The Red House (Ashtead) Limited

The Red House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Red House is a home that is registered to accommodate up to 25 people who require personal and nursing care. The home provides care and support with physical and needs, also respite and palliative care. Accommodation is provided across two floors with access to the first floor via a passenger lift or stairs. There were 25 people living here at the time of our inspection.

There was a registered manager in post, who was present on the day of the inspection. 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.

There was positive and caring interaction between people and staff. People gave clear indications to us that they were happy living here. One person said, "Everything is just perfect. They do an excellent job." A Relative said, "These are my family members friends, we are all going to get old and I can only hope I find a home like this for myself." People could only praise the staff and the facilities. We observed nothing that would contradict this. Staff were all were extremely happy in their work and proud of the job they do.

People had access to a wide range of activities that met their needs. Staff also encouraged people to continue in past hobbies, and to achieve lifelong dreams. They supported people at the end of their life to achieve goals and aspirations and live their life to the fullest extent.

People were safe at The Red House because there were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

In the event of an emergency people were protected because there were clear procedures in place to evacuate the building. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency. Staff were aware of the home's contingency plan, if events occurred that stopped the service running. The premises provided were safe to use for their intended purpose.

Staff recruitment procedures were robust to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines. All medicines were given to people and any excess disposed of in a safe way.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were heard to ask people for their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People had access to drinks and snacks at any time during the day and people were able to have a cup of tea during the night if they asked.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. When people's health deteriorated staff responded quickly and made sure they received appropriate treatment. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what they were doing. People could have visitors from family and friends whenever they wanted. The staff knew the people they cared for as individuals, and had a good rapport with relatives, giving a family feel to the home.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, social and psychological needs. They gave a good level of detail for staff to reference if they needed to know what support was required.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people. The senior management from the provider regularly visited the home to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

There was a very positive culture at the home. The registered manager had a clear vision about the values and quality of the service, which was shared by staff. The staff team benefitted from strong leadership and the registered manager led by example. A person said, "It's excellent here. I'm always involved in my care. Yes, it's the very best care home." a relative said, "I can't fault the home."

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 was safe.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff were able to understand the people they supported.

People were encouraged to maintain their independence and live full and fulfilled lives.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was very responsive to people's needs.

People had access to a range of activities that matched their interests, and people were supported and encouraged to continue old hobbies, and have their life long dreams achieved.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance processes were up to date and used to drive improvement throughout the home.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

People and staff were involved in improving the service. Feedback was sought from people via an annual survey and regular meetings.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

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.

This inspection took place on 5 May 2016 and was unannounced. Due to the size and layout of this home the inspection team consisted of two inspectors, a nurse specialist and expert by experience.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about peoples experience of living at the home we spoke with 11 people, four relatives. We sat with people and engaged with them. We observed how staff cared for people, and worked together. 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 also spoke with eight staff which included the registered manager and area manager, and a visiting health care professional. We reviewed care and other records within the home. These included six care plans and associated records, three medicine administration records, seven staff recruitment files, and the records of quality assurance checks carried out by the staff.

The local authority and safeguarding team did not identify any concerns about the home. After the inspection we had written feedback from 12 healthcare professionals, such as GP's, the local hospice, speech and language therapist, all of which praised the care and support given by staff.

At our previous inspection in January 2014 we had not identified any concerns at the home.

Good

Is the service safe?

Our findings

People were safe living at The Red House. One person said, "Yes I feel very safe. The people who work here are very aware of what goes on which makes me feel very safe." A relative said, "You can tell how happy my family member is here, and I know she feels safe."

People were protected from the risk of abuse. One person said, "They [staff] never discriminate. I wouldn't have any issues with raising a concern about how I am treated. But so far I have none." Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. One staff member said, "I would report anything bad to the manager and if they did nothing I would go to Safeguarding. I know they would do something though". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Board or police and that they could do this themselves if the need arose. Information about abuse and what to do if it was suspected was also clearly displayed in home for people and visitors to see, so they would know what to do if they had concerns.

There were sufficient staffing levels deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff one person said, "Yes. There is nowhere better to be." Another person said, "There is always someone around to help me."

Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. These were kept in people's care plans. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here. Staffing levels were actually kept higher than those recommended by the dependency tool in order to ensure safe and effective care.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed. Actions taken included ensuring staff where present in communal areas to help people at risk of falls. One relative said, "There are always at least two staff members in here (the lounge) when I visit and they respond quickly to any requests."

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things they liked because it was too 'risky'. One person said, "I can do anything I want within reason and the staff are very good." Another person said, "Oh yes I'm in full control- No my freedom is not restricted apart from the fact that I'm in a wheelchair."

Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures had been put in place to reduce these risks, such as specialist equipment to help

people mobilise around the home. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. One person sometimes presented with behaviour that challenged themselves. Their care plan contained detailed risk assessments and an action plan to deal with any potentially disruptive behaviour. These included the description of possible triggers to behaviours and the correct 'de-escalation' techniques to be used to ensure the safety of other people and staff. This person's family had been fully involved in the compilation of the care plan.

People were cared for in a clean and safe environment. One person said, "The equipment [around the home] is always checked. I think the home is very secure and safe for me." The home was well maintained. The risk of trips and falls was reduced as flooring was in good condition. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. One person said, "Yes I always get my medicine at the same times each day." A relative said, "They always ask if Mum needs her pain killers." Another relative who was a trained nurse said, "My family member has a very complex medicine schedule and now increasing physical needs due to Advanced Parkinson's. The current understanding of these needs from the staff is apparent."

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way. This included details of why a person was prescribed this medicine, the maximum doses and potential side effects which gave detail as to how this may affect individual people. This was person centred because the staff were noting how individual medicines affected people individually, not simply a list of routine side effects.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. All pharmacy deliveries were received by two registered nurses and records maintained. The GP service had an electronic prescription system with the pharmacy and the pharmacy checked with the service what medicines required. This meant there was good communication between all three agencies and ensured the home did not have excess stock. Disposed medicines were collected by the provider's clinical waste contractor. Sharps bins (used to store used syringes and other

sharp objects) were also collected by the homes clinical waste provider. The sharps bin which was in use had been used correctly and safely. It had been put together correctly and was not filled above recommended safety level.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person said about staffs' levels of training, "The general standard is very very good. If I had any difficulty and asked for help they would without question."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. One staff member said, "The induction was great. I hadn't been a carer before. I shadowed a lot and felt safe the entire time." The Skills for Care Certificate training was now undertaken by all new care staff. This familiarised staff with an identified set of standards that health and social care workers adhere to in their daily working life.

Training had been devised and presented by the provider specifically to assist staff in understanding their roles better. These included training presented by a relative to staff. This was entitled, 'A Relative's View-Look at Life My Way'. It described the experiences of being a relative involved in the care of their loved ones, their priorities and how staff can assist in making the experience less stressful and more enjoyable. Staff also received training entitled 'Dementia Awareness Masterclass' from a local physician specialising in the care of people with dementia.

Qualified staff received ongoing training to ensure they were kept up to date with current best practice. The provider was encouraging in developing its staff. One staff member said they were being, "Supported by the provider to attend training courses e.g. phlebotomy, male catheterisation and other updates." Two of the registered nurses also told us the provider was supportive of them in preparation for revalidation with the nursing and midwifery professional body (NMC).

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. Detailed

assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. People also had access to advocacy services. These offer help to people who may not have anyone else who can help them with decision making, and make sure they are supported and cared for in the person's best interest.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One person said, "They explain everything to me." Another person said, "I am always consulted on decisions about my care." Staff were able to demonstrate how the MCA had been used to ensure a person's human rights were not ignored. It was evident from the care plans that staff possessed a high degree of knowledge around DoLS. For example, one person's care plan read, "Care and treatment should be provided for X in a way that is least restrictive to them and respectful of their rights and freedom of actions."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. One person said, "The food is lovely especially the cakes. Occasionally I need help eating, and my needs are totally met." Another person said, "The food is very good and there's plenty of it." Lunch was observed to be a quiet and dignified event. Staff asked people where they wanted to sit and some people decided they preferred to sit in the communal lounge at a table set up by staff. Staff offered to clean people's hands before the meal and each person was asked for their consent to this. People were given choices about meals options, portion size, and choice of drinks.

People were enabled to maintain independent with the use of plate guards as required. Staff offered assistance in a kindly and discreet way e.g. where staff saw a person had not eaten their potatoes, offered to cut them up for them. We saw people sat where they wanted in the dining room. People who received assistance to eat were included in the lively dialogue during lunch and people ate at their own pace. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for everyone involved.

People's special dietary needs were met. The chef interviewed people when they first arrived at the home in order to discover their preferences and possible cultural or spiritual needs in this regard. All staff were knowledgeable about people's likes and dislikes and dietary requirements. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. One person had a pureed lunch. Each food item was kept separate on the plate so the person could taste the individual components of the meal, and have different taste experiences.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. One person had their food and fluid intake monitored as they were identified at risk of malnutrition. Staff involved the person in this by asking them what they had eaten and drunk, and discussed with the person if they needed to eat or drink anymore at that time.

People received support to keep them healthy. One person said, Very much so [I am supported to keep

healthy]. If I need a doctor I would be seen immediately. I just have to mention other health checks and it's arranged and I'm taken." Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Information about the outcome of the appointments and any action needed by staff were also clearly recorded and followed. Where people's health had changed appropriate referrals were made to specialists to help them get better. People's health was seen to improve due to the care they had been given by staff. One person said, "I had a fall and needed physio. I am not able to do much on my own but the staff are very good and help me. I managed four steps today and they are very pleased with me, as am I." The staff kept wound care records separately and each record was very detailed, including photographs to monitor progress of the wound. There was excellent attention to detail and we could follow the progress and improvement of the person's wound and treatment plan, due to the level of detail recorded by the staff.

New equipment was used to support the individual needs of people. The provider had supplied one person with a pressure relieving mattress whereby the technology worked out the person's weight ratio to setting requirement. This meant the provider was protecting people's health and safety using technology which promoted optimum pressure settings for the individual to reduce the risk of a pressure sore developing.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "I have complete faith in all the staff. I have never felt patronised." Another person said, "Caring? Not the word - staff are fantastic- always around and helpful." A relative said, "The staff are caring- I'd say loving and she is very well cared for here." Staff were very focused on supporting people in a caring and friendly way. A staff member said, "I feel like the residents are getting the most care than anywhere else (I've) worked."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. One staff member told us, "It's putting people at the centre of things. It's their home". Another staff member said, "We have enough staff to be able to get to know residents really well. It's a small home, a family home really." An example of this attitude was demonstrated where a person's wedding anniversary came up. The person's husband and daughter had arrived at the home to be with her. The staff had arranged a surprise party to celebrate the anniversary for the couple which the family had really enjoyed.

Staff were very caring and attentive with people. One person said, "The staff are exceptionally caring and very pleasant. They are always smiling and nothing is too much trouble." They knew the people they looked after. Throughout our inspection staff had positive, warm and professional interactions with people. All the care staff were seen to talk to people, asking their opinions and involving them in what was happening around the home. Staff were knowledgeable about people and their past histories, such as past jobs, hobbies, and their family life. The care plans contained both life histories and social assessments. They had been compiled in conjunction with people and their families and contained information staff could use to help build relationships. For example, people's previous occupations and hobbies. It was possible to 'see the person' in the care plans. For example, one person had been a musician, and the information recorded detailed where they had learnt to play and their history as a musician. Throughout the inspection it was evident the staff knew the people they supported well. Another example of staff knowing people were shown when birthdays happened. One person was a veteran of World War 2, and the staff had made a birthday cake which celebrated his service to the country.

Staff communicated effectively with people. One person said, "I don't hear very well and they are very patient." When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication. One person showed us the activity planner which included pictures to signify what was happening. Staff used pictures of meals to assist people in making choices with regards to choosing menu items. People were involved in their day to day care and support needs.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection,

and involved people in their support. A visitor said, "The way I tell she is treated well is by observing how well she looks and how the staff take notice of her. They are so patient and willing." Examples such as asking people for permission before they were moved in their chairs were seen throughout the inspection from all staff. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Staff maintained good eye contact with people, body language was friendly for example, giving people space, and staff sat at the same level as people to converse.

People received a very good standard of care at the end of their life. Staff had discussed a person's end of life wishes with them and those close to them. Records showed the involvement of hospice staff as appropriate and the active involvement of the GP in meeting people's end of life wishes, for example avoiding hospital admission if this was not the person's wish. People were supported to continue to learn and experience new things when on end of life care. One person had reminisced with the registered manager about their passion for the card game Bridge. They had been unable to play for many years as they had lost contact with their friends. The staff went out of their way to contact these old friends and arranged for them to visit and play cards. The person could not be moved from their bed so their room was reorganised so they game could take place in their room.

People's rooms were personalised which made it individual to the person that lived there. One person said, "I have the very best room with an on-suite so my privacy is well maintained." People benefited from a 'resident of the day' event. This is when the person had a full pamper day. In addition, all their care plans were reviewed and updated, their room was deep cleaned and maintenance checks were completed, but the primary focus was on the individual to make it an even more special day for the person.

Family members were able to keep in regular contact and visit whenever they liked. For those people who had loved ones living far away or in other countries, staff helped them to talk on the telephone and in certain cases they arranged video calls through Skype.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. One person said, "I've seen and discussed my care plan." A relative said, "We have been involved in her care plan and updates and every decision is explained to both Mum and us." Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager or key worker. Staff explained how they sat with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and were person-centred, focused on the individual needs of people. Care plans addressed also areas such as how people communicated, and what staff needed to know to communicate with them.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly with people so they reflected the person's current support needs. A relative said," I go through it (care plan) with her keyworker and designated nurse." Further confirmation of people being involved in reviews of their care was given when one person said, "Oh yes they ask us often about how we are getting on. Very much so."

The staff went out of their way to support people to do the things they enjoyed, and to make dreams come true. One person was a gifted painter and had produced many acrylic and water-colour works in the past. Due to their medical condition they now had shaking hands, but they still managed to paint beautiful pictures. The person told the staff she had always wished to have an exhibition of her artwork since she had been a child, but never had the opportunity, and now didn't think that it was going to happen ever in her life. The staff assured her that this was possible at The Red House.

The person was given a year to produce as many new works as possible. An art exhibition of 84 pictures painted by the person was staged at the home in May 2015. This was visited by more than a hundred enthusiasts, local people, local leaders and the Press. The registered manager explained the enthusiasm the person had displayed during that one year of the preparation for the exhibition, and the joy she felt at the prospect of her lifetime ambition coming to fruition. The process is ongoing, and the person is looking forward to her next art exhibition to be staged towards this year's (2016) last quarter. The person's relative wrote, "This was a dream come true, she was encouraged and supported by the staff and together we were

able to put on a good show. I am particularly grateful to the registered manager for driving this opportunity through to make the show a very special day."

Another person had been successfully motivated by the care and support of staff to develop their writing skills and become a poet. The person was supported to put her poems on the homes Facebook timeline, and they were also on display in the dining room. The registered manager suggested that her poems could be made into a book and released by the end of this year. The team at The Red House has already started preparations for making the book release a celebration of her accomplishments.

People had access to a wide range of activities many of which focussed and promoted peoples well-being and sense of achievement. One person said, "We have word games……all sorts of things." Another person said, "There are lots of things to do if you want but it is always your choice." A visitor said, "There are lots of activities, singers, balloon games, word games, flower arranging, gardening, are just some of the examples." Activities were based around people's interests and to promote their independence and confidence. People had access to day centres, social clubs and holidays abroad. During the inspection people were taking part in activities throughout the day. They also had visits from external agencies who gave one to one activities for people. A relative said, "My family member joins in where she can and has improved such a lot since she been here."

People were involved in activities in the local community. Most of the people living at The Red House were from Ashtead and nearby places, and had been supported to go to the Ashtead Village Day. This was an opportunity for them to socialise with the other villagers and their old friends. They told us they enjoyed this event and had returned home with a lot of memories to cherish.

People were supported by staff that listened to and responded to complaints or comments. One person said, "I wouldn't have a problem raising a complaint but really have nothing to complain about." A relative said, "I would speak to the manager. There is a complaints procedure notice in the bedroom." There was a complaints policy in place. The policy included clear guidelines, in an easy to read format, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been nine complaints received at the home in the last eight months. These had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. A number of compliments about the care provided were also received in the same period of time. One example stated, "Thank you for all your hard work and kindness to the residents. You all do so much to make things special."

Good

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the manager. One person said, "It is well run and very friendly. I couldn't be happier anywhere else. The atmosphere is extremely happy." When asked what the home did well, the person said, "Everything." Another person said, "Communication is very good with management and staff." A relative said, "They are a good team, compassionate; they carry out their responsibilities very well." Staff felt supported working at the home, and enjoyed their job. Staff told us the "manager is good; she is doing well, I can text her if I need something, her door is always open to us." Another staff told us there was a, "Good management response," if issues needed to be raised.

Staff told us the manager had an open door policy and they could approach the manager at any time. One staff member said, "Yes, we get regular supervision. The manager is really open. I can say what's on my mind". Another staff member told us, "There's no problem there. I know I am listened to." Staff understood their roles and were confident about their skills and knowledge. This meant people experienced a level of care and support that promoted their wellbeing and meant they had a meaningful life. Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

There was a clear staffing structure and staff understood their responsibilities. In order to focus on certain vital areas of the home, the management team had chosen staff members as champions. There were champions for Hydration, Tender Loving Care (End of Life Care), and Dignity & Respect. These champions gathered the latest information about their area from various resources, and passed this information among the care staff, including training the staff on new practices. The residents and families have greatly appreciated this development. From our observations and conversations during the inspection this has made a positive difference to the people at the home.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard.

The management and staff strove to continually improve the standard of care and support given to people. Senior managers were involved in the home and carried out regular visits to check on the quality of service being provided to people. One staff member said, "The directors are interested (in how the home manages), they come in at least three times a week and also at weekends. They are approachable, and always ask staff if everyone ok." These visits included talking with people and relatives, an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed. The registered manager also completed a monthly management report to keep the senior managers within the organisation up to date on what had happened at the home, and to monitor that a good standard of care and support where being given.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered

areas such as infection control, health and safety, and medicines. In addition the registered manager also carried out unannounced spot checks to see that people received a good standard of care at all times, for example their last check was carried out at 2am to check on night staffs practice. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. For example, the provider completed a monthly audit of MARs and where it had identified a few gaps in signing, they had taken action.

An independent review of the standard of care had been completed. The provider had employed an external consultant to also complete an audit of the home. This had generated an action plan and these actions had been completed in good time. For a risk assessment around the use of visual display units and step ladders had been completed, to ensure staff were kept safe.

People and relatives were included in how the service was managed. One person said, "We are always involved." The registered manager ensured that various groups of people were consulted for feedback to see if the service had met people's needs. People and their relatives/friends were enabled to bring up issues at residents meetings and the manager was available for any issues anyone wanted to raise. Staff told us there were, "Bi-monthly relatives meetings which directors attend."

Staff were involved in how the service was run and improving it. There were a wide variety of meetings held to ensure people received safe and effective care. Meetings included Infection Prevention and Control; Safeguarding; Health and Safety; General staff meetings; and Registered Nurse meetings. These meetings were well attended by staff and tightly focused on the issues at hand. The meetings had a positive impact on the home because issues raised became part of an action plan devised at the end of each meeting. It was possible to track an issue from its source to resolution, which showed the ethos of continuous improvement was well ingrained in everything the staff did.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's high standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.