

# Your Lifestyle Nationwide Limited

# The Red House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on the 31 October and 2 November 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 seven people in one shared house and provides a service for people with a learning disability. At the time of our inspection visit there were six people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service continues to be rated 'Good'.

The Red House had a registered manager in post. 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.

People were protected from harm and abuse through the knowledge of staff and management. Appropriate action had been taken by the service when allegations of abuse were made. Risks in respect of people's daily lives or their specific health needs were assessed and appropriately managed with plans in place to reduce or eliminate those risks. Sufficient staff were deployed and robust staff recruitment procedures were in place. The care home was clean and had been well maintained.

Effective quality monitoring systems were in operation to promptly identify shortfalls and drive improvements. The registered manager was approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service well-led?

Good ●

The service remains well-led.

# The Red House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We previously carried out an unannounced comprehensive inspection of this service on 4 and 5 October 2017. In October 2018 the provider notified us of allegations of abuse. As a result, we undertook a focused inspection to look into these issues. One of these allegations is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the allegations indicated potential concerns about the management of people's safety. This inspection examined those risks.

We inspected the service against two of the five questions we ask about services: is the service safe? and is the service well-led?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Any ratings for key questions that have not been re-inspected will be brought forward from the previous comprehensive inspection and displayed on our website.

This inspection took place on 31 October and 2 November 2018 with the first visit unannounced. The inspection was carried out by one inspector.

We spoke with one person using the service, the registered manager and three members of staff. We reviewed records relating to how risks to people were managed, how their medicines were managed and the safety of the premises. We also examined records relating to staff recruitment, training and supervision and the management of the service. We observed staff supporting and engaging with people. We also

reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

People continued to be protected from the risk of abuse because staff and management had the knowledge and understanding of safeguarding policies and procedures. Appropriate action had been taken when allegations were made of abuse and where people may have not been supported in accordance with their individualised support plan. Actions included referrals to the local authority and the police. The registered manager told us, "In line with our safeguarding policy, we treat allegations very seriously".

Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly. Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had risk assessments in place which gave staff information on managing any identified risks such as a person's epilepsy, behaviour, choking and managing the risk of sunburn. Where appropriate these included information and advice from health care professionals which had been included in people's risk assessments and support plans.

Some people living at Red House at times experienced challenging behaviour that could put themselves or others at risk. Staff had received training to support people to manage their behaviour safely. They were familiar with people's behaviour support plans and could describe the techniques they used to support people to manage their anxiety and thereby reducing the likely of behaviour interventions. This included following plans to provide specific responses to people's questions to alleviate their anxiety. Information was available to share with the police to assist with any search in the event of a person going missing.

People were cared for in a safe and comfortable environment. They were protected from risks associated with the environment of the care home such as legionella, fire and electrical equipment through checks and management of identified risks. The latest inspection of food hygiene by the local authority had resulted in the highest score of five stars. Staff had received training in infection control and food safety to enable them to protect people from the risk of infection. Vehicles used by people were subject to regular safety checks.

At the time of our inspection visit, absences in the staff team were being managed with staff working extra hours and some use of agency staff. Where staff had worked long hours, this had been discussed at supervision sessions to ensure they were coping with this. One member of staff described the challenge of working longer shifts to cover absences but told us they would rather do this to ensure the person received consistent support. Recruitment of new staff was in progress at the time of our visits.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable

groups.

People's medicines were safely managed. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. We found handwritten directions for giving people their medicines had been checked for accuracy and signed by a second member of staff. Checks were in place to ensure staff were aware of the expiry dates of people's medicines once they were opened and a system was in place to respond to any errors with supporting people to take their medicines. Regular audits were completed on the management of people's medicines to ensure medicine systems remained safe.

A system was in place to investigate and learn from accidents and incidents as part of the provider's quality review processes. An incident involving people travelling in a vehicle, where one person had injured another had been analysed. Lessons had been learned and improvements made which were included in a risk management plan. These included planning for where people were to sit in the vehicle in relation to staff and training for staff from a health care professional to ensure a person's fingernails were correctly cut to minimise risks to others. Debrief meetings were held following any incidents and we witnessed staff planning a debrief following an incident on the second day of our inspection. This enabled staff to reflect upon an incident to identify opportunities for improvement to minimise similar incidents happening again.

# Is the service well-led?

## Our findings

We found no concerns relating to the management of the service. Staff told us the care home was "Well-managed" and the registered manager was doing a "Sterling job" and was approachable. We witnessed how the registered manager was available for people using the service and staff.

The service had a vision described as, "The people we support don't live in our work place, we work in their home". Throughout our inspection we found examples of managers and staff supporting people in accordance with the provider's vision. The registered manager described the current challenges as the recruitment of staff and ensuring people using the service were compatible with the service provided.

The Red House had a registered manager in post. 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.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence of the service following their duty of candour policy. For example, following a medicine error in June 2018, the provider had taken appropriate action including writing a letter of apology to the person affected.

Systems were in place to monitor staff behaviour and performance and to provide staff with the support they needed to undertake their roles. Staff told us they had received supervision sessions. These sessions consisted of individual meetings with a manager or senior member of staff where the staff members role, performance, training and personal development would be discussed. In addition, staff team meetings ensured staff were aware of action to be taken to meet the needs of people using the service, planned developments within the service and the expectations of the management and provider.

There were effective systems in place to monitor the quality of services and care and support provided to people. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements. These checked that safe practice and processes were followed and ensured the home remained compliant with necessary regulations. Audits included people's finances, staff training, supervision and health and safety.

Surveys were sent to people using the service, their representatives, staff and health and social care professionals. The results of these are analysed and combined with the results of audits were collected in an annual quality assurance review report and development plan which covered a number of services operated



by the registered provider. Where improvements were needed, action plans described how these would be achieved. For example, in the latest report, ensuring managers completed a higher level of safeguarding training and providing training to people using the service to help them to identify abuse. This action was being completed.