Mr & Mrs P Sohanpaul

The Red House Nursing Home

Inspection report

Main Street
Maids Moreton
Buckingham
Buckinghamshire
MK18 1QL

Tel: 01280816916

Date of inspection visit:
16 February 2016
17 February 2016

Date of publication:
22 March 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 16 and 17 February 2016. It was an unannounced visit to the service.

The Red house is a care home for older adults, some of whom may have a physical disability or are living with dementia. It is registered to provide accommodation for 32 people who have nursing needs. At the time of our inspection 29 people lived at The Red house.

We previously inspected the service on 11 February 2014.The service was meeting the requirements of the regulations at that time.

The service had a registered manager in post. 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.

The Red House is located in a Buckinghamshire village, it has developed good links with the local community and people are encouraged to join in 'dementia friendly' activities in the community.

Risks to people are recorded, and plans are put in place to reduce risks. However care plans are not always evaluated with up to date information. This meant that staff were sometimes unaware of what care and treatment was required.

People are protected from harm and staff had a good understanding of how to recognise abuse and take appropriate action should a safeguarding concern be raised.

The service had a very stable workforce, this contributed to the knowledge the staff had about people they cared for. Positive relationships had developed with staff and people living at The Red House.

The service had a clear vision to provide a high quality service. Staff felt supported by the management and feedback was sought from people and their relatives.

The service was open to driving up improvement and engaged with external parties. It had agreed to be part of a clinical trial in medicine.

Where required the service ensured that onward referrals were made to external health care professional.

We have made a recommendation about training for staff on care planning and reviewing.

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 harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good

The service was effective.

People were encouraged to make decisions about their care and day to day lives. The service worked within the guidance of the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans and monthly evaluations did not always reflect current care needs.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making

compliments and complaints about the service.

Is the service well-led?

Good

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

The Red House Nursing Home

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.

The inspection took place on the 16 and 17 February 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. On day one the inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One the second day one inspector visited the service.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the Red House who were receiving care and support, five relatives; the registered manager and six staff. We reviewed four staff files and five care plans within the service and cross referenced practice against the provider's own policies and procedures. We carried out observations and spent time in communal areas.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe within The Red House. One relative commented that "It's like walking into your own home, I know X is safe and well cared for."

People were protected from abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

People were protected from potential risk and the service had a risk management policy. Risk assessments were written for a wide range of activities including falls and bed rails. Risk assessments were reviewed on a regular basis. We noted that a number of people had been identified at high risk from choking and required thickened fluids. We observed that this was carried out and that liquid medicine was also thickened to ensure people were not at risk of choking.

Medicines were stored safely and good practice was observed throughout the administration of medicine. Only staff who had received appropriate training supported the administration of medicines. We noted that where medicines were required for occasional use (PRN), protocols were in place to ensure staff had information on when to use them. Where medicine needed additional storage and records, we saw this was completed safely. The service has regular support from a local pharmacy who undertook audits. The last visit to the service was 18 November 2015. Three recommendations were made. We spoke with a nurse about this; they advised us that the recommendations had been completed.

We observed staffing levels over the course of our two days. We noted that there was enough staff to provide safe care. We saw that the call bell was responded to quickly. Staff we spoke with told us they felt staffing levels were adequate. Relatives we spoke with felt there was enough staff on duty. We looked at staffing rotas. This confirmed the number of staff the registered manager told us they needed for each shift. The registered manager advised us that if required they also helped with care and support. We saw this had happened on several occasions.

People were supported by staff with the appropriate experience and character to work with vulnerable people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

We acknowledged that the service had been previously criticised by the local authority for a lack of fire training for staff. This had been responded to by the registered manager who had arranged fire simulation training. The registered manager informed us that this will be completed twice yearly and is imminently due.

A fire risk assessment was dated 12 May 2015. We saw evidence of weekly fire testing. We noted that personal emergency evacuation plans (PEEPS) were not present in all care plan files. We questioned this with the registered manager. They advised us that a full list is held centrally. However when they went to find it, it had been moved. This was responded to quickly and another list was printed off and left for staff.

Environmental risks were identified. Equipment used regularly by the service was maintained and repairs conducted when needed. Hoists in place were serviced; water and electrical safety checks were undertaken and certificates were in date. Incident and accidents were recorded and staff we spoke with were aware of the need to report these.

Good

Is the service effective?

Our findings

The majority of people and their relatives we spoke with were happy with the food provided. One relative who visited their family member regularly told us they enjoy the "Homely food," another relative described the food as "Good, I often eat with X." People had a choice of where they ate, however if all wished to dine in the dining room this would not be possible due to the size. We asked the registered manager about this. They advised us that additional seating would be set up in another room if required.

People were not always supported in a dignified manner at meal times. We saw mixed practice by staff. We observed two people being supported with their meal whist in bed. On both occasions the member of staff supporting them was standing up and leaning over the person. We also observed one staff member supporting two people at the same time. This meant that the mealtime was not a meaningful activity. There was little interaction between the staff member and the person they were supporting. We spoke with staff members and the registered manager about this. Staff advised us how they should provide dignified care. We did observe some positive interactions at meal times for instance one person was given a meal that they were not happy with. This was responded to quickly by staff, who provided an alternative.

One person who had specific dietary requirement due to their religion was provided with an array of foods. When we spoke with the person they were positive about how the staff supported to ensure their nutritional needs were met.

People were supported by staff who were knowledgeable and aware of their role and level of responsibility. New staff were supported through an induction period. This included a period of time when new staff would work alongside more experienced staff. These shadow shifts were highlighted on the rota as additional staff members. This allowed time for teaching and sharing of skills. Qualified staff we spoke with advised us they worked alongside new care staff to help them develop into the role. On staff member described their induction as "Very Supportive, I had time to get used to people's names and read about them."

The service operated a handover meeting from shift to shift; this provided an opportunity for staff to share important information regarding care and treatment for people.

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

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 and hospitals are 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 were being met. We viewed applications made to by the service. We noted the registered manager had a system in place to keep track of applications made. Staff we spoke with had a good understanding of the MCA.

Where people needed support from outside healthcare professionals, we saw that appropriate onward referrals were made. This was supported by what relatives told us. We noted that people had received support from Speech and Language therapist and specialist mental health nurses. All external visits and outcomes were recorded. This meant that staff who worked at the Red House were informed of the current best practice and guidance when working with people.

Good

Is the service caring?

Our findings

People were supported by staff who demonstrated kindness and compassion. We observed some good interaction between staff and people. On the second day of our inspection one person was visibly distressed. A member of staff spent a lot of time with them, comforting them. They knelt down to a level which respected the person.

Staff we spoke with were respectful of the people they were supporting. They were able to tell us about people and their likes and dislikes. We observed staff offered choices to people. For instance one person who was escorted in a lounge area was asked where they would like to sit. Another person was asked what activity they wanted to do.

We saw the service ensured that people's religious beliefs were respected. One person had a dedicated area within their room to practice their religion. They advised us that staff were very respectful to their beliefs, stating "They (staff) do not touch this area." People who were unable to get out due to frailty were offered religious services within the home.

We spoke with one relative who was very pleased with the way the service supported them and their relative to enjoy family time together. They advised us that important events like's birthdays and anniversaries were celebrated by the service. One relative told us the service had really made a difference to them as they supported their family celebrate Christmas all together. The relative described the Red house as "Excellent, personally I cannot fault it," and "Nothing is too much trouble."

The service made an effort to get to know people; they completed a 'This is me' document, which helped the service learn about the person including hobbies and interests. We observed staff were able to communicate with people about their likes and dislikes.

Relatives we spoke with felt welcome to visit at any time, one relative told us "I come in three times a day most days," another relative told us "I pop in at different times, so does my brother and son."

We observed rooms were personalised. People were free to take items of importance into the home. People appeared relaxed in the company of staff. We observed one person being supported with a drink; the member of staff was respectful to the person and ensured that prior to leaving them they had all that they needed. A number of people were very familiar with staff, recognising the member of staff by voice. We overheard banter between staff and people. This was instigated by the person. This meant that staff were invited to engage rather than making an assumption the person would be happy with that level of interaction.

The service captured information about people's preferences for end of life. Staff had received training on providing compassionate care for people towards the end of their life.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive person centred care. Care plans were written for a number of key areas. For instance falls, continence and pressure care were assessed and care plans put in place to advise staff on how to support people. Two people had recorded that they had pressure areas and that the wound was being dressed. However it was unclear from the notes when the next dressing was required. One person's file stated they had a dressing in situ. However when we asked the registered manager to check when this was next due to be changed. There was no wound and no dressing. Another person had recorded that they needed normal diet and liquids, however they had been reviewed by the speech and language therapist and who had prescribed thickened fluids. Documentation supporting this was not consistent. This meant staff were not always aware of what care and treatment was required. We spoke with the registered manager about this, as monthly evaluations carried out by nursing staff had not picked this up. They agreed that this was an area of development needed.

We recommend that the service seek advice and guidance from a reputable source, about effective care planning and reviewing.

We did find some good evidence of people receiving person centred care, for instance all staff had access to a white board which detailed food preferences and support required at mealtimes. We noted that where it was detailed what level of support people needed this was provided. For instance where people needed the use of manual handling equipment this was provided.

One relative told us the service did respond to changes in their family member's health and they were always informed of important events.

Pre-admission assessments were completed by a senior member of staff. The pre-admission assessment covered a wide range of a person health, life and wellbeing. Topics included consideration to first language, life history and religious belief. Where possible people were encouraged to be involved in their care planning. One relative told us "I think it's about every four months that I review X's care plan, although coming in most days I discuss things as they happen."

We heard mixed responses about activities and access to activities. The service was supported by an activities co-ordinator. On both days of our inspection we observed activities being offered. There was information available for people on future activities. A newsletter was produced on a regular basis, which communicated important events.

One person told us " I don't like the music much, but I would like some help with my exercises though." We asked if they had any one to one sessions with the activities co-ordinator they said "Not really." We spoke with the registered manager about this who agreed they would look into this.

People were supported to access the community, a small group of people attended a dementia friendly reminiscence coffee morning at a local library. Staff also told us that people liked to go to the local national

trust property. The service had access to its own minibus. We spoke with the activities co-ordinator about having more staff insured to drive it and they agreed that "it might be a good idea but I've never got round to it." The registered manager confirmed that anyone over the age of 25 could drive the minibus.

The service had a complaints procedure and staff were aware of what to do in the event of negative comments. We reviewed the complaints made, there were very few. Where a complaint had been made there was an appropriate response and records kept of correspondence made.

Good

Is the service well-led?

Our findings

People were supported by a service that was well-led. There was a clear vision which was communicated to staff. The registered manager told us "I am here because I care; I lead by example and try to motivate staff."

The registered manager provided strong leadership, with a clear open door policy. They demonstrated a commitment to development in their own skills and those of the staff. Staff we spoke with stated they would not hesitate to raise a concern with the registered manager. One staff member told us "I have a lot of respect for X." Another staff member said "X is a brilliant manager, very supportive." One member of staff who was being supported through an induction told us "X has been very supportive, they are someone you can go to, very approachable."

A number of staff had worked in The Red House for in excess of ten years. One member of staff told us "I really like work, I like to learn and you get lots of opportunity."

Relatives we spoke with were complementary about the management. One relative told us "When Z first came here, we both got a sensitive and warm welcome from everyone, the manager is wonderful." Another relative told us "X always has time for you, nothing is too much trouble, and X will sit you down and explain to you what is happening."

The service monitored its quality through questionnaires, relative meetings and audits. We saw that action plans were developed as a result of feedback from relatives. The registered manager meets with qualified staff and all staff on a regular basis. Records of these meetings were kept. In addition to this, the registered manager and provider ensure that they are visible throughout the service. The registered manager works alongside staff to monitor performance.

The service had a business continuity plan in place which was dated December 2013, we questioned the registered manager, if it had been reviewed, they advised us they had reviewed it and the content was still relevant. However we were unable to see any evidence of this. The registered manager will ensure that reviews dates are added to future paper work.

The service accepted support from external agencies. The Local Authority 'Quality in care' team had visited the service and had provided support to drive up improvements. We found the management were open and receptive to suggestions of improvements and were pro-active. We noted that feedback provided on day of our inspection had been adopted by day two.

The service had engaged with a research project and one person had been accepted onto a trial with another person soon to join.

The service had developed good links with the community and was visited regularly by two local schools who provided additional support. People we spoke with were very complementary about this support.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. For instance we had received information when a safeguarding referral had been made to the local authority.