

The manager had noted that nurses did not always follow the provider's policies and medicines were not always managed safely for example, at lunchtimes nurses had dispensed medicines into pots for each person at the same time and carried all the pots together around the home. This was poor medicines practice as there was a risk that the wrong medicine would be given to the wrong person. The registered manager had stopped this practice before our inspection and had arranged for all nurses to have refresher medicines training in March 2018.

The provider did not have an effective servicing programme in place to ensure that all equipment was in good working order. A suction machine used to remove substances such as saliva from a person's airway was present in the service. The machine was not cleaned regularly and the tube which was to be placed in people's mouth had been removed from its sterile packaging. Staff told us they had not used it and it was there for 'an emergency'. The machine had not been serviced and nurse's competency to use it safely had not been assessed. No one had been assessed as being at risk of requiring suction, however there was a risk that nurses would not have safe clean equipment to use and it would not work when people needed it. Other equipment such as hoists and lifts, electrical and gas appliances had been regularly checked and serviced.

Other equipment no longer in use had not been disposed of. The manager and the deputy both told us a syringe driver to administer pain relief and other medicines to people at the end of their life was not used at the service. We observed a plastic box in the medicine room labelled 'syringe driver'. The deputy manager told us the box contained an old out of date syringe driver that was no longer used. The machine had not been serviced and there was a risk that it may be used to administer medicines to people.

The risk of the spread of infection was not consistently managed. On the first day of our inspection clinical waste bins were stored next to clean laundry and continence products in two corridors creating a cross infection risk. Staff told us this was to reduce the time they spent walking to a nearby sluice room. Staff had completed infection control training but infection control risks had not been considered and there was a risk of cross contamination. On the second day of our inspection clinical waste bins were stored in sluice rooms and staff had easy access to them.

Risks associated with moving people had been assessed but action had not been taken to fully mitigate the risks to people and staff. Detailed guidance was not in place for staff about risks to people and this had been identified by the manager. For example, there was no step by step guidance about how to move each person safely. Staff we spoke with knew how to manage risks such as the equipment required to move each person safely. We observed people being moved in a safe and caring manner but without clear step by step guidance there was a risk people would receive inconsistent support. One person told us, "I am hoisted and they are very good with the hoist".

Written guidance had not been provided to staff about potential risks related to people smoking, including

fire and passive smoking, and how to manage these risks. One person held their cigarettes and lighter, they told us they could not smoke inside the service and staff supported them to go outside for a cigarette when they wanted to. We observed staff supporting the person to go into the garden when they asked.

The provider had failed to ensure the proper and safe management of medicines. The provider had failed to do all that is reasonably practicable to mitigate risks, including preventing, detecting and controlling the spread of infections. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not always been recruited safely and the required recruitment checks had not been completed for all staff. Checks on staff's experience and character had not always been completed before they began working at the service. For example, we found that a reference had not been obtained from one nurse's current employer. Any gaps in staff's employment history had not been discussed and recorded. Nurses Personal Identification Numbers (PIN) were not always checked when nurses were employed and on a regular basis after this, to make sure they were registered with the Nursing and Midwifery Council. The manager and provider could not be confident that all nurses held a current registration. Disclosure and Barring Service (DBS) criminal record checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

The provider had failed to establish and operate effective recruitment procedures to ensure staff are of good character and have the qualifications, competence, skills and experience which are necessary for their role. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The premises were well maintained to ensure people's safety. Regular checks on the environment were carried out. For example, water temperatures were checked by the maintenance team to make sure people were not at risk of scalding.

People told us the service was clean. We observed that all areas of the building were clean and odour free, including people's bedrooms, bathrooms and sluice rooms. The laundry room was clean and well organised, with clean and dirty laundry separated. Staff wore the relevant protective personal equipment, such as aprons and gloves. We observed that the kitchen was clean and regular cleaning schedules were followed. Staff, including the chefs had completed food hygiene training.

People told us they were confident to raise any concerns about their safety with staff. One person told us, "I would talk to the manager if I was worried about the way I was treated". Staff were trained, knew how to recognise signs of abuse and raise any concerns they had with the management team and provider. However, one member of the management team did not know they were required to report concerns to the local authority safeguarding team so they could be investigated. We told the provider and manager about this shortfall during our inspection and they discussed the staff member's role and responsibilities with them to reduce the risk of investigations being delayed.

The manager had raised concerns with the local authority safeguarding team appropriately. Staff were aware of the whistle blowing policy and their ability to take concerns to outside agencies if they felt that situations were not being dealt with properly. People were treated as individuals and were not discriminated against.

People told us they did not feel there were enough staff on duty to meet their needs at times and on occasions they had to wait for assistance when they asked for it. They had also raised their concerns at

residents meetings in 2017. Minutes of the meetings showed that people's concerns had been listened to and they had been kept informed about staff changes and recruitment. There were staff vacancies to cover three shifts at the time of our inspection and these were covered by staff or agency workers who knew people well.

At the residents meeting in October 2017 it had been decided that staff would tell people how long they would have to wait to receive their support if staff were unable to provide it immediately. People told us staff kept them informed. One person told us, "Mostly they tell me if they are going to pop back". In January 2018 people had suggested an extra care worker to do 'bits and bobs' other staff had difficulty doing and this was being considered at the time of our inspection.

The manager did not have a process in operation to decide how many staff were needed on each shift to meet people's needs and planned to develop one. They had observed staff providing people's care and decided that the staffing levels assessed by the previous manager continued to be adequate. Reviews of people's care showed that people's needs had not changed significantly since the manager started in January 2018.

The times people preferred to receive their care and the tasks to be completed by staff had been considered when planning staff deployment. People took the majority of their medicines in the morning and the medicines round was large. There were two nurses on the morning shift to support people to take their medicines in a timely way. Six care staff were deployed in the morning to help people to get up, washed and dressed when they wanted, this reduced to four in the afternoon when people required less support. Nurses and care staff were supported by catering and housekeeping staff, including a person to make and change the beds, a maintenance person and an activities coordinator and had time to spend with people. Care and nursing staff told us they were busy but not rushed and had enough time to provide people's care in the way they preferred.

Our observations confirmed staff were deployed effectively to meet people's needs. For example, at lunchtime we observed that one person asked a staff member for support to go to the toilet. The staff member explained that they needed to get a second staff member and equipment to support the person. The staff member left the room and returned promptly another staff member, the hoist and the person's wheelchair. When the person returned they told us there had been no delay in them receiving the support they needed. People told us that call bells were answered promptly, their comments included "If I ring the bell they come quite quickly" and "They come quickly in the night, there is always somebody up". We observed that people had access to their call bells and these were answered promptly during our inspection.

Staff turnover was low and people received consistent care from staff they knew. Cover for sickness and annual leave was provided by other members of the team. The manager and deputy manager were on call out of hours to provide any advice and support staff needed.

Plans were in place and understood by staff about how to support people in an emergency. Each person had a personal emergency evacuation plan (PEEP) which included important information to help staff evacuate them quickly. Staff had been trained and told us they were confident to use the evacuation equipment provided. The local fire and rescue service planned to complete a routine fire safety audit of the service in March 2018.

Risks to people had been identified and people had been involved in planning how to manage risks. Risks of people falling had been assessed and action had been taken to keep people as safe as possible while

supporting them to remain independent. Some people used sensor mats to tell staff when they got out of bed unaided and explained to us why they were there. Some people used bed safety rails to keep them safe. People had been involved in making the decision to use bedrails and we observed they were used safely. Risk relating to the use of the rails, such as an arm or leg being trapped between the rails had been assessed and mitigated.

The risk of people developing skin damage had been identified and action had been taken to mitigate the risks. People discussed and agreed the action with staff, including regular position changes and the use of pressure relieving equipment, such as special cushions and mattresses. Nurses checked the equipment daily to make sure it was working correctly and was set at the correct setting.

The manager reviewed each accident and incident when they took place and took action to reduce the risk of accidents happening again. One person had fallen several times. The manager, with the person's agreement had installed a mat in their bedroom to alert staff when the person stood up, so staff could offer them the assistance they required. We observed the mat was in use and the person told us why it was there. This had reduced the number of falls the person had. Another person told us they had fallen. Records showed that staff had assessed that they were not sustained any injuries. They contacted the person's doctor who visited the following day and stopped one of the person's medicines to reduce the risk of them falling again. The person had not fallen again since the medicine was stopped.

## Is the service effective?

### Our findings

People told us staff had the skills to meet their needs. One person told us, "Staff seem to be well trained". Staff told us they completed an induction when they began working at the service and spent time shadowing experienced colleagues to get to know people and their preferences and routines. Records were not available for some staff to confirm that they had completed an induction.

At the time of our inspection the manager did not have up to date information about the training staff had completed. They had a plan in place to complete a training audit to identify what training staff had completed and when and if there were any shortfalls. They had prioritised fire training for all staff and this was being completed at the time of our inspection.

Following our inspection the manager sent us information about some staff training. This reflected the training care staff told us they had completed including topics such as mental capacity, moving people safely and emergency first aid. Staff had not completed training to meet people's specific needs such as diabetes or frailty. We observed staff supporting people to move around the service as independently as possible. They encouraged and reassured people and made sure they used any mobility aids. Some staff had completed vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they are competent to carry out their role to the required standard.

One nurse told us they had been trained to complete specific nursing tasks such as changing a particular type of catheter, another nurse told us they did not complete this task as they had not been trained. Clinical training nurses had completed was not included in the training information the manager had and they did not know what clinical skills each nurse had. During our inspection the manager identified that two nurses had not assessed and treated a person's wound correctly following a fall. The wound had been described and treated as a 'skin tear' rather than a cut. They contacted the person's GP and followed their advice and informed the local authority safeguarding team of their concerns.

At our last inspection we found that staff had not met regularly with a senior member of staff to discuss their performance and personal development. Staff told us and records confirmed that they had not received regular supervision since our inspection and some had not had supervision since 2016. Nurses had not received clinical supervision before the manager began working at the service. The manager had booked a group clinical supervision session for the nursing staff in February 2018 but only two of the 11 nurses working at the service had attended. The manager did not know if nurses required support with their revalidation. Revalidation is a process that all nurses in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). It helps nurses demonstrate that they practice safely and effectively and encourages them to reflect on the role of the NMC code in their practice and demonstrate that they are 'living' the standards set out within it. Staff had not discussed their achievements and set future professional goals at an annual appraisal.

The provider had failed to ensure staff receive appropriate support, training, professional development,

supervision and appraisal as is necessary to enable them to carry out the duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People told us they were supported to make choices and decisions for themselves. One person told us, "Staff allow me to make my own choices, I always choose my own clothes in the morning". Staff had completed MCA training and told us they assumed people had capacity. They supported and encouraged people to make choices about all areas of their lives, including how and where they spent their time and what they had to eat and drink. Staff knew what decisions and choices people were able to make and any support they needed. For example, staff described how they supported one person to make choices about what they wear each day by describing their clothes to them.

People's ability to make complex decisions, such as using bedrails, was assessed when necessary. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals. Evidence that people had appointed attorneys to make decisions on their behalf was not held by the service. The manager was taking action to obtain this at the time of our inspection.

The registered manager was aware of their responsibilities under DoLS and was checking people's records to find out if DoLS applications had been made to the local authority by the previous manager, as this information had not been maintained at the service. People had capacity and no one required a DoLS authorisation. People were not restricted and were free to come and go as they pleased. People went out with friends and family.

People told us they had been involved in assessments of their needs before they began to receive a service at The Red House. One person's relative told us, "They did an assessment before my loved one came in and we discussed their care plan". There had been one admission to the service since the manager began working there. They had met with the person, their representatives and health care professionals, to talk about the person's needs and wishes before they moved into the service. An assessment was completed which summarised the person's needs and how they liked their support provided, including their likes and dislikes, religious and cultural beliefs, relationships and family, and daily routine. The assessment helped the manager make sure staff could provide the care and support the person wanted.

Further assessments of people's needs were completed, in line with best practice. These included Waterlow assessments to assess people's risk of developing skin damage and malnutrition universal screening tool (MUST) assessments to identify the risk of losing weight. These were reviewed regularly to identify any changes in people's needs and were used to plan people's care and support.

People told us changes in their health were identified quickly and staff supported them to see healthcare



professionals. People commented, "The doctor is called quickly if I am not feeling well" and "Staff called the doctor today because my legs are hot and tight". Staff referred people to community healthcare professionals for support when it was needed. People who had lost weight were referred to a dietician and people who were at risk of choking were referred to the speech and language therapist. Information about the support people needed was included in their care plans and was followed by staff. Staff were informed of any action required and it was acted on. A psychiatrist we spoke with told us staff identified changes in their patient's needs and quickly informed them. They also told us staff followed their advice and their patient's health had improved.

People were supported to have regular health checks such as dental and eye checks. Staff supported people to attend health care appointments when necessary. People were accompanied by staff who stayed with them to offer them reassurance and any assistance they needed to tell their health care professional about their needs. People enjoyed regular exercise which included seated exercises and walks around the grounds.

At our last inspection people raised concerns with us about the quality of the food. At this inspection people told us they enjoyed the meals however some people commented that the food could be hotter at times.

A new chef had begun working at the service shortly before our inspection. They had worked in care homes before and prepared meals to meet people's needs and preferences, including allergies and dietary needs and cultural and religious preferences. People told us meals and drinks were prepared to their preferences.

People were encouraged to eat a healthy diet, including fresh fruit and vegetables daily, some of which were grown in the garden at the service. During our inspection people enjoyed apple crumble made with home grown apples. The chef prepared homemade soups each day which people told us they enjoyed. One person told us, "[The chef] makes beautiful soup".

People had been involved in planning the menus and staff gathered people's views on the food provided. One person had requested southern fried chicken be added to the menu. The chef prepared this for the first time during our inspection. People's feedback, including the person who had requested it, was that they did not like it. The chef told us they would not be adding it to the menu.

Pureed foods and thickened fluids were offered to people who were at risk of choking. Guidance from healthcare professionals was included in people records and staff knew the consistency that was required. Staff had been informed of changes in people's needs and told us they one person's risk of choking had increased and their drinks were now thickened to a custard consistency and they had previously been syrup thick. Meals were presented in an appetising way. People who were at risk of losing weight were offered foods fortified with extra calories, such as cream, cheese and butter. Their weight had increased. One person told us, "There was a time when I was ravenous and I wolfed the food down but I am not so hungry now and it worries the carers they encourage me to eat my food".

Some people chose to have an alcoholic drink, such as wine and sherry with their lunch and told us they enjoyed this. Staff gave people advice about when they should not drink alcohol. One person told us they were not having their usual sherry as they were taking antibiotics. Another person had chosen not to have their wine as their GP was visiting them after lunch.

The building was a large converted property and was decorated in a homely way which people told us they liked. Corridors and doorways were wide and clear signs were in place to help people moved around easily. People who wanted were able to access the upper floor using a passenger lift. Bathrooms had been adapted to meet people's needs, including baths that were easy to get into and shower rooms. Access to the



premises, including the garden was on the same level and people moved around without restriction. People told us they, "loved to go out in the garden in the nice weather". People had requested a path be built around the edge of the garden so they could access it more easily. Plans were in place to build the path in the spring. Everyone's bedroom was personalised with their own pictures and ornaments.

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring. Their comments included, "Wonderful carers", "The staff are friendly and kind", and "I do feel taken care of". Staff described people to us in affectionate ways, such as "He's a really nice gentleman". All the staff we spoke with told us they would be happy for their relatives to receive a service at The Red House.

The provider had not been caring in that they had not ensured that risks to people were mitigated, that staff were checked before working at the service and that medicines were managed safely.

People were treated as individuals and their choices and lifestyles were respected. Staff gave people time to chat privately about their personal relationships if they wanted to and supported people to maintain relationships with people who were important to them. Some people lived at the service with their relatives and they were supported to spend time together, including enjoying meals together in private. Visitors told us they could visit freely. One person's relative told us, "I can visit any time and am always made very welcome". People's friends and families were able to join in with activities, for example quizzes and afternoon tea.

Staff gave people privacy. One person told us, "Staff always knock on the door before they come in, but there is a notice on every door to remind them". Another person said, "Staff are very respectful and discreet". Staff knocked on people's bedroom doors before entering and maintained people's privacy when they provided their care, including covering people when they were moved with a hoist. Personal, confidential information about people and their needs was kept safe and secure.

People told us staff treated them with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. We observed people, their relatives and staff chatting and laughing together throughout both days of the inspection. People had been asked if they had any preferences about the gender of the staff member who supported them and these were respected. One person told us, "I like a man about the place but I'd rather not have him in the shower so I have a female carer do my personal care". Another person commented, "I chose a male carer because he is very good and encourages me to do as much as I can for myself".

People were actively involved in making decisions about their care and were supported to maintain their independence. Staff explained to us the support they offered people to retain their independence. For example, staff told us that one person used an electric shaver to remain independent. People's comments included, "I try to be as independent as I can. I have a bath or shower 2 or 3 times a week", "Here I have the luxury of having my back washed" and "When I first came they asked if I would like a bath or a shower. They let me do as much for myself as I can".

When people were worried or anxious staff reassured them. During our inspection one person was worried because they were only wearing one sock. Staff reassured the person that the other sock was in their bedroom and offered to take them to look for it. The person declined. They also reminded the person why

they were wearing one sock. The reassured the person and they continued to chat with staff about other things.

People had been asked about their cultural and spiritual beliefs and were supported to follow these, including attending church services. One person told us, "Spiritual support is very important to me, my relative has just recently bought me two new prayer books, it is nice when one of the carers says a prayer with me".

Most people were able to chat to staff and tell them how they would like their care and support provided. The manager had identified when English was not a person's first language, staff relied on people's relatives for support to communicate with them. From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The manager had identified that the provider was not meeting the Accessible Information Standard and was developing accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

Most people were able to share their views about their care and treatment with staff and others. However, when people required support to do this they were supported by their families, solicitor, or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. The manager knew how to support people to request an advocate when they needed support and had requested for an advocate for one person with the person's agreement.

## Is the service responsive?

### Our findings

Staff knew people well. People had been involved in planning their care with staff and told us they received the support they needed. Staff described to us what people were able to do for themselves and how they preferred their support provided, this was the same as people had described to us. Some care plans contained detailed information for staff about people's support needs and preferences, including what they were able to do for themselves. However, other people's care plans did not contain as much information. Most people were able to tell staff about their choices but others were not. We observed staff providing care in the way people preferred. For example, a staff visited a person in their bedroom to provide their support. Before the staff member left they checked with the person if they would like their bedroom door open or closed and their television on or off. Another person was quietly spoken and staff followed the guidance in the person's care plan to make sure they understood what the person was saying and responded appropriately. We observed staff spending time chatting to the person, answering their questions and giving them the information they wanted.

Everyone had a care plan in place, which covered their needs. Care plans were in place and had been regularly reviewed for any nursing care people needed such as the management of catheters. Records showed that the plans had been followed and people had received their care in the way their health care professional had recommended. The manager had written care plans before people moved into the service based on the information people had shared during assessments. This provided staff with information about the person and their needs before the person began using the service. The manager reviewed and updated the care plans with people as they settled into the service. People told us they received their support in the way they preferred, their comments included, "I like to wash myself, I enjoy the fact that I am quite independent" and "Staff help me to wash as I find it very tiring". Staff described to us the needs and preferences of people who had recently moved into the service and this reflected what was in their care plan.

Staff told us one person washed their face and they washed the person's body. They told us the person would dry themselves with prompting. The person's care plan stated they required support to get dressed but did not provide staff with guidance about how the person would choose their clothing. Staff told us they showed the person two items of clothing at a time and the person chose their preferred outfit but this was not recorded in the person's care plan.

Some people used equipment to help them manage their needs and be comfortable during the day and night, such as Zimmer frames, bedrails and pressure relieving equipment. People told staff how they preferred to use these and told us staff supported them to use the aids as they wished. One person who was not at risk of falling out of bed told us they had chosen to use bedrails for reassurance. These were in place and staff confirmed they used them. Risks associated with the use of the bed rails had been assessed and mitigated.

Routines were flexible depending on people's daily choices. For example, people's care plans included information about people's usual routines, such as when they liked to get up and go to bed. People told us there got up and went to bed when they liked. One person told us they liked to get up early in the morning

and night staff gave them their medicines as this was what they preferred. They told us they had recently changed their routine to get up about an hour later and staff now gave them their medicines later at their request. Some people told us they preferred to stay in their bedroom at times and join in activities in communal areas at other times. People told us they enjoyed spending time in the garden in the warm weather.

People and their relatives had been asked for information about their personal history including their family tree and previous employment. When information had not been provided, action had not been taken to obtain it, for example we would expect staff to chat to people and their relatives about their personal history, record the information and share it with staff if that was what the person wanted. Some people had told staff about their personal history including wartime employment. One person told us, "It was a wonderful time".

Staff had planned some areas of people's end of life care with them, including consideration of any advanced decisions, such as refusing treatment. Staff had supported people to tell their health care professionals about their decisions when their health care needs changed and these had been respected. People's cultural and spiritual preferences at the end of their life had not been assessed and recorded and staff relied on people's relatives and friends to provide the support people wanted. People and their relatives had informed staff about some of the decisions they had made for the end of their life including funeral arrangements. Some people lived at the service with their loved ones. The support people's loved ones may need when someone died had not been considered and planned with them and others such as specialist nurses. Staff made sure that people's bodies were cared for in a dignified way after they died, for example everyone left the service by the front door and was escorted from the premises by staff; however plans had not been made to make sure that care was provided in a culturally sensitive way.

The manager had identified that more detailed conversations needed to be held with people about their end of life wishes and had plans in place to do this. They were aware of best practice and planned to use the 'preferred preferences of care' document to record people's wishes and choices. People who had chosen to receive their end of life care at The Red House had been supported to do so by staff and health care professionals. Staff made sure medicines were available to keep people comfortable and free from pain at the end of their life and these were administered promptly when people needed them. People's relatives and friends were able to spend as much time as they wished with their loved one at the end of their life. People's relatives had thanked the staff on their kindness and care.

People told us they had enough to do each day and enjoyed a variety of leisure activities. One person told us, "I like the activities, the activities organiser is excellent. With their help I am going to get back into my painting". Another person told us they liked seeing the pet therapy dog and showed us pictures in the room of them playing with the dog. People chose which activities they took part in and some people told us they preferred to remain in their bedroom and pursue pastimes they had enjoyed before they moved into The Red House. One person told us, "I spend quite a lot of my time in my room knitting, doing crosswords and watching TV, I like quiz shows. The activity leader comes around regularly for a chat".

An activities coordinator supported people with group or one to one activities, including trips out in the minibus. Everyone we spoke with told us they enjoyed the outings. The activities coordinator had completed training in aromatherapy and massage and offered people hand massages and nail care which they enjoyed. The manager also arranged outside entertainment, such as singers and musicians. People enjoyed the singer who performed for them on the first day of our inspection. An activities schedule was available to people in different areas of the home to advertise what was happening.

People told us they were confident to raise any concerns they had with staff. Two people commented "If I had something to complain about I would be happy to make a complaint. I would talk to the manager" and "If I needed to make a complaint I would be happy to do it".

No complaints had been made about the service since the new manager began working there in January 2018. They were aware of the provider's complaints policy, and had plans in place to review it and make any necessary amendments. Information about how to make a complaint was displayed at the service; however it was not available in a format accessible to everyone. The manager had plans in place to create an accessible version.

## Is the service well-led?

### Our findings

A registered manager was not working at the service. The registered manager had stopped working at the service in January 2018. The new manager had begun working at the service in January 2018 and there had been a short handover period. The handover had not been effective in that the manager did not know where to find important information they needed to manage the service such as when staff training needed refreshing and the outcome of any checks and audits which had been completed on the service. The manager was only able to provide us with a little information about some areas of the service, including staff training, staff skills and competence and staff recruitment checks. Systems to support the manager, such as regular one to one meetings with the provider and clinical supervision were not in place. The manager had not had supervision since coming into post in January 2018.

The registered provider was no longer in day to day charge of the service and had delegated this responsibility to their family members. The provider's son told us The Red House Nursing Home Limited was in day to day charge of the service and this change had taken place "four or five years ago". The registered provider had not informed the Care Quality Commission (CQC) of this change. The provider's son told us that they would formally notify us of the change; however we had not received an application from the provider to change their registration at the time of writing this report.

The registered provider had failed to notify the Care Quality Commission when a person other than the registered person carried on or managed the service. This is a breach of Regulation 15 the Care Quality Commission (Registration) Regulations 2009.

The provider did not have effective systems in operation to ensure compliance with the requirements of the Health and Social Care Act 2008. Policies and procedures relating to many areas of the service, including medicines management and quality assurance, had not been regularly reviewed to make sure they remained up to date, for example, the provider's medicines management policy had not been reviewed since October 2016. We would expect providers to regularly review their procedures to make sure they reflected best practice guidance from reputable sources, such as the National Institute for Health and Care Excellence (NICE). NICE provides evidence based national guidance and advice to improve health and social care. The provider had not completed checks to make sure that the policies and procedures they had in place were effective and were followed consistently by staff. For example, the provider's quality assurance policy had not been reviewed since 2014 and did not require checks to be completed on some areas of the service, including people's care plans and other records and staff's skills and competence to fulfil their role.

We expect registered people to regularly check the quality of the service provided, take action to address any shortfalls and continually improve the service people receive. At our last inspection in November 2016 we found the checks and audits that had been completed were not always effective and had not identified shortfalls found during the inspection. At this inspection we found that checks and audits had not been completed in accordance with the provider's quality assurance policy dated 2014. Monthly checks that were required, such as medication and infection control checks had not been completed; the last medicines audit had been completed in July 2016. Shortfalls we found during our inspection had not been identified.

We discussed the shortfalls, including the actions required at the last inspection to improve the service, with the provider's representative. They told us that they had asked the previous registered manager if they had taken the necessary action and had been assured that they had. The provider's representative told us they trusted the previous registered manager and had not checked that the actions had been completed and were effective.

The provider had a philosophy of care which included encouraging people to 'be as independent as their abilities allow'. They had not supported staff to share this philosophy and provide the service as they required. Guidance about how to support people to maintain their independence had not been provided to staff and checks to make sure people were supported to remain as independent as they wished, had not been completed. We observed that staff did support people to remain as independent as possible in most areas of their life for example ways to support people to continue to manage their own medicines had not been explored and checks had not been completed to make sure this was happening.

Some people and their relatives had not been given up to date information about the service when they began using it. The provider's statement of purpose dated March 2016 had not been updated and contained the names of staff who were no longer working at the service, including the previous registered manager, clinical matron and deputy matron.

Records about the care and treatment people received were not maintained consistently. The lack of complete and accurate records made it difficult for the manager and others to review the care people had received and plan future care. One person used a catheter which required changing every three months. Records of the changes were recorded in two different places. Some changes were recorded on the person's NHS catheter passport and others were recorded in the person's care plan. Records in the catheter passport had not been made in date order. This made it difficult to check that the person's catheter had been changed regularly and identify any regular problems, such as the catheter blocking.

Records of accident and incidents had not been kept in any kind of order and were stored in two logs. We found records from 2016, with records from 2018, for different people. The manager told us they had not been able to look at any trends or patterns in accidents over a period of time because the information was not in order.

The manager was not able to provide us with many of the records we asked for during our inspection, including records of staff training and the management of any complaints received. They told us on the second day of our inspection that the provider's administrator held some staff records and they held others. These included some recruitment records which we viewed. Storing records for the same staff member in different locations made it difficult for the manager to check information, such as if nurses' held a valid registration with the Nursing and Midwifery Council. An up to date record of staff training, including when it required refreshing, had not been maintained. The manager told us they had not been able to develop a training plan as they did not know what training staff had completed and when.

Most people were prescribed creams to help keep their skin healthy. These were applied by care staff and people's skin was healthy at the time of our inspection. Staff explained to us when and where they applied people's creams and people confirmed staff applied their creams. Checks could not be completed to make sure people's creams were applied as prescribed and were effective because records of the application of creams were not maintained.

The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate and complete records in respect of each service user, staff and the



management of the service. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a culture of openness; staff and the manager spoke to each other and to people in a respectful and kind way. People told us they had met the new manager, one person commented, "The new manager has been round to speak to me". Staff told us the manager was "very friendly", "pleasant" and "approachable" and they could speak to them when they wanted to. Staff told us they felt supported by the manager who was available to give them advice and guidance. One staff member told us they were confident the manager would improve the service. Staff confirmed that the manager attended the daily shift handover, asked questions about people's needs and the care they received and was trying to get to know people as well as they could.

Staff were motivated and enjoyed working at the service. Staff we spoke with told us staff worked together as a team to provide people with the care and support they needed. One staff member commented, "We all work together". We observed staff working together to provide the care people needed, including planning which staff would provide each person care and support at busy times, such as meal times.

The manager led by example and was supporting staff to provide the service as they expected. They had begun to check staff were providing care to the required standards by observing their practice. Any shortfalls they found, such as unsafe medicines administration, had been addressed immediately and used as learning opportunities. The manager had begun the process of reminding staff about their roles and responsibilities at staff meetings. A meeting with nursing staff had taken place and nurses had been reminded of their responsibilities to manage medicines safely at all times. A further meeting was booked for care staff and staff knew when this would be held.

Monthly residents meetings were held to gain people's views and opinions on the day to day running of the service. People's views were listened to and acted on. People told us, "I go to the residents meetings, I asked for a sink plug and I got it", "I attend the residents meetings, they are going to put a path around the garden so we can be pushed in our wheelchairs" and "I attend the residents meetings, if people suggest things they try to do it".

The manager had asked people, their representatives and visiting professionals for their feedback on the service when they began working there. The feedback received had been reviewed, collated and acted on. For example, one person had commented that the chair in their bedroom required repairing. The chair had been replaced. Other people had commented that they would like more fresh fruit and vegetables and these had been included in the menu. One person's family had raised concerns about the care their loved one received in their response to the survey. The manager had met with the person and their relatives and the issues had been resolved to their satisfaction. A process was not in operation to regularly gather the views of staff and the manager planned to include this in staff meetings.

The manager was new to the service and to the area. They had a willingness to work in partnership with others including the local authority safeguarding and commissioning teams, to support and develop the service. They had contacted the local Clinical Nurse Specialist for Older People for advice and guidance when it was required and had joined the local group to develop their networks with other manager and health and social care professionals and keep their skills up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager understood

their role and responsibilities and the requirements of the Health and Social Care Act 2008. They knew when notifications needed to be sent and we had received notifications when they were required.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the service and on their website.

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  Treatment of disease, disorder or injury	Regulation 15 Registration Regulations 2009 Notifications – notices of change  The registered provider had failed to notify the Care Quality Commission when a person other than the registered person carried on or managed the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the proper and safe management of medicines. The provider had failed to do all that is reasonably practicable to mitigate risks, including preventing, detecting and controlling the spread of, infections.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to establish and operate effective recruitment procedures to ensure staff are of good character and have the qualifications, competence, skills and experience which are necessary for their role.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure staff receive appropriate support, training, professional development, supervision and appraisal as is

necessary to enable them to carry out the duties.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate and complete records in respect of each service user, staff and the management of the service.</p>

### **The enforcement action we took:**

We served a warning notice.