

RedHouse Care Limited

The RedHouse Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The RedHouse is a residential care home providing personal care for up to 36 people aged 65 and over. There were 35 people living at the home at the time of the inspection.

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

The registered manager and provider shared a clear vision and strong values. They led by example and were committed to providing good quality individualised care and support. They demonstrated a commitment to continuous improvement and took great pride from the service's achievements.

People's views were listened to and were at the heart of how the service was provided. The provider had made improvements to their activities arrangements and quality monitoring systems since our last inspection. Quality monitoring systems had been fully embedded and used to ensure appropriate action was taken when shortfalls had been identified. The registered manager had ensured that improvements which had been made before the last inspection, were now consistently operated.

People felt safe living at The Red House Care Home. People's risks were known by care staff. Care staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

Staff had a detailed knowledge of people's histories, their likes, dislikes and how they wished to be supported. This information was used to support people in a way that valued them as individuals and respected them for who they were. Staff ensured people had access to a wide range of activities that met their individual needs.

The provider and register manager ensured the home was safe, well maintained and free from infection.

Staff were positive about the management of the home and felt valued and respected. This had a significant and positive impact on the quality of care and support of people living at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had been safely recruited, provided with training relevant to the roles they performed which met people's health and social care needs. There were enough staff to provide people with the personalised care and support they needed.

Everyone was very positive about the registered manager, staff, and their approach to providing personalised care. Quality checks and audits enabled the registered manager to identify risks and actions to

ensure quality standards were maintained.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 19 August 2019). We identified two breaches of the regulations relating to person centred care and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, responsive and well led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The red house care home on our website www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

Details are in our safe findings below

Good ●

Is the service responsive?

The service was responsive.

Not inspected on this inspection

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The RedHouse Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector.

Service and service type

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the registered manager 24 hours' notice of the inspection. This supported the registered manager and us to manage any potential risks associated with COVID-19.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We requested documentation to review electronically from the registered manager. Previous inspection reports and notification were considered. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and health professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and 11 relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, area manager care workers and the maintenance person. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records electronically and on our inspection. This included four people's care records and eight medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. Care staff kept a clear record of the support they had provided people regarding their prescribed medicines.
- Systems had been implemented since our last inspection including medicine risk assessments, medicine care plans, weekly audits, which enabled care staff to identify any concerns quickly to help maintain people's wellbeing. These systems had been embedded and enabled staff to ensure people received their medicines as prescribed. One health care professional told us, "Medicines are managed well now, it enables staff to pick up issues."
- Where people received 'as required' medicines, for example, pain relief and medicines used to assist people when they became agitated there were clear protocols in place to ensure these were used safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes really I am safe. I'm better here than I was at home."
- A relative told us, "We feel safe in the knowledge that mum is so well cared for which is vital when she cannot communicate any concerns to us. The staff treat my mum like a family member, as well as us. Most importantly she adores her carers. They are all amazing."
- A health and social care professional told us, the registered manager and deputy manager were commended by the local authority following them finding someone in a poor condition when they attended a person's home address to undertake a pre admission assessment at their request, this demonstrated the commitment the management of the home had to identify safeguarding concerns and act to protect people from harm.
- There were safeguarding systems in place to protect people from the risk of abuse. There were no ongoing safeguarding concerns. People told us they felt safe and staff told us they had no concerns about staff practices at the home.
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people. The registered manager ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.

Assessing risk, safety monitoring and management

- People's risks were identified and assessed by the registered manager and care staff at the RedHouse care home.
- Staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. (Maybe new bullet point) Care staff understood risk and their responsibility to raise any concerns, for example, one person had a diabetic risk assessment in place which identified how to recognise high and low blood sugars and what to do if this happened.
- Where people required assistance with their mobility, an assessment was in place which documented the support they required. We observed care staff assisting people with their mobility and following their assessed plan of care. Staff used safe techniques to assist people with their mobility.
- Where people had been assessed at risk of falls, staff followed clear guidance to ensure people's health and wellbeing were promoted. Staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines.

Staffing and recruitment

- People spoke positively about the staffing at Red House care home and the support they received. Comments included, "The staff have time to assist me with walking" and "If I need staff they do come quickly."
- There were enough staff employed to meet people's needs. We observed that staff carried out their duties in a calm unhurried manner. One person told us, "They come quickly when I call, but they also pop in to check even without calling."
- A relative told us, "The house is clean, friendly and efficient, the food more than adequate, but most of all, the staff are wonderful. They are so caring and more like family, they take it all in their stride, give [loved one] cuddles and reassurance and do a wonderful job."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and completed induction training.

Preventing and controlling infection

- The home was clean and well presented on the day of our inspection and staff protected people from the risk of infection. Staff had received training in infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- We carried out an infection prevention and control audit during the inspection to ascertain the homes readiness for a second wave of Covid 19, we looked at Personal protective equipment (PPE) and how staff followed infection control procedure, from our observations and checks we were assured the provider and registered manager had appropriate measures in place to reduce the risk of infection in the home.
- During our inspection we observed staff wearing appropriate PPE in line with the latest government guidance, this included the use of face masks.

Learning lessons when things go wrong

- A health care professional told us, "Environmentally the home has undergone a transformation. My colleagues suggested to the registered manager about moving the lounge areas and the dining room due to the long walk that residents faced and the falls risks with this. The registered manager was responsive and completed this and have noted the reduction in falls and an improvement to people's mobility since the move.
- The registered manager used incident and accident audits to identify possible trends which may require them to adjust the support people received. Accidents and incidents were analysed. An improved accident analysis system had been introduced. This was used to ascertain if there were any trends or themes, so that action could be taken to reduce the risk of any reoccurrence.

- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future.

Is the service responsive?

Our findings

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

At our previous inspection we found activities were not providing people with meaningful regular activities. This is a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

- Due to the Covid-19 pandemic, people had not been able to go out into the local community; activities had therefore taken place in the home. People had enjoyed a day at the races on grand national day where staff made horses and had a race in doors.
- One person told us, "The activities here are very good, lots of choice, there is always loads of things to do if you want to join in. We have baking, memory boxes we fill with things like. We also have games at the table and fruit tasting. They [staff] say, 'taste that, can you remember what it's called?' It's all good fun. We have ice lollies when it's hot."
- People had been supported to keep in touch with their family and friends throughout the pandemic. Staff supported people to phone and video call their relatives and friends.
- There was an activities programme in place. Three activities coordinators worked Monday to Sunday to cover activities throughout the week, musical events, exercise sessions, arts and crafts and baking sessions were organised. Entertainers visited and there were trips out into the local community when possible.
- Staff had a clear understanding of the importance to provide people with the opportunity to develop and maintain friendships and relationships. Staff had a passionate approach to finding activities that were not just fun, but also helped people to develop confidence and friendships.
- A relative said, "Life has improved for [person's relative] since they came to live here. There is so much choice of things to do, people to talk to. I feel more relaxed seeing they have become more sociable."
- People were involved in planning the programme of activities. One relative told us, "The activities are brilliant. They are organised around what people want. The organisers of activities discuss with people what they like to do and what their interests are."
- There was a 'you said, we did' board, which demonstrated where people had made suggestions which would improve the environment these were actioned, and suggestions were responded to. For example, one person had suggested a colourful garden, pictures on the board showed the garden area after it was made colourful. There was a shop for people which opened daily.
- The registered manager and staff team had developed a personalised approach to activities. There was an emphasis on enabling people to maintain links with the local community which brought real benefits to people. Such as community-based activities, including, visits to a cinema, pubs, garden centres and

museums.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences People received care and support which met their needs.

- People had a care plan which guided staff on how to deliver person-centred care.
- Staff were knowledgeable about people and understood how to respond to their individual needs.
- People's care records were detailed about their individual needs and preferences, and were regularly reviewed and updated as their needs changed.
- The care plans were regularly reviewed by staff so they accurately reflected people's changing needs and wishes. For example, we saw recorded changes to a person's care plan after their needs had changed. We observed a number of examples of people receiving the care that was recorded in their care plan. People were supported with mouth care like teeth cleaning which was recorded. Staff told us they were kept updated with any changes in care plans through daily shift handover meetings and shift planners.
- People's bedrooms were filled with their personal items, which included; photographs, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them.
- Technology was used to support people's independence. For example, people were supported to have access to wi-fi enabling people to communicate with family and friends.

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.

- Care plans contained information about people's communication needs. The registered manager told us that information would be available in different formats if this was required.
- Staff were provided with clear guidance in care plans which described how best to support people with sight and hearing impairment. We observed staff supporting people in line with this guidance.
- Information for people was readily available and in large print and pictorial prompts. This meant information was given to people in different ways to enable their understanding.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place, records of complaints and actions taken were maintained.
- There was an open and transparent culture to complaints and people were positively supported to access the complaints policy and procedure.
- People's ideas and suggestions were listened to and effectively acted upon. People said they could talk to staff if they had any concerns or suggestions. One person told us, "I would not hesitate to talk to any of the staff, the registered manager is always asking us what we think about the home and do we have any suggestions."
- One complaint had been received by the service in the last twelve months. This had been investigated and reviewed by the management team a response letter was sent to the complainant to ensure their complaint had been resolved.

End of life care and support

- People were supported at the end of their life to be as comfortable as possible. Staff followed a multidisciplinary approach with health and social care professionals to ensure consistent and responsive care was provided at this important time in people's lives. We spoke with a visiting health professional who

spoke very positively about how the home had facilitated one person's end of life wishes.

- The registered manager told us they are going to commence training in the gold standard for end of life care. The GSF is a model of good practice that enables a 'gold standard' of care for all people who are nearing the end of their lives. It is concerned with helping people live well until they die.

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.

At our last inspection we found elements of the service had improved, however, newly implemented governance processes needed time to be fully embedded. We issued a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance. At this inspection we found improvements had been embedded in the service and the service was no longer in breach of regulation 17.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a clear focus that Red House care home was people's home and they worked for people. People told us staff focused on them and their needs. Comments included, "The staff look after me" and "I'm very happy here." One person's relative told us managers and staff have time to talk to her relative and discuss how she wants to be involved in the home and what she would like to do.
- The registered manager and provider had acted to engage local communities with the home. They had further planned to drive this engagement, inviting the community to the home as well as supporting people to use local amenities when Covid restrictions are removed.
- The service worked with a range of services aimed at supporting care homes in Hampshire. This included support from the local authority care homes team. The service had worked on guidance provided by the care homes team to improve care planning and person-centred care.
- The registered manager created an open culture and demonstrated along with the staff a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- We found the registered manager and provider shared a clear vision and strong values. They led by example and were committed to providing individualised care and support to people.
- We reviewed feedback provided to the service from people and their relative's surveys said, "I cannot praise her and the home enough, as soon as you walk in you are greeted with such warmth. I cannot thank [registered manager] and her staff enough - it is so reassuring to know [person's relative] is safe." And, "I always find staff friendly and helpful. The care staff always provide me with information in relation to [person's relative's] health."
- Staff felt valued and the provider had developed systems to recognise good practice. The provider operated a staff recognition awards scheme. This enabled people who used the service, staff, visitors and relatives to nominate staff in recognition of when staff had gone the extra mile in providing high quality care.

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

- The registered manager and provider were fully aware of their legal responsibility to notify CQC of notifiable events. The provider understood their responsibility to be open and honest when an incident had occurred. They had demonstrated this when following concerns, they had ensured people and their representatives, as well as relative agencies were informed.
- The registered manager kept an overview of all accidents, incidents, safeguarding and complaints. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned. The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the service and on the provider's website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff spoke positively about the registered manager. Comments included, "The new manager is really lovely, creative, optimistic and has a warm personality. She would do anything for the benefit of the residents."
- Staff told us they had a good management team.
- The registered manager and provider had taken appropriate action following our last inspection. They had ensured quality assurance systems had been embedded. These systems addressed shortfalls found at the last inspection in relation to the management of people's prescribed medicines and quality auditing systems and person-centred care.
- Audits carried out by the registered manager and deputy manager identified and helped drive improvements. Weekly medicine audits had consistently evidenced improvements in relation to the management of people's prescribed medicines.
- Staff were supported by the registered manager and understood their individual roles in supporting people at The RedHouse. Comments included, "I love it here now, I feel supported" and "I feel supported and absolutely listened to."
- There were well established and effective governance systems to support the service to continually improve. People's experience of care and support were at the core of these systems. There were systems of daily, weekly, monthly and annual quality assurance checks and audits in place. We saw evidence that where issues were found, action was taken promptly to ensure improvements were made. For example, a lessons learned analysis resulted in action taken to reduce the number of falls.
- Staff spoke with pride about working at Red house care home and we observed staff were highly motivated and shared the same passion and commitment as the management team to providing quality care.
- People and staff were encouraged to contribute their views on an ongoing basis through meetings, surveys and suggestion boxes placed in the entrance. Where people made suggestions to improve the quality of care in residents' meetings, surveys and care reviews, action plans were put in place to drive continuous improvement of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured they involved people regarding key activities at Red house care home, for example, the views of people had been sought in relation to the activities and events they enjoyed. People had used a meeting to discuss more activities and changes to the environment.
- Staff told us the registered manager sought their views. Comments included, "She listens, I've gone to her about personal and work issues worrying me, she responded quickly," and "She's listens and takes action to

improve things. The manager is good. I am so much happier, and people are much happier."

- Care staff were provided clear information they needed on people's needs, the providers expectations and changes in the home, through meetings and staff handovers. For example, changes to the home's quality assurance systems had been discussed and actions implemented.

Continuous learning and improving care

- The registered manager carried out monthly incident and accident audits. They used these audits to identify any trends throughout the service or actions they could implement to protect people from avoidable harm.

- Staff were supported to continuously develop through training and reflective learning. Staff spoke positively about the support they received from the registered manager when things hadn't gone as planned. The registered manager used meetings to enable staff to reflect on their practices and develop.

- There was a system to ensure staff received the training they needed to meet people's needs. Where updated training was due, staff were informed of this and record of completion was kept under review to make sure it was done. Staff were provided with updated training in line with changes within the care profession, including end of life care with a focus on enabling people to live well in their last days.

- The registered manager was committed to protecting everyone's rights in relation to equality and diversity. Staff were trained to understand how they supported people's rights, and this was embedded in their practice. Staff showed a clear understanding of equality and diversity that ensured everyone was supported equally.

- The provider had developed an open culture and lessons were learned when issues had happened. Learning was shared between the provider's services with action plans to ensure improved quality of care and plans to reduce the risks of similar happening in the future.

Working in partnership with others

- The service worked extremely well with Local Authorities who commissioned the service, and with health care professionals, to achieve good outcomes for people.

- The registered manager described how joint working with mental health and social work teams improved the health and wellbeing of people.