

RedHouse Care Limited

The RedHouse Care Home

Inspection report

2 Southampton Road
Fareham
Hampshire
PO16 7DY

Tel: 01329287899

Website: www.redhousecarehome.co.uk

Date of inspection visit:
17 June 2019

Date of publication:
19 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Redhouse Care Home is a 36 bedded residential service. It provides care for older people some of whom may have mental and/or physical health needs.

People's experience of using this service:

During our previous inspection we found a number of failings. These included, unsafe recruitment procedures, a lack of staff training and stimulation in the home and poor governance arrangements. Whilst we found improvement at this inspection there were still areas of the service that required development.

The service did always not provide sufficient stimulation for people.

Care plans did not always provide appropriate detail to assist people with their medicines.

Governance systems were not always effective in driving improvement.

Feedback from people, staff and relatives confirmed the management were respected and led by example.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities.

People, their families and professionals told us they felt the service was safe. Staff had received safeguarding training and had their competency in this subject checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

The manager had a good understanding of their responsibilities to notify the CQC of important events that happened within the service. People and their families had been given information so that they knew what to expect from the service.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff.

Staff received appropriate induction into their role and learning opportunities were made available.

Staff said they felt supported in their role. They told us they received regular supervision and appraisal.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

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.

People had good access to healthcare services.

People, their families and other professionals had been involved in an assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

A complaints procedure was in place and people told us they were confident that concerns would be dealt with appropriately by management.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

Rating at last inspection: The last rating for this service was requires improvement (published 20 June 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected: The service was inspected within our inspection timeframes.

Follow up: We found two breaches of the Health and Social Care Act 2008. You can see what action we have asked the provider to take at the end of this full report.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service remains Requires Improvement.

See our detailed findings below.

Is the service effective?

Good ●

The service improved to Good.

See our detailed findings below.

Is the service caring?

Good ●

The service remains requires Good.

See our detailed findings below.

Is the service responsive?

Requires Improvement ●

The service remains Requires Improvement

See our detailed findings below.

Is the service well-led?

Requires Improvement ●

The service remains Requires Improvement

See our detailed findings below.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection:

We did not provide notice for this inspection.

Inspection team:

The inspection visit was carried out by one inspector, an expert by experience who spoke with people and two Pharmacist inspectors.

Service and service type: The service provides care and support to older people who may be living with dementia.

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

The service did not have a registered manager with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed and had applied to CQC to become the registered manager.

What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, the deputy manager, six members of staff, seven people, eight relatives and four healthcare professionals. We also looked at a range of documents which included: Notifications we received from the service, five people's care records, records of accidents, incidents and complaints, audits and quality assurance reports, recruitment records, policies and procedures, complaint and compliment records, medication records, staff training and supervision records and team meeting records.

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 remained the same.

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

- Policies and records were in place for the management of medicines, including the administration of covert medicines.
- Staff explained how they contacted the residents GP when medicines needed reviewing or when people did not take their medicines.
- Medicines were stored securely. Records of fridge temperature showed that medicines might not always be stored at the correct temperature or the expiry date adjusted as recommended by the manufacturer.
- One person had their medicines given to them covertly (hidden in a drink). Staff had not checked that the medicine remained active when administered this way.
- Medicines administration records were complete and contained additional information. However, the care plans we reviewed were variable in content. All the care plans contained a medicines summary to be used if the person was transferred to hospital. Care plans for five people did not contain enough information for staff to administer emergency medicines safely or indicate when they should seek further health care support. Therefore, we were not assured that the care plans kept by the service ensured the needs of each person were met.

Staffing and Recruitment.

At our previous inspection we identified the provider had failed to ensure staff employed were safe to work with people. We issued a breach of Regulation 19 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. At this inspection we found improvements had been made.

- Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included obtaining proof of identification and the right to work in the UK and, where relevant, evidence of satisfactory conduct in past employment. Reasons for any gaps in employment histories were documented.
- Sufficient numbers of suitably skilled, and qualified staff, were available to meet people's needs at all times. Since our last inspection the provider had increased the staffing levels.
One person said, "The staff are available for him when he needs them". Another person said, "I am never rushed, they are kind to me".
- A healthcare professional said, "This is a much-improved home, I come here twice a week to see two people and I am very satisfied with the care provided".

Systems and processes to safeguard people from the risk of abuse.

- Appropriate systems were in place to protect people from the risk of abuse.
- Safeguarding policies and procedures were in place. Staff had training about safeguarding and understood types of possible abuse and how to identify these. Staff were knowledgeable about what action they would take if abuse was suspected.
- The manager understood their responsibilities and had referred safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required. Where required these had been investigated and action taken to ensure staff were aware of any learning as a result.
- One person said, "This is a very safe place for me to live"

Preventing and controlling infection.

- There were suitable measures to control infection. Staff had received infection control training and told us they had access to personal protective equipment. One person said, "It's very nice and clean in my room".
- Risk assessments covered how people could be supported to maintain their continence and ensure that they were protected from cross infection risks.
- Good food hygiene was maintained, including the safe storage of food.
- Relatives and people said, "The home is very clean, they keep it nice for me", "It all looks very spick and span when I visit" and "This home is kept very clean as is its equipment".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The manager acknowledged the service had a number of previous issues and told us they were aware of the areas that required improvement.
- Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks.
- Records detailed the risks associated with people's care needs. They included the management of skin integrity, mobility, behaviours that may challenge others and communication.
- The provider had good arrangements in place to monitor and rectify any environmental problems, including decoration, lighting and furnishings.

Is the service effective?

Our findings

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

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

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- During our previous inspection we identified staff had not been provided with suitable training. We issued a breach of Regulation 18 HSCA RA Regulations 2014 Staffing. At this inspection we found improvements had been made.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- All staff were supported through supervisions and appraisals.
- Staff received training and underwent regular competency assessments to ensure they had the skills and knowledge to support people effectively.
- A visiting healthcare professional said, "I've done skin tear training (for staff), they have a skin tear box, they have had pressure area training and I'm about to come back and do their update".
- Relative comments included, "The staff do seem very well trained in my observation when I visit" and "In my experience when I visit the staff seem very knowledgeable to me".

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

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (MUST- a tool used to determine the risk of malnutrition) were in place and used to inform people's planned care.

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

- Staff were knowledgeable about people's dietary needs and preferences. Staff had completed training in food safety and encouraged people to eat a healthy well-balanced diet. People had access to food and drink during the day.
- The meal time experience was relaxed, and we saw people were encouraged to be involved in preparing their food. Staff engaged with people to make meal times a socially enjoyable experience.
- Food arrived in a heated trolley and looked well prepared and appetising. The main meals had three vegetables with them. There were three staff and the chef in attendance to serve the food and to assist anyone who required help.

- Several people had plate guards to help contain the food for those that were unsteady with their use of a knife and fork.
- Staff helped people with their meals in a very dignified and respectful manner.
- One person said, "The food is very nice here, there is a choice and they will make me something special if I want it". A relative said, "Tea and biscuits are brought around mid-morning and afternoon, liquids are in his room always".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to a range of healthcare professionals to ensure they remained healthy.
- Daily records, care reviews and the visitor logs demonstrated the manager and the staff worked effectively with external healthcare professionals to ensure people received appropriate care and support.
- A visiting GP said, "I have been visiting the Redhouse Care Home for many years now and I have always found them to be very well informed about the resident's conditions that they have asked me to deal with. I have no concerns about this Home and its current management, all is good here".
- A visiting healthcare professional said, "It's really much improved, better communication between us. We are not getting the silly referrals we used to. Anything we ask to get done is done. We recently had a lady who had health problems, everything I asked for was done, the dietary needs were sorted, the reposition care was sorted, the care plans gave staff written instructions".

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

- The provider was in the process of developing the environment to ensure it was accessible and suitable for people who were living with dementia. We observed this work being carried out.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Best interest decisions had taken place for people who lacked capacity to make specific decisions about their care. These decisions were documented in people's records.
- We observed staff seeking consent from people before providing care and support.
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The manager had a system to ensure that DoLS were reapplied for when required and that any conditions on DoLS were complied with.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- Staff spoke with pride about their jobs. Staff were particularly proud about their achievements, where they had made a positive difference to people's lives. For example, they had supported several people to gain confidence, learn new skills and become less anxious.
- People were supported by staff who understood the importance of respecting their privacy and dignity.
- People's comments included, "Staff are very caring towards me and the other residents", "They do protect my dignity at all times, they are thoughtful" and "They always use my first name and knock on my door, they are very respectful to me".
- Other comments from relatives and people included, "She is always treated with kindness and respect", "They do encourage my wife to be a bit independent", "Staff are always caring and supportive of me and my friends here", "I feel I am treated with respect always", "They always treat me with respect, very nice to me" and "They do encourage me to join in and be independent".
- All records containing information about people living in the home were kept locked when not in use to maintain confidentiality.

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

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time.
- Relatives told us they were kept updated and were involved in supporting people to make decisions about the care they received.
- A relative said, "I have been involved with my husband's care plan, it gets updated from time to time"

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

- The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. There was no evidence that people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For example, gender, race and sexual orientation. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this. The manager told us they would review people's care plans to ensure all characteristics were considered.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question remained the same.

People's care needs were not consistently met.

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.

- At our previous inspection we issued a recommendation that the provider seek guidance from a reputable source about arranging activities provision when staff had planned absence. At this inspection we found activities were still lacking.
- Whilst there was an activity schedule in place there was nothing organised on the day of our inspection.
- People were often isolated in their bedrooms without regular contact and people in the lounge area were not provided with meaningful stimulation.
- A visiting healthcare professional said, "There could be more activities for people, I do think that is an area they need to improve".
- A member of staff said, "It would be really nice if we could get more people (entertainment) coming into the home, so people had more to do".

This is a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns.

- There had been no complaints since the new manager had started and everyone we spoke with told us they had no concerns about the care they received in the service.
- A complaints policy was available, and people knew how to make a complaint. Where complaints had been made these had been investigated and acted upon.

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.

- People's communication needs were recognised, and action taken to support these. The provider ensured people with hearing or visual impairments received information in a suitable format.

End of life care and support.

- No-one living at the home was in receipt of end of life care. Some staff had received training in end of life care and were able to tell us how they would ensure people needs, preferences and wishes were met.

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 the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question remained the same.

Requires improvement. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our previous inspection we identified the systems in place to monitor the quality of care were not always effective. 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 elements of the service had improvement, however, newly implemented governance processes needed time to be fully embedded.
- Audits and quality reports did not consistently detail the actions required to make improvements.
- The provider failed to act on our recommendation to seek guidance from a reputable source to improve activities for people.
- Governance systems were not always effective in identifying areas for improvement in respect of the management of medicines.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were happy, singing songs, smiling and engaging with people in a friendly manner. This was observed throughout the day of our inspection.
- Staff said they were listened to by the manager. They were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC.
- Comments from people and relatives included, "Staff seem very happy here, they get on well together and with all of us residents", "Staff all seem happy here when I visit, it is quite jolly here sometimes", "The atmosphere is good here, she gets on well here" and "The home is well managed I think, it is a big job with many challenging residents though"
- A healthcare professional said, "I would have someone here I loved. The manager before wasn't keen on

engaging with us, this one is very much engaging. There's a general shift in here, it's more of a positive place. We are here in here every day. It's a nicer feeling as you come through the door".

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- Regular meetings took place between staff and management. Staff told us they were encouraged to provide feedback and make suggestions which could improve things for people.
- Although regular formal meetings with people and their relatives did not take place, everyone knew the manager and spoke positively about how they were engaged with and asked their views about the care provided.
- Feedback surveys were given out regularly to people, relatives and health and social care professionals. Following this feedback action plans were developed and carried out.

Working in partnership with others.

- Staff worked closely with other health professionals to ensure people received the support they needed. For example, one professional told us how staff communicated with them effectively regarding wound care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not always provided with meaningful activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not always effective in identifying areas of improvement.