Your Lifestyle LLP

The Red House

Inspection report

25 Barnwood Road
Gloucester
Gloucestershire
GL2 0SD

Tel: 01452386896
Website: www.yourlifestyle.uk.com

Date of inspection visit:
14 January 2016

Date of publication:
04 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 14 January 2016. This was an unannounced inspection. The service was last inspected in August 2013. There were no breaches of regulations.

The Red House is a care home without nursing for up to seven people with learning disabilities. People who use the service may have additional needs and present behaviours which can be perceived as challenging. It is a detached property in a residential area with local amenities nearby. There were six people using the service at the time of the inspection.

There was a new manager working in The Red House. They told us they had been working for the company for the last four months. An application has been received in respect of the new manager being registered with the Care Quality Commission. 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 had access to other health professionals. However, the records of these appointments did not capture the outcome or any follow up. This meant people could not be assured their health needs were being met and the advice of health care professionals followed.
There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with staff members and other health and social care professionals.

People were supported to access and attend a range of activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities.

The staff at the home had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLs). These safeguards aim to protect people from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely.

Where people lacked capacity, best interests meetings had taken place involving other professionals

ensuring decisions were made in peoples' best interests.

The staff recruitment process was robust to ensure the staff employed would have the skills to support people. Staff were knowledgeable about people. They had received suitable training to support people safely enabling them to respond to their care and support needs.

The service maintained daily records of how peoples support needs were met. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded. We saw that the service took time to work with and understand people's individual way of communicating so that the service staff could respond appropriately to the person.
The provider had quality monitoring systems in place which were used to bring about improvements to the service.
We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risks had been identified to people's well-being and steps taken to minimise these whilst encouraging their independence. Staff demonstrated an understanding of the risks posed to people and followed the risk assessments implemented to minimise risk to people. .

There were safe and effective recruitment systems in place. Staffing levels were sufficient; people received high levels of support with a member of staff being allocated to support them.

Medicines were administered safely.

Is the service effective?

Requires Improvement

Some improvements were required to ensure the service was effective.

People had access to healthcare professionals. However, the records relating to the appointment lacked details on the outcome and any advice.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

The service had a robust complaints procedure.

Is the service well-led?

Good

The service was well-led.

The manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

The views of relatives and people living at The Red House were taken into account to improve the service.

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 was an unannounced inspection which was completed on 14 January 2016. The inspection was completed by two inspectors. The previous inspection was completed in August 2013 there were no breaches of regulation.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team, local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four members of staff and the manager of the service. We spent time observing and speaking with people living at The Red House. Following the inspection, we contacted three relatives by telephone about their experience of the care and support people received at The Red House.

Good

Is the service safe?

Our findings

People were unable to tell us whether they felt safe living at The Red House. However from our observations they looked comfortable with the staff on duty. People when in staff's company were relaxed with them. This demonstrated people felt secure in their surroundings and with the staff that supported them. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff.

There was sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the rotas. Each person was allocated named staff to support them throughout the day on a one to one basis. There was at least five staff working in the home in addition to a housekeeper and a team leader. Some people required two staff when out in the community. This was planned on a regular basis to enable people to access the community safely and in accordance with their activity and support plan. There was always a senior manager working in the home seven days a week. This was shared between the two deputy managers and the manager. Three staff worked at night to provide individual support to people as and when required. The service operated an on call system to enable them to call on additional staff in the event of an emergency or if a person was particularly unsettled.

The new manager told us they had focused on stabilising the staff team since taking up their post four months ago. This included recruiting additional staff to cover vacant posts. The manager told us they now had 1.5 vacant posts and they were continuing to interview. They told us the staff team covered any shortfalls such as sickness and agency was rarely used. There was a total of 27 staff working in The Red House.

The manager clearly understood their responsibilities to ensure suitable staff were employed in the home. They told us the initial interview of new staff was completed at the main office by the HR department. However, they told us all potential staff visited the home to be assessed as part of the second interview stage of the recruitment process. This enabled the manager and the people in the home to be involved in the recruitment process. This ensured staff were suitable to support and work alongside the people at The Red House. The manager told us since commencing in post they had requested all recruitment information from the main office for each member of staff employed. We checked the recruitment records for three members of staff.
Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The manager told us new staff members would have three shadow shifts . These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. New staff members would initially be allocated to one person so that they can get to know the needs of a specific person. In addition to this, the manager told us that all staff were allocated to a team leader to enable ongoing learning and personal

development of the staff. The manager told us the team leader would meet at least once a month with management to discuss staff learning and development needs.

The provider had implemented a robust safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. This included a flow chart of action staff needed to take if abuse was suspected, witnessed or alleged. This was displayed in the office. All staff had received training in safeguarding. The service had reported appropriately any concerns or allegations of abuse working closely with the local safeguarding team and other health and social care professionals. This included notifying us so that we can monitor what safeguards were put in place to minimise any further risk to people. The manager told us that a recent change in staffing allocation for one person had reduced incidents effecting others including earlier staff intervention. For example, noise levels could trigger certain behaviours, so staff would try diversion techniques such as encouraging people to go to quieter areas of the home.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Staff ensured people took the medicines they needed when going to stay with family . Clear records of medicines entering and leaving the home were maintained. Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies, or for when a person was experiencing an epileptic seizure. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals.

Health and safety checks were carried out regularly. We observed staff wearing gloves when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Staff also completed a visual check on each person's bedroom daily with records maintained. Staff told us there was a quick response to maintenance and repairs and there was an on-going redecoration programme. We were unable to verify this as there were no records in relation to the requests for this.

The home was clean and tidy and free from odour. Cleaning schedules were in place and staff informed us cleaning was 'everyone's responsibility'. The home had a housekeeper responsible for day to day cleaning. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The manager demonstrated a good understanding of infection control procedures. The relatives we spoke with told us the home was 'always clean'.

The home had been awarded a five star rating for food hygiene practice from Gloucestershire County Council. This is the highest award that can be achieved. Staff showed a good awareness in respect of food hygiene practices. Fridges were well organised and food was clearly dated when put into the fridge.

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and

procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. There was evidence staff had taken advice from other health and social care professionals in relation to a person's needs. For example, one person had been risk assessed by an occupational therapist in relation to going out alone. Relatives told us they were consulted when assessing risk. The manager told us there were regular key worker meetings to enable staff to regularly review people's needs. The manager stated this also allowed them to monitor and update the risk assessments of people using the service.

Requires Improvement

Is the service effective?

Our findings

People had access to a GP, dentist and other health professionals. However, this was not recorded effectively. Health care monitoring records were not maintained appropriately. For example, one person's record of appointments stated not applicable for all the headings in respect of reason and outcome of the appointment. This meant staff had no record of the involvement from other professionals their advice enabling them to update the care plan. The lack of recording meant the manager and staff could not monitor the care and treatment effectively.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Staff had completed an induction when they first started working in the home. New staff employed since April 2015 had completed the new care certificate over a twelve week period. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers needs to demonstrate competency in. The manager told us staff at The Red House are required to complete 11 online training courses and 6 face to face training courses where there is taught content as well as questions to assess their competency. In addition to this, staff members are required to complete a Care Certificate portfolio and an observation by a senior member of staff before they are awarded the certificate.

Staff had been trained to meet people's care and support needs. The new manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The manager showed us the training matrix and where staff had been identified as needing an update we saw these had been booked. The manager told us a member of staff in the main office organised training for staff and sent regular emails confirming when training was taking place and who required any updates.

Staff received regular individual supervisions with the manager, deputy managers or team leaders enabling them to discuss their performance and training needs. The manager informed us that although some people had completed training to supervise other staff before he commenced his post, he has requested further training be organised for all these people to ensure they are following best practice. There was a supervision planner detailing when staff should receive supervision. The manager told us this had formed part of their action plan for improvement to the service. They were planning to complete annual appraisals with staff. The staff stated they felt supervision was effective and enabled them to ensure they were providing a good standard of care to the people using the service.

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 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).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People living at The Red House required staff to support them when out in the community and constant supervision when in the home to ensure their safety. Everyone living at The Red House had assessments regarding their capacity to make decisions and appropriate applications for Deprivation of Liberty had been made. Where these applications required renewing, the provider had ensured a further application was submitted in a timely manner. The manager had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented. Family members told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed one person who had an activity planned for the day. However, she indicated she would like to do something different. The staff supported the person to take part in the activity they wanted to do. From talking with staff and observing their interaction with people it was evident that they respected the wishes of people using the service. We observed one incident where a person was being directed to a recliner chair by a staff member so he could lie down. However, the person indicated their preference to lie on the sofa in the lounge area. The staff member did not stop this and enabled the person to make their own choice as to where they wanted to lay down. From our observations it was evident staff knew the needs and preferences of the people using the service. One professional who was visiting the home on the day of the inspection told us they felt the staff 'knew the needs of their clients'.

The provider informed us in the Provider Information Return (PIR), that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. The provider also stated they used evidence from health and social care professionals involved in the person's care to plan care effectively. This was evidenced in the care files. One example of this is the use of support from the police and occupational therapist to maximise a person's independence when out in the community. The relatives we spoke to stated they felt involved in care planning and felt their opinions were listened to.

Care records included information about any special arrangements for meal times and dietary needs. Staff and relatives told us nutritionists were involved in the menu planning. Menus seen showed people were offered a varied and nutritious diet. People were observed being given a choice of where to eat their meal, either in the dining area or the lounge. A relative told us, 'there is a good choice of meals'. Another relative told us 'the food at the home is good'. The staff we spoke with described the food as being good.

Meals were flexible and organised around people's activities. For example two of the people were not in the home at lunchtime. Their meal was served to them when they returned from their activity. Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food, this was clearly detailed in the care plans. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were able to access the main kitchen and care files detailed what support was required for individuals to enable them to prepare their own meal if they wished to do so. The home had implemented 'snack boxes' to enable people to have healthy snacks available throughout the day. A nutritionist had been involved in the development of the

snack boxes. These contained fruit, cheese, dried fruit and dips. We were told these were replenished daily. Staff were aware of individual preferences and ensured these items were kept in stock. For example, one person liked tuna and staff ensured this was available in the home.

The manager told us they were reviewing behaviour care plans on how staff can best support people. This included triggers and actions staff should take to support people with anxiety and behaviours that may challenge the service. Staff received training which was updated annually on supporting people positively including recognising the early signs of behaviours that could challenge and using diversion tactics. This formed part of the service's improvement plan. The manager told us this would be in place by the end of January 2016.

A health professional visiting the service who supports all of the service users stated she felt the standard of care was good at the home and people were receiving care that was effective in meeting their health care needs. Another health professional stated 'clients always appear well cared for'. Another professional stated the home were quick to raise any concerns with the relevant professional.

The Red House is situated close to the centre of Gloucester. The home was suitable for the people that were accommodated. Each person had their own bedroom with all of them being on-suite. Each bedroom was decorated to individual preferences and the manager informed us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted. There was also a self-contained flat on the top floor which contained its own kitchen, lounge, bedroom and bathroom. There was ample parking available to visitors and staff. There was a secure garden which was accessible to the people living in the home. There were tables, chairs, swings and a trampoline for people to use if they wished to do so. There was also an arts and crafts room in the garden which was accessible to the people living in the home.

Good

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. For example, one person had limited levels of verbal communication. However, upon observing this person's interaction with staff members, it was evident the staff knew the person well and understood their communication style

The staff were aware of people's routines and how they liked to be supported. Staff talked about people in a positive way. Staff showed a person centred approach to the people they were supporting. For example we observed staff discussing with one person what they would like to eat for breakfast. Another person indicated a preference to go outside in the morning. The staff member accompanying this person gave them a choice as to where they wanted to go and what they wanted to do. Staff evidently knew people well and had built positive relationships. One family member we spoke to stated they felt the staff knew their relative's behaviours well and were able to respond accordingly. Another family member stated their relative was happy at The Red House.

People looked well cared for. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative said, 'I am very pleased with the staff at the home'. Another relative described the staff as 'brilliant'. Relatives told us the staff listen and respond to people appropriately. Relatives told us the staff would try their best to fulfil any requests they have. We observed staff working with people at their pace and activities were tailored to the individual needs of people.

We observed positive staff interactions and people were engaged. One example of this was during the afternoon when one person was in the lounge and displaying inappropriate behaviour for a communal area. The staff member working with this person was quick to identify this and used appropriate interactions to distract them from their behaviour. The staff member maintained the respect and dignity of the person throughout this episode by speaking to them respectfully and also taking them away from the communal area when it was no longer appropriate for the person to remain there. The staff were able to demonstrate a clear understanding of this person's needs and were able to respond appropriately.

A professional visiting the service on the day of the inspection described the staff as 'respectful' towards the people using the service. The professional went on to state they felt staff were 'proactive and knew the needs of the people using the service well'. The professional stated 'it feels like a home'. We were told the staff were always welcoming when they visited The Red House.

People's preference in relation to support with personal care was clearly recorded. Some people preferred regular staff to assist them with personal care. Each person was allocated a member of staff to support them on a one to one basis. People could choose what gender staff member they preferred. This was observed with one person who wanted to have a female staff member for support and this was provided. People were able to have privacy if they wanted to. Staff told us people will request if they want time alone. Staff will then leave the person for a short period of time.

Staff told us people were offered a choice on a daily basis in respect of how they wanted their support. This was observed throughout the inspection. A professional visiting the service told us people were given choices and were kept informed of what was happening. For example, staff asked people if they wanted name labels on the inside of their socks.

We saw in the support plans how the service had worked with people and their families to identify and record their choices and preferences. It was clear from the information available that people were consulted and that care and support was planned according to the needs and abilities of each person. Relatives informed us they were involved in care planning and reviews.

People were given the information and explanations they need, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Care records included information about how people could be involved in making decisions. Relatives informed us they felt people had choice and were treated with dignity and respect. One relative informed us staff always tried to involve people in decision making processes.

Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom. This ensured that people's privacy and dignity were maintained. Staff explained to people who we were and our purpose for visiting the home. People were asked for their permission before entering into a personal space, such as the self-contained flat.

People were well supported over the lunchtime period. Staff were engaged with people and were patient taking the time to ensure it was at the pace of the individual. People were given a choice of when and where they wanted to eat their meal. Relatives informed us the food at The Red House was of a good quality and nutritionists were involved in the development of the menu. One relative informed us they felt the meals were tailored to 'individual tastes'.

People were given choice as to where they would like to spend their time. For example, one person preferred to spend most of their time in their room. Staff were observed respecting this decision and supported the person where they felt most comfortable.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to. One relative informed us staff would support their family member to visit home.

We did not see any evidence on end of life planning. However, we note that this this is a younger client group. During discussions with management, they informed us this will be taken into consideration for the future.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that each person had a support plan. The service had a structure to, record and review information. The support plans detailed individual needs, what the person liked and disliked and how staff supported them. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. These changes were documented in the person's file. A professional visiting the service informed us they felt staff responded well to people's changing needs. Relatives told us they felt the home responded well to people's needs. For example, one person liked to lie down in the communal area. In order to meet this need the provider had purchased a reclining armchair to enable people to lie down in communal areas.

The staff worked with people to identify their aspirations and then support them to develop skills. For example one person wanted to move into their own place in the future. In order to support this, staff worked with other professionals to enable this person to access the community independently to enable them to move towards their future goal of independent living.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. Two people indicated that they were happy living in the home and with the staff that supported them. Relatives complimented the staff about how they were responding to people and the relationships that had been built with staff. One relative stated the staff were 'brilliant'. Another relative stated the staff at the home were 'very good' and maintained regular communication with them to provide updates on their relative. One relative described the home as the 'best place' their relative had been and felt they had a 'good quality of life'.

The provider informed us in the Provider Information Return (PIR) that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The provider also stated they used evidence from health and social care professionals involved in the person's care. As some people moved directly from hospital, in order to ensure the staff had a good understanding of the person's needs staff would work alongside professionals in hospital prior to the person moving to the home. The relatives we spoke to felt they were involved in the care planning of their relative.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person and their needs to support hospital staff to provide appropriate support to people if they were admitted to hospital. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to go out in the community and participate in meaningful activities. Activities included attending social clubs, meals out, shopping trips and walks. In addition to activities outside of the home, there were also activities in the home such as arts and crafts. The home had

also arranged for a wellbeing therapist to visit the home weekly. People were able to receive alternative therapies such as reiki. Each person had an activities timetable detailing activities in and out of the home. Relatives stated activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do things they enjoyed and were happy at the home.

Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the manager to respond promptly to any concerns or suggestions that were made. Relatives informed us that the manager and staff kept them up to date with their relatives care. The manager told us emails were sent to relatives fortnightly to keep them up to date. The manager told us it was important to maintain positive relationships with relatives so they felt confident to approach them with any concerns or suggestions. Professionals we spoke with stated they felt confident their concerns were listened to and actions were taken accordingly.

Complaints were managed well. There was a log of complaints and this showed these had been responded to appropriately. The manager told us it was important for people and their relatives to feel confident that where they had concerns these were addressed and they felt listened too. The manager had recently sent copies of the complaints and safeguarding procedures to relatives enabling them to have a better understanding of how these were managed.

Good

Is the service well-led?

Our findings

There was a new manager working in The Red House. They told us they had been working for the company for the last five months. The previous registered manager had left the service in September 2015. An application had been received in respect of the new manager being registered with the Care Quality Commission. Staff spoke positively about the management style of the new manager and the improvements that have been implemented. A member of staff said, "I like working alongside the manager, he is organised and has a positive attitude, a 'can' do approach'. Another member of staff told us "I like the new manager; he regularly asks us how it is going and involves us in decisions about how things are done". They told us this was important as it was the care staff that worked with people and it had to be right for everyone for it to succeed. Staff informed us there was an open culture within the home and the manager listened to them. Staff used team meetings to raise issues and make suggestions relating to the day to day practice within the home.

The staff described the manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the manager was regularly attending to matters of care throughout the day. Relatives of people living at the home supported this stating they felt the manager was involved in day to day matters at the home. Staff informed us that the provider had implemented an 'employee of the month' scheme to identify good practice. Staff stated they felt this had helped to keep morale within the staff group good as they felt it showed management were acknowledging their efforts. During the inspection, the enthusiasm of the manager was evident and we felt this had a positive effect on the morale and enthusiasm of the wider staff team.

Staff told us meetings were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people living at The Red House. Staff told us any changes to the care practice, the running of the home and key policies were discussed. Their opinions were sought on what improvements were required.

Relatives told us they found the manager approachable and committed to providing person centred care. They said the service was well managed. A relative said the manager is 'brilliant' and 'will work with us to solve problems'. The provider had implemented surveys for family members to enable feedback and suggestions to be made on the quality of the service. One relative told us the manager is 'easy to get a hold of'. Relatives we spoke with told us they had received surveys from the provider which they felt enabled them to make suggestions to the service. Relatives felt these suggestions were listened to.

We discussed the value base of the home with the manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that The Red House was people's home.

The manager had implemented appropriate systems to continually monitor the health and wellbeing of people. Audits were implemented by the manager and recognised good practice as well as areas for

improvement and these were clearly detailed on the documentation. The manager acknowledged the audits were relatively new and these will need to be monitored as to how they develop in the future.

The manager had a clear contingency plan to manage the home in his absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences. The manager also detailed how one of the deputy managers would cover for him in his absence.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

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 did not take formal enforcement action at this stage. 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 Health records were not maintained effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Health records and contact with other health professionals were not being recorded effectively.