

Redhouse Nursing Home (UK) Ltd

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## Inspection report

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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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

At the last inspection on 6 November 2013 we found that care records did not accurately reflect the care that had been provided on a daily basis. The provider sent us an action plan telling us what improvements they would make.

During this inspection on 25 and 29 July 2014, we found that the provider had made improvements to records.

# Summary of findings

This inspection was unannounced, which meant the provider did not know that an inspection was planned on that day.

This home is registered to provide nursing and personal care for up to 34 people. At the time of our inspection 28 people lived at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager had not notified us of a recent safeguarding incident. During our inspection we observed two safeguarding concerns and referred them to the Local Authority safeguarding team.

People who used the service were being put at risk of infection and injury because equipment and furniture was not always cleaned or maintained properly. The premises were cluttered and posed a risk of injury to people.

The provider was not monitoring the performance and development of staff. People could not be assured that staff followed best practice as they did not receive supervision or appraisals to support them to carry out their job role.

Most people told us that staff provided care with kindness and compassion. One person told us that not all staff treated them with kindness.

People were not given regular formal opportunities to give feedback about the service to enable the provider to respond to people's individual needs.

People did not always have opportunities to take part in hobbies and interests to meet their social needs. Some people told us they felt bored and had nothing to do.

We found that the service was not well led. People completed questionnaires annually to give feedback about the service. The provider could not demonstrate how they had responded to people's individual needs where shortfalls were reported.

People were put at risk because systems for monitoring quality were not available. The provider could not demonstrate that they regularly audited the home and addressed any shortfalls identified as part of this process.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 safe.

The registered manager had not notified us of a recent safeguarding incident. During our inspection we observed two safeguarding concerns and referred them to the Local Authority safeguarding team.

People who used the service were being put at risk because equipment and furniture was not cleaned and posed a risk of infection and injury to people. The premises were cluttered and posed a risk of injury to people.

Some people we spoke with had concerns about the staffing levels at the home.

**Requires Improvement**



### Is the service effective?

The service was not effective.

Staff did not receive supervision or appraisals to support them to carry out their job role effectively.

People were provided with a choice of food and refreshments. We observed staff had not supported one person to eat and drink where this was needed.

People were supported to access health care support and appointments to help keep them well.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

Most people told us that staff provided care with kindness and compassion. One person told us that not all staff treated them with kindness.

People told us they were treated with respect and the staff understood how to provide care in a dignified manner and respected their right to privacy.

**Requires Improvement**



### Is the service responsive?

The service was not responsive.

People did not always have opportunities to take part in hobbies and interests to meet their social and emotional needs. One person's personal care needs had not been responded to effectively.

Monthly meetings had not taken place for six months. People did not have regular opportunities to give feedback to enable the provider to make service improvements in line with their preferences.

**Requires Improvement**



### Is the service well-led?

The service was not well led.

**Requires Improvement**



# Summary of findings

People completed questionnaires annually to give feedback about the service. The provider could not demonstrate how they had responded to people's individual needs where shortfalls were reported.

People were put at risk because systems for monitoring quality were not available. The provider could not demonstrate that they regularly audited the home and addressed any shortfalls identified as part of this process.

# Redhouse Nursing Home (UK) Ltd

## Detailed findings

### Background to this inspection

This was an unannounced inspection.

The inspection was undertaken by an inspector and a specialist advisor with nursing expertise who looked at nursing practice and clinical records. On the second day of the inspection a second inspector attended to support the inspection process.

As part of our inspection process, 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 plan to make. We received this prior to the inspection and used it to help in our inspection planning.

Prior to the inspection we spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider.

We completed formal observations to gain insight into the experiences of people who were not able to verbally communicate with us. We spoke with 14 people who used the service, three visiting relatives and two visitors. We spoke with the registered provider, office administrator, two nurses, two members of care staff and the chef. The registered manager was not available for the inspection as she was absent on leave.

We looked at eight people's care plans. We looked at three staff files and records relating to the management of the service.

After our inspection, we spoke with the tissue viability nurse team, the dietician service and the infection control nurse team to find out their views about how the service provided care to people who used the service.

# Is the service safe?

## Our findings

We asked people whether they felt safe living at the home. One person told us: “I would tell the day nurse if someone hurt me” and another person told us: “I do feel safe for the time being” and a third person told us: “I do feel safe living in the home”. One relative told us: “I do feel [my relative] is safe living in the home”.

We saw policies and procedures were available to staff for dealing with allegations of abuse. Staff we spoke with were clear about their duty to report concerns about possible abuse to the registered manager.

We were not formally notified about a safeguarding incident as required under the Health and Social Care Act 2008. The registered person must notify us without delay of incidents which occur whilst services are being provided as part of the regulated activity. The incident occurred on 18 July 2014. We had not received notification of this incident on 14 August 2014.

During our inspection we observed an agency worker transfer someone into a chair from a wheelchair. This was the first time they had worked at the home. This person required the assistance of two people to support them to mobilise. This agency worker provided unsafe care which put the person or themselves at risk of injury. A member of staff told us the agency worker had been told not to support the person alone. The provider told us they had reported their concerns to the recruitment agency. After the inspection we referred this information to the Local Authority safeguarding team to investigate our concerns.

One person told us: “I am not able to go out of the home, but would like to”. We discussed this person’s comments with the office administrator. They told us they had referred this person for a review, as to whether the service could still meet their needs. They told us external professionals had cancelled visits to review this. They told us they had not raised this as a complaint with the relevant organisation. After the inspection we referred this information to the Local Authority safeguarding team to ensure a review of the person’s needs was carried out.

We discussed the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) with the provider. The MCA sets out how to proceed when people do not have capacity to make decisions and what guidelines the provider must follow to ensure people’s freedoms are not

restricted. We discussed the recent judgement by the Supreme Court, and how this has impacted on the provider’s responsibility to ensure Deprivation of Liberty Safeguards (DoLS) are in place for certain people using the service. The provider could not demonstrate that they were aware of the changes in legislation.

Staff we spoke with were not confident in discussing the requirements of the MCA and DoLS legislation and what they needed to do if a person lacked mental capacity. We could not be confident that the provider had taken steps to review the needs of people in light of recent changes in legislation.

The provider had not effectively safeguarded service users from potential abuse. The provider was in breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulation 2010 Safeguarding service users from abuse.

We found that the premises were not safe and suitable with respect to the design and layout. We found equipment in the main corridor which blocked access for people coming via the lift or accessing the dining room or corridor. In one communal bathroom which was not in use, we found clutter to include four walking frames, a rollator, two wheelchairs, one commode (the seat of which was broken), and a hoist (which was not clean and was rusting).

The dining area was cluttered and the walkways were obstructed. We saw that one person in a wheelchair was required to leave the table in their wheelchair whilst they were eating, as they were unintentionally obstructing someone from getting to another dining table. There was not enough room in the dining area for people to safely move around. We saw a staff member trip over a person’s foot whilst they were seated at a table. There was insufficient room for the staff member to move freely around the dining table. This increased the risk of trips and possible injury to people receiving support with meals and staff.

The premises were not safe for the purposes of the regulated activity. The provider was in breach of Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises.

We found the equipment and furniture compromised people’s safety. Furniture in three out of five people’s rooms we visited, was damaged with deep surface scratches. In one bathroom we found the bath was heavily scratched and the enamel was coming off. This could increase the risk

## Is the service safe?

of infection due to germs harboured in scratched surfaces. The corner hinges were coming off the bath. In one room we found that a toilet seat needed replacing. Sealants around some bedroom sinks were coming apart. This posed a risk of infection and injury to people. The poor condition of furniture and equipment could cause risk of skin tears and injury to people. We could not find evidence that the provider routinely inspected the home to ensure infection control concerns were addressed.

The provider was in breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.

Most people we spoke with told us there were enough staff at the home. One person told us: “There are not enough staff. Sometimes I have to wait to go to the toilet”. One relative told us: “Possibly staff do meet people’s needs in the home, but if they took people out they may need more staff”.

Three staff members we spoke with told us that there were enough staff to meet the physical care needs of people at

the home. Staff told us that they were not always able to meet the emotional needs of people at the home and did not have time to support people to undertake hobbies or interests. One member of staff told us: “There are not enough staff. There is not enough time to have one to ones with people, apart from when we are supporting them to eat”.

We saw that an agency nurse who did not know the home took over an afternoon shift. We saw that they received a handover from a nurse who then finished their shift. We found that there was no senior management cover in place to support staff to include new agency staff and to supervise their work.

We looked at recruitment policies and procedures at the home. All of the staff records we looked at contained the necessary checks required. This was intended to ensure that unsuitable people were prevented from working at the home.

# Is the service effective?

## Our findings

People we spoke with did not raise any concerns about the competence and skills of staff at the home. People were positive about the support they received from staff. One person told us: “The staff are great and know how to support me” and “The home is very nice. The nurse treats me daily”.

The provider sent us information about staff training over the past 24 months. We saw that staff had not completed required refresher training in subjects such as safeguarding, first aid and health and safety. The provider told us they had purchased an open learning course package which included an externally marked exam paper for each staff member. This was due to difficulties in accessing external training courses. The provider told us that staff would start the training courses in August 2014.

Staff we spoke with told us that they did not receive formal supervision to discuss their work performance, training and practice needs and issues of importance to them. Staff had not received annual appraisals to ensure their professional development needs were met. This meant that staff's performance and development needs were not regularly assessed and monitored to improve care delivery and service quality at the home. The office administrator acknowledged that staff had not had supervision and that this had been identified by the provider. The provider could not give us evidence on the day that this issue had been identified and when this matter would be addressed.

People told us their views about the food provided at the home. One person said: “I’m able to pick the meals I eat. I had a fried breakfast today”, and: “I’m able to get juice and water when I want it” and: “I can get fluids easily. The trolley comes around”. One person told us: “The food menu could do with a bit of variation. For example there is no brown bread. I always get a choice”. One relative told us: “Carers at the home seem to be doing a good job” and: “[My relative] is able to get a choice of meals and regular fluids” and: “Staff always seem to ensure that people eat well”.

We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded. Some people needed a specialist diet to support them to manage

diabetes and a soft diet where people had swallowing difficulties. We spoke with the chef who told us that each time a person's needs changed the registered manager would inform them of this.

During our inspection we completed observations in the dining room. This helped us to better understand the experiences of people who could not talk directly with us. We observed that some people were having their breakfast at 11.30am. Lunchtime then started at 12.30pm. One person told us: “Lunch is too soon after breakfast and then it is a long time to wait for tea”. We found that mealtimes were not appropriately structured throughout the day to ensure people had regular meals at appropriate intervals. We discussed this with the office administrator. They agreed that this needed to be reviewed to ensure people received meals at appropriate intervals.

We saw people ate at their own pace and were not rushed to finish their meal. We saw that one member of staff supported two people at the same time. We saw that one person who used the service asked a member of staff to support someone sitting next to them to eat their meal. Fifteen minutes later a staff member came to support the person. This person did not receive the support they needed to eat their meal in line with their needs. This did not afford both people a positive dining experience.

We talked with one person in their room and noted that they had thickened fluids in a beaker. The need for this person to have thickened fluids was not documented in their care plan and staff said that they drank normal fluids. The recent health specialist referral stated ‘small sips of normal fluids from small spouted beakers’. The provider told us that thickened fluids were used in the event the person did not accept fluid from the beaker. This ensured the person maintained adequate hydration levels. This was not clearly documented in the person's care plan. This meant that staff may not follow the correct guidelines to ensure the person received adequate fluids.

The care records we looked at showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that the relevant healthcare professional had been contacted to assess their needs.



# Is the service caring?

## Our findings

We saw that people were supported with kindness and compassion. People we spoke with had praise for staff and spoke positively about the care and support they received. One person said: “I cannot fault the staff or manager” and another person said: “The staff are very friendly and caring and you can have a laugh with them”. Another person said: “Staff are very, very nice. I have a laugh. I do enjoy living at the home”.

We saw written compliments provided by people and their relatives. One comment read: “We’ll always be grateful to you and your staff for the care and kindness you gave to [my relative] in their last few weeks. I know how happy and comfortable they were with you all”.

Another comment read: “Thank you for caring for [my relative]. Above all thank you for the support that you gave to me. All staff were there with a tissue and a shoulder, when I needed one. Communication and care were always there”.

One person told us: “70% of the staff are good. 30% of staff are bossy. We are elderly and we need to rely on them”. We discussed this comment with the provider. They told us this was of concern to them and that they would look into this matter.

Care plans we looked at contained information about how to provide support to people, what people liked, disliked and their preferences. One person told us: “Care plans were discussed with me and drawn up”. Another person told us: “I do like living in the home. I am able to go out when I want” and: “Staff support me when I need help”.

People told us that staff respected their dignity and privacy. One person told us: “My privacy, dignity and independence are always respected”. Another person told us: “Staff do respect my beliefs”.

We spoke with staff about how they supported people to maintain their privacy and dignity. One member of staff told us: “We give people a choice of clothes and where they would like to sit. We give people time. We don’t talk about people in front of other residents”. Another member of staff told us: “I make sure people are covered with towels when I help them to wash. People can choose the gender of staff they want to help them”.

We saw that visitors were welcomed to the home. Visitors and relatives we spoke with told us they could visit at any time and they were always made to feel welcome. Two visitors told us there was a lack of private spaces for them to talk to their friends. They told us they needed to use the person’s bedroom, which they did not feel was an appropriate space for them to use.

# Is the service responsive?

## Our findings

People told us: “A man comes once a week and does exercises” and: “I’m not bored. I like to read books and newspapers and watch TV” and another person told us: “The exercise man comes on a Friday. No other activities are planned. I am able to do some of my hobbies. I have done knitting”. One person told us: “I can go out when I want, but there are no activities planned in the home” and: “The hairdresser visits once a week”. One relative told us: “There are no planned activities or outdoor activities”. We saw one person sitting alone in the lounge. We asked them if there were any activities. They told us: “Not really. It’s a bit boring. We’ve only got the television”.

One member of staff told us: “There are not enough activities. The physiotherapist comes once a week and some people come in from the colleges to paint people’s nails. There are no trips out. People only go out when they have health appointments”. Another member of staff told us: “We talk with people and there are activities books. This meant that people were at risk of social isolation and low mood due a lack of stimulation and social engagement.

We talked with one person in their room. We observed that they had scratched and caused trauma to their skin on their scalp, face, arms and legs. We observed dried blood on their bedding and clothing. They told us they had been bathed that morning and records showed that they had been visited by staff twice. There was no evidence that staff had supported them to change their clothes and replace the bed linen. The provider could not provide us with an explanation as to why no action had been taken to support the person’s personal care needs on the day of our inspection.

There was evidence that staff were checking people’s skin integrity every month and after discharge from hospital. We found there were no photographs, completed wound assessments, or body maps for two people who required pressure sore management. We were told there was a

photograph of one person’s wound but it was on a camera and could not be accessed on the day of the inspection. The benefit of having a wound assessment and photographs is that it informs staff of progress or deterioration of the wound. The wound assessment details the dressings required so staff can see what to use and if they are effective. It describes the nature of the wound and wound measurements. We found that people’s wounds had not been consistently monitored in line with best practice.

The provider had not ensured that people’s individual care needs had been met to include supporting people to undertake hobbies and interests. The provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of service users.

People’s care records we saw contained detailed information about how to provide support, what the person liked, disliked and their preferences. All of the care records showed that people’s needs were assessed before they had moved in. The staff told us they had access to the care records and were informed when any changes were made to ensure people were supported in line with their current needs.

People told us they were aware of how to make a complaint and were confident they could express any concerns. Each person we spoke with said that they knew how to make a complaint however it would not come to that as issues were resolved as soon as possible. We saw that no recent complaints had been reported or recorded at the home.

We were told that quarterly meetings used to be held with people who used the service to enable the provider to understand people’s views about how the service should be run. We found that these meetings had not taken place for at least six months. It was not clear how people who used the service gave regular feedback to the provider and how the provider responded to this feedback to improve the quality of care.

# Is the service well-led?

## Our findings

People we spoke with and their relatives confirmed they had been consulted about the quality of service provision by completing questionnaires.

The provider sought feedback from the staff and people who used the service through the use of questionnaires annually. We saw that the last questionnaires were sent out in June 2014. The results of this survey had not been analysed at the point of our inspection. We saw that people completed questionnaires every year to give feedback about the service. We could see that the results of the survey had been analysed in 2013, although there was no date recorded. We could not find recorded evidence of what the provider had done to address negative comments reported.

Staff told us that there was an open door policy and that they could talk to the registered manager if they had any concerns. Three staff we spoke with were very enthusiastic about the service and enjoyed working at the home. They told us that staff meetings did not take place at the home. We were told that staff received information via an information board in the main entrance area. We could not find evidence that staff were actively involved in developing the service. We could not find evidence that management involved staff in discussions to implement best practice in care delivery.

On the first day of our inspection we were told that the registered manager and the office administrator were both

on annual leave. We spoke with the registered provider. They told us their role was to meet with visitors and to undertake maintenance at the home. The registered provider was not able to facilitate the inspection as they could not access staff files or provide us with audit information. This did not demonstrate effective management or leadership as the registered manager and registered provider had not taken responsibility for ensuring that inspections were facilitated as part of the operational running of the home.

We asked the provider whether they held management meetings to discuss the on-going operational requirements and development plans for the home. The provider told us they discussed this but could not provide us with minutes of meetings attended or actions taken.

We asked how maintenance issues were audited at the home. The provider told us that they checked the home and staff told them when repairs were required. We could not find a formal audit process to demonstrate the provider routinely inspected and addressed maintenance issues.

We found environmental concerns and infection control concerns during our inspection. We could not find evidence that the provider routinely inspected the home to ensure issues were addressed.

The provider had not ensured the service was consistently well-led. The provider was in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010: Assessing and monitoring the quality of service provision.

## 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	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>(1) The registered person had not made suitable arrangements to ensure that service users were safeguarded against the risk of abuse by means of—</p> <p>(a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs; and</p> <p>(b) responding appropriately to any allegation of abuse.</p> <p>(3) For the purposes of paragraph (1), “abuse”, in relation to a service user, means—</p> <p>(a) sexual abuse;</p> <p>(b) physical or psychological ill-treatment;</p> <p>(c) theft, misuse or misappropriation of money or property; or</p> <p>(d) neglect and acts of omission which cause harm or place at risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>(1) The registered person had not ensured that—</p> <p>(a) service users;</p> <p>(b) persons employed for the purpose of the carrying on of the regulated activity; and</p> <p>(c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, were protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).</p> <p>(2) The means referred to in paragraph (1) are—</p>

## Action we have told the provider to take

- (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—
  - (i) premises occupied for the purpose of carrying on the regulated activity,
  - (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

(1) The registered person had not ensured that service users and others having access to premises where a regulated activity is carried on were protected against the risks associated with unsafe or unsuitable premises, by means of—

(a) suitable design and layout; and

(c) adequate maintenance and, where applicable, the proper—

(i) operation of the premises

which are owned or occupied by the service provider in connection with the carrying on of the regulated activity.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—

(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—

(i) meet the service user's individual needs.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

(1) The registered person had not protected service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—

(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and

(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.