

Red House Nursing Home Limited (The) The Red House Nursing Home

Inspection report

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15 October 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The Red House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Red House is registered to provide accommodation, nursing and personal care for up to 31 older people in one adapted building. There were 18 people using the service at the time of our inspection. Some people using the service were able to tell staff how they preferred their care provided.

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

We found there were four breaches of regulations three of which had continued since our inspection in July 2018. People did not always receive safe care and treatment to reduce risks to their health and safety. Staff did not receive the support and supervision they needed. Audits and checks on the quality of service people received had been undertaken and shortfalls had been identified. Action had been taken in some areas of the service and improvements had been made. Other areas needed more work and development to ensure improvements were embedded and sustained. Records were not kept up to date. The provider had not ensured that consent to care and treatment was in line with law and guidance.

This is the second time the service has been rated Requires Improvement.

The provider had identified that the service was not working as well as it should and had taken action. The provider had employed two consultants to re-assess and develop all the systems used within the service to make improvements. One of the consultants was a previous registered manager of the service. They knew the service well.

People were not always fully protected from risks. Risks had been identified but not all risks to people had been properly assessed and minimised. There was not always clear guidance for staff regarding risks relating to choking, when people became distressed and health conditions such as constipation.

People's capacity to make decisions about their lives had not been assessed. Meetings had not been held to make sure all decisions were made in people's best interests.

Staff did not receive the support and monitoring they needed to undertake their roles effectively and safely. Nurses employed by the service had not received clinical supervision to make sure their skills were up to date and in line with best practise.

The service did not have a registered manager in post. The provider was in the process of trying to recruit a new manager but at the time of the inspection no appointment had been made.

The consultants had implemented new quality assurance systems. Audits and checks had been completed at the service. These checks had identified shortfalls, and improvements were being made. Some records

were not up date.

People's needs were assessed before they started using the service. People were supported to express their views and make decisions about their care. People had care plans that provided guidance for staff to provide care that was responsive to people's needs. Care plans were personalised.

When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People were safeguarded from the risk of abuse

Staff treated people with dignity and respect. Staff helped to maintain people's independence by encouraging them to do as much as possible. People were supported to do things they wanted to do.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection. People's needs were assessed before they moved into the service. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care. Staff were recruited safely. When shortfalls were identified in the recruitment procedure immediate action was taken.

People were given information in a way they could understand. People were supported to pursue their hobbies and interests. People's religious, spiritual and cultural needs were discussed to make sure these needs were met.

There were arrangements to quickly investigate and resolve complaints. People were treated with compassion at the end of their lives, so they had a dignified death. Staff were supporting people to make decisions about what they wanted to happen at this time in their lives.

People enjoyed the food and had enough to eat and drink.

People and their relatives were asked their opinions on the service by attending meetings and completing surveys, suggestions had been acted upon. People and their relatives gave positive feedback about the service they received.

Staff said they were listened to and that their opinions and suggestions were acted on. When there were any incidents and accidents these were recorded, and steps were taken to prevent any reoccurrence.

The provider and their team were committed to learning lessons when things went wrong.

Rating at last inspection and update

The last comprehensive inspection was completed on 11 July 2018 and 20 July 2018. The inspection report was published on 11 October 2018. The rating for the service was Requires Improvement.

The registered person completed an action plan after the inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made or sustained and the registered persons were still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three continuing breaches of regulations. People did not always receive care and

treatment that was safe and person-centred. Staff did not receive the care and support to ensure they carried out their roles effectively and safely. The service was not consistently well-led. There was a new breach of regulations. This was because some people's mental capacity had not been assessed to ensure they were able to make informed decisions.

Please see the action we have told the registered persons to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Red House on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

The Red House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

We visited the service on the 10 October 2019 and 15 October 2019.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Red House Nursing Home 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.

Notice of inspection

The first day of the inspection was unannounced and the second day was announced.

The service did not have a manager in post. The provider was legally responsible for how the service is run and for the quality and safety of the care provided.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service

since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people living at the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, the two consultants, nurses, the clinical lead, care staff and kitchen staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a visiting professional who had contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same. 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people received care that is safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- Risk to people's health, safety and welfare were not consistently assessed, identified and monitored. Nurses wrote individual risk assessments to make sure staff had guidance to follow about how to reduce risks and keep people safe. These were not consistent and varied in the level of detail.
- Some people were at risk of choking the risk assessments gave detail on how to minimise this risk by providing pureed food or adding thickener to drinks. However, some of the risk assessments did not give individual guidance on what to do if the person did start to choke.
- People's needs varied widely. Some people could mobilise while others were care for in bed. The action staff would need to take would be different for each person if they did start to choke. There was a risk that people may not receive the individual assistance they needed if this risk occurred.
- Some people were at risk of becoming constipated. People had been diagnosed and were prescribed medicines to help with this condition. However, risks were not being safely managed. One person did not have a risk assessment to give staff guidance on how to support them with this health condition. There was no information about when to seek medical advice or when to give medicines. When we asked one of the staff about this they said, "We would just know."
- Other people sometimes became anxious and had behaviours that could be challenging. There was no individual guidance in place on how to manage behaviours in a way that was safe and to make sure people were getting the support they needed in a way that suited them best. Staff we spoke with dealt with behaviours in different ways which meant people were not getting consistent safe support.

The provider failed to ensure people received care that was safe. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks and potential hazards in the premises were assessed. Gas, electricity and fire systems were tested. People had individualised emergency evacuation plans in place. Regular fire drills were done, and staff knew how to evacuate people safely from the building.

Staffing and recruitment

At the last inspection there was failure to ensure enough staff were appropriately deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the breach had been met.

- The number of people living at the service had reduced since the last inspection and the provider now used a dependency tool to assess levels of staff needed depending on the needs of people.
- The staffing levels matched the number of staff on the duty rota.
- Staffing numbers were consistent. Staff said that there were enough staff to look after people. If there were shortfalls due to sickness or leave then existing staff covered any shortfalls.
- People had easy access to their call bells, so they could alert staff if they needed anything. During the inspection call bells were answered promptly. People said that staff come quickly when they needed support. One person said, "They (the staff) come as quickly as they can. I never have to wait very long" and "Staff have time to have a chat. They don't come in and rush out straight away."

At the last inspection the provider had failed to establish and operate effective recruitment procedures. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made.

- Systems to audit and check staff recruitment processes had been developed to ensure staff who came to work at the service were suitable.
- On two staff files the gaps in employment histories had not been explored. The consultant immediately addressed this shortfall and the gaps were explained and recorded.
- Other safety checks such as references, interview notes, and health checks had been completed.
- Disclosure and Barring Service checks were completed to help the provider make safer recruitment decisions. References were obtained, including one from the most recent employer to make sure staff were of good character.
- The nurses who worked at the service were registered to practice with the Nursing and Midwifery Council and their ability to practice in the UK was recorded.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and the risks of abuse. Staff were trained in safeguarding which helped them to recognise any signs of abuse. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living at the service.
- People told us that they felt safe. One person said, "I feel safe, very safe. The attitude of the staff is very good. Nothing is too much trouble." Relatives said that they were confident that the staff kept their loved ones safe. One relative said, "I have total confidence in the staff."
- There had been one safeguarding issue raised by staff to the local authority in the last 12 months. Actions were taken to reduce the risk. The staff had followed safeguarding protocols published by the local authority.

Using medicines safely

- People told us they received their medicines when they needed them and as prescribed by their doctors. One person said, "When I first came here they asked me if I wanted to do my own tablets, but I was worried I would get it wrong. I decided I wanted the nurses to give me my tablets."
- When people took their medicines independently this had been risked assessed and discussed with their doctor to make sure they would be able to take their medicines safely. Staff checked daily that medicines had been taken.
- 'As and when' required medicines (PRN) were administered safely and staff followed the guidance given by the person's GP and the providers procedures.
- When people needed cream applying to their skin to keep it healthy, there was guidance in place to show

where the cream needed to be applied and staff recorded that they had applied the cream to the areas.

- Nurses were trained to administer medicines. Their competencies in administering medicines was regularly checked.
- Medicines were stored safely and in line with legal requirements. Storage temperatures were recorded within recommended ranges to maintain the effectiveness of medicines. Medicines were audited, and stocks tallied with administration records.

Preventing and controlling infection

- All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and fresh. One person said, "The girls clean my room. They do a good job."
- Staff told us, and records confirmed that they completed training in relation to infection control. They told us they had access to personal protective equipment (PPE) such as gloves and aprons when they supported people with their personal care. We observed this during the inspection.
- There were cleaning schedules in place so the house keeping staff knew what they had to do.
- Infection control audits took place. There was an infection control action plan which indicated which staff were responsible for different hygienic tasks. These were checked and signed off when completed.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and appropriate action was taken to reduce the risk of re-occurrence.
- Lessons were learnt from incidents. These were documented and shared with staff.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection there was a failure to ensure staff received the appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 18.

- Some supervisions had been planned and had taken place since our last inspection, however records showed that some staff had not received any supervision in over a year and other staff had not received regular supervision. Staff had not been fully supported to discuss their role, what was going well and any concerns they may have.
 - There were plans in place to commence three monthly observational supervisions, but these had not yet been implemented.
 - Nurses did not have any clinical supervision. Clinical supervision has been linked to good clinical governance, by helping to support quality improvement, managing risks, and by increasing accountability. The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work.
 - Mandatory training for all staff had improved. The majority of staff had received up to date mandatory training. Staff told us that the training helped them to carry out their roles effectively and safely so that people received the care and support that they needed.
 - Nurses had completed training and professional development to keep up to date with best practice.
- New care staff had received introductory training before they provided people with care. New care staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.

The provider failed to ensure staff had received the supervision and appraisal required to ensure people received the care and support they needed. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been supported to make everyday decisions for themselves when they were able. This included where people chose to spend their time, what they wanted to do.
- The consultants who were supporting the provider had identified this as a concern and were taking action to address the issue.
- People had mental capacity assessments in place to determine whether they were able to make certain decision for themselves or whether they needed the support of other people who knew them well, such as relatives and doctors to act in their best interest.
- Some of the capacity assessments had not been updated. They indicated that some people had capacity to make decisions. We were told by relatives and staff that they no longer were able to make independent decisions.
- Staff told us how any restrictions they put in for people, should be the least restrictive option. They were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves.
- At the time of the inspection one DoLS application had been authorised by the local authority. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights.

This is an area for continued improvement.

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

- People's needs were assessed before they began living at the service to make sure staff could offer the care, support and treatment they needed.
- One relative told us, "They (the staff) asked a lot of questions to make sure they knew everything about my (relative). They have really got to know them now. It's a relief for me. I can relax and enjoy visiting."
- Staff used recognised tools to manage the risks of things such as becoming underweight or developing pressure sores.
- People were encouraged to discuss their lifestyle preferences as well as their rights, consent and capacity. Staff had equality and diversity training and were aware of the need for consent from people for their care.
- Records included information and guidance about the person's physical, mental, communication, emotional, spiritual and sexual needs as well as their likes, dislikes, preferences and any protected characteristics under the Equality Act 2010.

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

- People had been asked about the meals they wanted to have. This was discussed residents' meetings and with people on an individual basis.

- People said that the food was good. One person said, "On the whole the food is pretty good. I am happy with what is on offer but if you don't like it you can have a choice," another person said, "Breakfast is the best. I love the breakfasts, my favourite meal of the day."
- People had raised the issue that they were unsure what was on the daily menu. Action had been taken and people now had menus in their rooms. The menus were colour coded making it easier for people to understand what was available and when. People were asked everyday what they wanted to eat and drink.
- People could eat their meals in the dining area or if they preferred in their own rooms.
- Some people needed a special diet to make sure they remained healthy and safe. These diets were catered for by the kitchen staff. Pureed meals were well presented and recognisable, so people knew what they were eating.
- If people were at risk of not eating and drinking enough then their diet and fluids were monitored to make sure they remained as healthy as possible. People were weighed regularly. If any concerns were identified they were referred to the appropriate professional for further dietary guidance and support.
- People were offered choices of hot and cold drinks throughout the day.
- The local authority's food safety department had recently given the service '5 stars' showing its food management arrangements were safe and reliable

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

- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.
- Care records confirmed people attended routine healthcare appointments to maintain their health and wellbeing.
- People told us they saw their doctor when they needed to. They also said they had regular appointments with opticians and dentists.
- The staff were aware about the importance of oral health for people. Staff supported people to ensure they had good oral hygiene.
- When people needed specialist support contact was made with the specialist professionals such as psychiatrists, speech and language and occupational therapists.
- When people were at the end of their lives they received support from the local hospice palliative care team.

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

- People told us that they enjoyed living at The Red House and they liked their bedrooms.
- One person told us they had asked staff if they could have a different room. Their wishes were listened to and respected, and they said they were much happier in their new room.
- People told us they could do what they liked with their bedrooms. People's bedrooms were personalised and decorated to each person's individual choice.
- The service had enough space for people to spend time with others or to be on their own if they preferred.
- The service was homely and comfortable.
- Bathrooms had been adapted to meet people's needs, including baths that were easy to get into and shower rooms. People could access the upper floor using a passenger lift.
- There was an ongoing plan in place for redecoration and refurbishment.

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 remained the same.

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

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness, compassion and care.
- People said, "The carers are very friendly. They are very kind" and "It's so nice not to have to worry about anything. This is what I needed at my time of life."
- Everyone was treated well regardless of their needs and staff spent time with people engaging them in conversations. Staff sat with people and held their hand to reassure them when they were upset.
- When staff spoke with people they were respectful and unhurried. Staff knew people's choices and preferences and supported people in these.
- People and their relatives said they were happy and well cared for. One person said, "I'm happy to stay here now. I wasn't at the beginning, but the staff are lovely. They treat me like a real person. They listen to my opinions and what I have to say."
- People were supported to maintain relationships that were important to them and visitors were welcome at any time.
- People were able to move around the service and were supported when required. People had choices about how and where they wanted to spend their time. People could go to their rooms when they wanted to, they could choose to join in activities.
- Staff had built up trusting relationships with people and their relatives.

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

- One person told us, "There is no place like home but of all the places to be it's really good here. I feel content."
- Relatives said they were involved in all aspects of their loved one's care. One relative said, "The staff always let me know what is going on. They support me as well as my (relative). I still feel part of my (relative's) life."
- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care and what they liked to be called.
- People told us they were involved in making day to day decisions about their care. One person said, "I and my family have been involved since the staff came to visit me at home. They have let us know what is happening every step of the way." A relative said, "The staff always contact us if there are any issues. They keep us up to date when we visit. It's reassuring for us as a family,"

Respecting and promoting people's privacy, dignity and independence

- People decided how they wanted to be supported. People's ability to do things for themselves was assessed. They were encouraged and supported to be independent. One person said, "The staff help me in and out of the bath, I can manage the rest. They let me do as much as possible for myself, which is what I want."
- People were encouraged and supported to wear their make -up and jewellery. People took pride in their personal appearance. We heard staff compliment people on how they looked. People's self-esteem was promoted.
- When people were receiving personal care from staff a green light was put on out-side their door so that others could be alerted and not enter the room.
- People's care plans and associated risk assessments were stored securely so that information was kept confidentially.

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 has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One person said, "The things I can't do they do for myself they help with me. They do things how like them to be done."
- A relative said, "Overall they are very good here. We don't have to worry about anything. My (relative) gets a choice."
- People received personalised, individual care in line with their different needs. Care plans were detailed and set out people's needs, preferences and how staff should support them. One person had requested that they be cared for in bed in a particular way. This was recorded in their care plan and they told us that staff followed the guidance.
- Another person told us they preferred their own company and preferred to have their meals in their room. The person's care plan reflected this preference and their wishes were respected.
- Staff knew people well and could tell us about people and what was important to them. Life histories were in place and were used by staff to get to know people and about the life they had before they came to live at The Red House.
- Information about people's past was being further developed and a 'Family Tree' questionnaire was being introduced so people could explain about where they came from and the events that were important to them.
- Care was reviewed regularly and updated when people's needs changed. Relatives told us that they were kept informed of changes in their relative's wellbeing.
- Daily records recorded the care and support people had received.
- Staff told us they communicated during handovers to make sure they were up to date about any changes in people's care and support.

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

- There was an activities co-ordinator working at the service. They organised activities pending on people's personal need and preferences.
- The needs of the people at The Red House were changing. People were becoming more immobile, frail and had more difficulty getting out and about. Activities were being adapted to make sure people's changing needs were being catered for.
- The activities person spent individual time with people in their rooms if they were unable to come to the communal areas.
- When people were able to go out, the service had its own mini bus to transport people. People had visited

places of interest in the local area. There were trips to the coast, afternoon teas and shopping trips. Relatives told us that they were invited on the trips too. One relative said, "Its lovely to be able to go out together and have a good time. It is something we really look forward to."

- Other people said they enjoyed the quizzes and musical entertainment.
- There was a monthly newsletter which contained details of organised events. This was shared with people and their relatives and kept them up to date with what was happening at the service.
- People's spiritual needs were met. They attended religious ceremony if they wished to do so.
- People were supported by staff to maintain their personal relationships. Staff understood what was important to people, such as their past history, their family and loved ones, their cultural background and their sexual orientation.

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.

- The majority of people living at The Red House could communicate verbally with staff to make their needs known.
- When people were not able to this, staff described how they supported people who used non-verbal communication, to make visual choices using familiar objects; interpreting the gestures and movements people made in response.
- Staff knew people very well and were able to understand what they needed and wanted.
- Relative's and staff told us there was on-going communication with all involved in people's care, which ensured people's needs continued to be met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was displayed in the hallway.
- People and their relative's told us that they were able to raise any concerns or complaints which were investigated, and actions were taken to resolve any issues.
- One relative said, "If something is not right, the staff do something about it. Some of my (relatives) clothes went missing. They sorted it out and put things right."
- Another relative said, "I have no concerns what so ever and if I did I know staff would listen and do something about it".
- There had been one formal complaint made in the last 12 months. The provider had followed their complaints procedure in dealing with the complaint. Action had been taken to try and resolve the complaint.

End of life care and support

- People had been and were being care for and supported at the end of their life.
- Staff worked in partnership with healthcare professionals to ensure people to have a comfortable and dignified death.
- People's end of life wishes were recorded in their care plans. These were being further developed to make sure they were more personalised and explained what people and their families wanted at the end of their lives.
- Staff had received training in end of life care. A lot of the people staff cared for were at this stage in their lives.

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 has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection the registered persons had failed to establish robust systems and processes to operate, monitor and evaluate the running of the service so that people consistently received safe care and treatment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although new quality checks had been put in place at this inspection there were shortfalls that meant the registered provider was still in breach of regulation 17.

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

- We identified shortfalls and breaches of the regulation's during the inspection that had not been fully addressed by the provider.
- Records, such as risk assessments and mental capacity assessments were not up to date.
- At the time of the inspection there had been no registered manager in post for six months. This was a breach of the condition on the providers registration. The provider was advertising for a new manager but to date had not found the right person to appoint. They continued to advertise the position.
- In the meantime the clinical lead had taken over the role of deputy manager and was being supported by the provider and the consultants.
- The provider had recognised that there were shortfalls and that certain areas of the service had not improved and developed. They had appointed two consultants to work two days a week to identify all the shortfalls, develop new systems to monitor the quality of the service provided and meet the regulations.
- At the time of the inspection the consultants had commenced this work and had identified shortfalls.
- They had developed new systems to oversee, audit and monitor the service being provided. They had started to develop and improve and action plans were in place. These were monitored and checked to make sure improvements were being made. However, at the time of the inspection these had not yet become fully operational to ensure there was full oversight and scrutiny of the service. They had not identified the breaches found at the inspection.
- The systems needed time to be embedded and ensure improvements were made and sustained.

The provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some areas of the service had improved. Staff had received up to date mandatory training.
- People's and relatives' views had been sought on how improve and action had been taken.
- Audits and checks were in place to areas such as Infection control health and safety, medicines and care planning.
- Action had been taken to improve communication between all levels of staff. Regular meetings were being organised and held with representatives from all the different areas of staff team to ensure everyone had a voice. Information and outcomes were then cascaded to all levels of staff.

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

- It is a legal requirement to display the rating from the last inspection. This makes sure people and visitors to the service are informed of our judgements. The rating and report from the last inspection were displayed in line with guidance.
- The provider notified the Care Quality Commission about important events, such as serious injuries and deaths, in a timely way.
- When there had been accidents or complaints the provider had discussed these openly with the relevant people, such as people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us that they were kept fully informed of the care they were getting.
- People, relatives and staff could give their opinions about the service and share their views at any time.
- The provider's quality assurance system included asking people, relatives and staff about their experience. The views of people, relatives and staff were asked for through surveys and questionnaires. The questionnaires asked people what they thought of the food, their care, the staff, the premises, the management and their daily living experience. The most recent surveys had been positive.
- One comment was, 'My (relative) couldn't be in better hands. I cannot find words to express my gratitude.'
- People had suggested a daily newspaper in the reception area. This had been provided. Another person wanted an extra mirror in their room. This had been done. There were suggestions about the menu and activities were acted on.

Working in partnership with others

- People were involved with a range of different professionals, authorities and charities.
- People had links with the local community. The local school visited people at The Red House and they did activities together.
- A local university had recently spent a six week period spending time with people and exploring memories using dance and film. People had enjoyed this experience and there were plans for this to develop further.
- Staff worked with social and health care professionals, such as dieticians and GPs, to provide joined-up 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure people received care that was safe</p> <p>This was a continued breach of Regulation 12 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service.</p> <p>This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff had received the supervision and appraisal required to ensure people received the care and support they needed.</p> <p>This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

