

The Red House (Ashtead) Limited

The Red House

Inspection report







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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The Red House is a privately owned and managed establishment accommodating a maximum of 26 older people and people living with dementia or physical disabilities. 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. At the time of our visit 22 people lived at the home.

There was 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 registered manager was at the home during the time of our inspection.

This inspection was carried out on 15 January 2019 and was unannounced.

At our last inspection in 2016 we rated the service good in all five domains. At this inspection we found significant improvements had been implemented which has increased the overall rating to outstanding.

Why the service is rated Outstanding.

People were at the heart of everything the service did. Staff had an excellent understanding of people's needs and provided person-centred care to a very high standard. The provider and registered manager demonstrated a passion to provide people with love and a life of value, regardless of their age or disability. This was reflected in the many positive comments we received about the home and its staff from the people who lived there, their relatives, and the visiting health care professionals. Everyone we spoke with told us the service gave an outstanding level of care and support to people.

The registered manager, and the provider, had a clear vision and set of values for this service. These were based on dignity and respect, and working together with a commitment to providing quality care and support. They were also focussed on getting to know the people they supported. This compassionate and clear message was clearly shared by the staff team. This had a positive impact across all five of the key questions we asked and the lives of the people who used this service.

The service strived to be known as outstanding and innovative in providing person-centred care based on best practice. The registered manager had established a culture that put people at the centre of the service. This resulted in people taking back control of their lives, either from being unwell for long periods of their life, or overcoming obstacles due to their disabilities or age. Staff were confident and knowledgeable in their ability to support and care for people. Their passion for supporting people to live a fulfilled life was evident throughout the inspection. The programme of activities and events hosted by the staff were fully based around people's interests and enabled them to achieve lifelong goals.

This passion for innovation and leading on best practice also extended to supporting people who were at the end of their life. The staff at the home had worked closely with local hospices to develop new guidelines for ensuring people were supported in a kind and compassionate way as they neared the end of their lives. Relatives who had family members pass away at the home were thankful for the way their loved ones and themselves had been supported by staff at this most difficult time.

The staff were exceptionally kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff asking people's advice about how to proceed with tasks, or having a laugh and a joke with them. People were relaxed and happy with the staff and it was clear that caring relationships had developed between them. People's relationships with family and friends and dramatically improved due to the support and guidance given by the staff.

People told us they enjoyed the food. People were unanimously positive about the quality and choice of the food and drinks at the Red House. They received a balanced diet and they were encouraged to keep hydrated using innovation and staff involvement in developing best practice guidelines with health care professionals.

People's safety was paramount at The Red House, as was their involvement in keeping themselves and others safe. Through an understanding of people and their support needs, staff worked with them to manage risks and enable them to live their lives in the way they wanted. Risks of harm to people had been identified and guidelines were in place to minimise these risks, without restricting people's freedom.

There were sufficient staff deployed to meet the needs of the people who lived at the home. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received an induction when they started work at the home and ongoing training. This was tailored to the needs of the people they supported, and gave the nursing staff the training and clinical supervision to keep their registration with the Nursing and Midwifery Council up to date.

There was a very low turnover of staff, which enabled people to get to know them, and build positive relationships. It was also a testament to the care and support the provider and registered manager gave to the staff at the home.

Staff managed medicines in a safe way and were trained in the safe administration of medicines. The home was clean and staff practiced good infection control measures, such as hand washing, hygienic cleaning of the environment and equipment and correct use of personal protective equipment.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Accidents and incidents were reviewed to minimise the risk of them happening again.

Before people moved into the home, their needs were assessed to ensure staff could provide the care and support they needed.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve because of the effective care and support given by staff. Staff worked with local health authorities on initiatives to continue to improve the care people received.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

The registered manager had a clear vision and set of values based on providing personalised care to people. Staff understood this and demonstrated these values during the inspection in their interactions with people. Quality assurance processes were used to make improvements to the home and the experience of people who live here.

People had the opportunity to be involved in how the home was managed. Regular house meetings took place to give people a chance to have their say. Surveys were completed and the feedback was reviewed, and used to improve the home and the people's experience of living there.

People had a very positive experience living at The Red House. They were supported by staff that really enjoyed their job and really involved them in their care and support. The registered manager gave an outstanding level of leadership to make people's lives happy and fulfilled.

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 felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

The provider proactively identified risks to people's health and safety with them and put guidelines in place for staff to minimise the risk.

There were enough staff to meet people's needs. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way and they had their medicines when they needed them.

Infection control processes were robust.

Is the service effective?

Good 

The service was effective

A holistic approach was taken to ensure people's needs were understood, and could be met, prior to them living at The Red House. Staff had the specialist knowledge and skills required to meet people's needs.

The provider was creative in looking at ways people were supported to eat and drink sufficient to their needs. People and professionals recognised the effort that staff went to so that people had the food they needed that met their personal and medical needs.

Health care professionals were positive about the impact the home had on people's health. Partnership working with outside agencies was used to improve people's health because of the care and support they received.

Staff had access to training to enable them to support the people who lived at the home.

Adaptations had been made around the home to meet people's needs.

People's rights under the Mental Capacity Act were met.

Is the service caring?

Outstanding 

The service was very caring.

The service was inclusive of all individuals and provided personalised care.

Staff were caring and friendly. We saw excellent interactions between staff and people that showed great respect and care.

Staff knew the people they cared for as individuals. Communication was good as staff could understand the people they supported. Staff went out of their way to give people a good life.

People were supported to be independent and make their own decisions about their lives. They could have visits from friends and family whenever they wanted.

Is the service responsive?

Outstanding 

The service was very responsive.

People received exceptionally person-centred care from staff who knew each person, about their life and what mattered to them. The level of care experienced promoted their health and wellbeing and enhanced their quality of life.

People were encouraged to socialise, pursue their hobbies and interests and try new things in a variety of inspiring and innovative ways. Daily activities were tailored to meet people's preferences and abilities.

End of life care was outstanding. Relatives and health care professionals were all impressed by the compassion and care given to people as they were supported at the end of their lives.

Each person had their own detailed care plan which was extensive and clearly reflected their preferences. The care provided to people was very person-centred and clearly reflected individual needs and preferences.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Outstanding 

The service was very well led.

The provider was passionate about achieving very high standards of care and staff were committed to meeting them. Staff felt valued and enjoyed working at the service.

There were clear visions and values, known by all the staff. These were around the principles of personalised care based on each person's wishes and needs.

Continual improvement in the service was supported through robust quality monitoring, including listening to people's views and suggestions.

People received a consistently high standard of care because management led by example and set high expectations about the care people received.

The provider had robust and embedded quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. These showed the service was consistently high performing.

In pursuit of excellence, the management team kept up to date with best practice.

The Red House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a routine comprehensive inspection. This inspection took place on 15 January 2019 and was unannounced. The inspection team consisted of one inspector, an expert-by-experience and a specialist nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service including notifications we received from the provider of significant events. A notification is important information the provider is required to send to us by law. We had asked the provider to send us an updated Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information to see if we would need to focus on any particular areas at the service.

During the inspection we spoke with six people who lived at the home, nine relatives and eight staff which included the registered manager and area manager who were present on the day. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included five care plans and associated records, five medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted commissioners of the service and 10 health care professionals to see if they had any information to share about the home.



Our findings

Staff had skills in managing and reducing risk whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom. People's comments included, "I feel very safe here. They treat me very well." Another person said, "The routine makes me feel safe here." A relative said, "If there were people here with challenging behaviour, the staff were amazing by distracting that person, and if that person was distressed, they did one-to-one care to distract them."

A culture of safety was also embedded within the staff team. Staff were proactive in spotting risks and tackling them. They made every effort to ensure people felt safe and minimise restrictions on their freedom. For example, staff had time to accompany people for walks in the garden or to local shops. People could safely and independently access areas of the garden if required. Where we observed people indicating they would like to go out of the house staff were available to support this. For example, one person who walked with purpose often went to the front door. Each time staff were present with them and supported them to go out for a walk. This freedom to go where and when they wanted was effective at reducing their behaviour that may have challenged themselves or others.

Risk assessment and subsequent care planning was personalised and related to specific behaviours and outcomes to keep all involved safe. There was regular liaison with external specialists and regular multi agency reviews, including a psychiatrist from the older people's mental health team. People had specific care plans in relation to behaviours that may challenge. These identified triggers to the behaviour and actions needed by staff to support the person to understand and overcome their reaction to these triggers. Rather than looking at restrictive practice to do this, the staff at The Red House helped people regain their independence, which had the effect of behaviours being reduced or ceasing all together.

Staff understood that people's behaviour was a response to an event or stimulus, and not just the person 'acting up.' As a result, staff focussed on the events, rather than trying to change a person's behaviour through restraint or medication. One example was a person with an acquired brain injury. They had been refused admission many care homes due to their behaviour. During their settling in period at The Red House the person was supported on a one to one care basis to meet individual needs, manage and understand their challenging behaviour and to make the transition easier for the person. Staff identified the person had been highly independent prior to their injury, and had been stopped from doing things they enjoyed due to the perceived risk of harm. As a result, the person became frustrated and lashed out.

Positive risk taking at The Red House meant the person could establish a daily routine for themselves and

carry out activities and duties around the home. There was a real attention to detail and an understanding of the individual person, and the triggers that caused specific behaviours. As a result, the person now lives a more independent life, and can go out to the local pub 'after work' just like they did prior to their injury. A family member wrote, "[Persons name] was closely monitored and through the care given to him at The Red House he has become calm, friendly to all staff and residents. His aggression and challenging inappropriate behaviour has become subdued, and only his rather naughty sense of humour remains."

People's safety and wellbeing was promoted because staff developed positive and meaningful relationships with them and had time to spend with them. The turnover of staff was very low, enabling them to build relationships with the people they cared for and get to know each other. A relative said, "The continuity of staff is very good. The staff are very loyal and they even come in on their day off sometimes."

Where people did present behaviours that may challenge, care plans related to the least restrictive care intervention to minimise risk were in place. There were behavioural charts that showed incidents, what had taken place prior to the behaviour and the outcome, as well as the strategies that had worked to support each person.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents was taken. For example, to support a person who had a history of behaviour that may challenge themselves or others, the registered manager had met with them and the commissioners. The person was now more relaxed and incidents had substantially reduced from what had been experienced at their previous care placements.

People were protected from the risk of abuse. Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. Staff had safeguarding training to ensure they had the skills and knowledge to recognise when people may be unsafe. All staff were aware of how to report suspected abuse and contact details of the local authority safeguarding team. The information on how to report suspected abuse was displayed around the home. This was a reminder to staff and people about who they could contact if they had concerns.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home and people took part in fire drills. People had personal evacuation plans, which were understood by staff, that detailed the support and equipment they would need if they had to be evacuated from the building. In addition, contingency plans were in place to ensure impact to people's care would be minimised for multitude of emergency situations, such as adverse weather, power failure, and fire damage to the building.

Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

There were enough skilled and experienced staff to ensure people were safe and cared for. Staff worked in an unhurried way and responded to people's individual needs at a time and pace convenient for the person. Supporting people with all their needs, such as spending one to one time with people, socialising, going out was incorporated into the dependency tool used to calculate and review staffing levels. Staff worked flexibly and staffing levels varied at different times of the day, according to need. Rotas showed staffing levels were

consistent over time.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed, given safely and they were involved in managing their medicines as much as they could. A healthcare professional said, "The medicine management aspect is outstanding with excellent ordering system and administration and the respective GPs are involved/ aware of all clinical needs as highlighted by staff at The Red House. We are in constant communication on a daily basis."

When administering medicines care staff were calm and unrushed and ensured people received the support they required. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. Where people had allergies, this was recorded on the medicine administration record (MAR) and staff who gave medicines knew about them. Staff who administered medicines to people received appropriate training, which was regularly updated, including having their competency checked.

The ordering, storage and disposal of medicines were safe. Medicines were stored safely and securely in a locked cabinet. The temperature was monitored to check they were kept within the manufacturer's recommended temperature range. There was guidance for staff on what to do if the temperature went out of the recommended range. Used medicine was collected by a specialist contractor for safe disposal. Sharps bins, used to store used needles, were available and were only filled to the levels recommended by the manufacturer, to reduce the risk of injury to staff.

People were cared for in a clean and safe environment. One person said, "It is very clean here, and the cleaner is always up at the crack of dawn cleaning. The staff always wear gloves and aprons for personal care." There was a deep cleaning schedule which covered all areas of the service to ensure cleanliness was maintained. Items such as mattresses and bedrails were checked and cleaned every day. The management kept detailed records of the cleaning that had been carried out.



Our findings

The care and attention around people's support with food and drink was recognised by all people we spoke with. There was a strong emphasis on the importance of people eating and drinking well. Key to this was the passion and knowledge of the home's chef. One person said, "The chef here bends over backwards and makes me what I want. I said I fancied lentil soup tonight and it's not on the menu but that's what she's got for me." Another person said, "There is a very good chef. You don't have to stick to the menu. She'll make you anything you want. She goes out of her way to make me my favourite things to eat." A relative said, "SaLT (Speech and Language Therapists) were involved. They were impressed with the way the chef approached the way food was prepared for [family member] as she was at risk of choking. The chef is really excellent."

The impact that food and drink had on people's health and wellbeing was well understood by the staff. This also included the health of people's relatives. The registered manager explained that a number of relatives had found themselves living on their own for the first time in many years as their partners had come to live at The Red House. Staff had noticed these people had begun to lose weight and appeared tired when they visited. Staff discreetly asked the relatives about their eating habits, and found they were not eating well. They were invited at no cost to join their loved one for lunch each day if they wished so they had a hot meal each day. One person said, "The food is very good. My husband now comes for lunch every day and he likes the food very much." During the inspection we saw many relatives sitting at the dining tables with their family members having cooked meals and drinks. This resulted in relatives keeping healthy and able to continue visiting their family member at the home.

The positive support around nutrition and hydration was also recognised by health care professionals. A health care professional fed back to us, "In 2018 the home took part in the 'Quality in Care Homes initiative.' This included care planning to include the 'food first' approach and amending the homes nutrition policy. The chef was also very supportive and developed individual fortified menus which has all resulted in positive outcomes with a reduction in MUST scores (MUST is a five-step screening tool to identify adults, who are at risk of being malnourished. The lower the number the lower the risk of the person being malnourished.) Outstanding would therefore be my rating for the service." The Food First initiative uses National Institute for Health and Care Excellence (NICE) nutrition support guidance to help care homes provide the best possible nutritional care for their residents.

The staff team used innovative methods to encourage people to eat and drink. One example was where a person's dementia progressed they became obsessed with aspects from their earlier life. This caused them

to focus on items being placed in straight lines and everything being equal around the centre of spaces. Their food and fluid intake had started to decrease as they started to refuse their meals. Staff took time to have meals with the person and engage them in conversation to understand their reasons for not wanting to eat. They found the person's obsession about the 'Centre' and about equal shapes and forms had extended to food. As a result, square plates were purchased for the person. Furthermore, staff arranged the food on the person's plate so that each item was equally spaced. Food items were also shaped on the plate to form rectangles and squares, including soft foods such as porridge (by using moulds). To encourage the person to drink more, the colour and shape of cups and straws was also explored. This resulted in straws being cut to the exact length of the cup being used, and placed at a specific angle that the person found pleasing. A friend of the person said, "She wouldn't eat unless everything was in different corners of the plate. The staff worked with her with great patience, encouraging her to eat each corner at a time. It could take a long time but their patience was fantastic." As a result, the person began to eat and drink enjoying their food.

Other innovative methods of encouraging people to drink were highlighted by a health care professional. They said, "One of the great ideas that came out of project hydration week was to have a 'Cappuccino morning.' Lots of the residents didn't know what a cappuccino was as their generation drank 'normal' coffee. They wanted to try the drink and in doing so it proved so successful it's now on the menu! How fantastic is that!"

People received an in-depth, holistic assessment of their needs and wishes. One person said, "Before I moved in here the manager came to the hospital to get to know and assess me." A relative said, "The support that [family member] got here was so well coordinated. Everything was amazing. It really couldn't have been better. They did research before she moved in for her likes/dislikes. I wrote the biography because [family member] wasn't capable of telling them anything really." The registered manager explained that the assessment process also considered if the person wanted to come to live at the Red House. She said, "We have an arrangement that residents can come and stay for a short period to see if they would like to stay here permanently. They can then decide if this is the right place for them."

The needs assessment and subsequent admission of new people had been successful with regards to people that displayed behaviour that may challenge themselves or others. A seven-day care plan was initiated when each person came to live at The Red House. This enabled staff to gain an understanding of any historical behavioural concerns, including aggressive outbursts or finding out that people may walk around the home. As a result, several people who had been refused admission to other nursing homes due to behaviour had successfully come to live at The Red House. The successful admission of people who may have challenging behaviour was commended by the people who lived here and their relatives. One person said, "If there is anyone here with challenging behaviour the staff respond well to that. Another person said, "The staff cope very well actually." A relative said, "The staff handle them very courteously. The staff don't get irritated with challenging behaviour of residents." A health care professional said, "Their knowledge of the clients and their needs is excellent, as is their documentation and follow-through of advice."

People's complex or continuing health care needs were well supported due to the excellent links with health and social care services. A health care professional said, "There is excellent collaborative work between the Red House and my [health care] team, ensuring prompt delivery of acute medicines to residents. All the staff are aware of the importance of seamless care and all work in a supportive way to the benefit of the residents at Red House." Another health care professional said, "Our team has frequent and timely referrals for people with communication and swallowing difficulties. My experience of working with The Red House has always been highly positive. I am always confident when I leave The Red House that my management plans will be appropriately integrated into care, and any concerns will be flagged by their team and dealt with accordingly."

Staff had the knowledge and skills required to enable them to carry out their roles to a high standard, and to meet people's needs and wishes. This was demonstrated where the skill of staff detected a previously unknown/unstated concern while carrying out a person's assessment. The assessor had picked up on a swallowing difficulty as they observed the person coughing while they were eating. This led to early referral to a speech and language therapist (SaLT), so that an assessment and care plan was in place ready for the person's admission to the Red House.

The registered manager promoted the use of champions to upskill staff and improve practice across the home. These were staff that had shown a specific interest in particular areas that were essential to bringing best practice into the home. Champions were in place for areas such as dementia, dignity and moving and handling. The champions shared their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. The success of this system was reflected in our findings across all five of the areas we inspected, as well as the overwhelmingly positive feedback from people, their relative and health care professionals. There was a focus on delivering training to all staff regardless of their role. A health care professional said, "Last year I trained the staff on Slips, trips and falls and Living with dementia, we had a packed room and the handyman even came as they said it's everyone's business."

Many adaptations had been made around the home to ensure it met people's needs, but also retain a homely feel. This included the installation of a chromotherapy and hydro-massage bath. Chromotherapy, sometimes called colour therapy, is an alternative healing method. It uses different coloured lights and aromatherapy, and had proved to be very popular with the people living at The Red House giving a relaxing spa experience. The physical environment lent itself to sensory stimulation. For example, the lounge was light and airy with large windows and doors looking out over the gardens. People and staff were seen to engage together talking about the animals they could see in the garden. The lounge area gave spaces for people and relatives to sit and talk. Throughout the whole area we observed chatter going on between people, activities and a sense of relaxation. A health care professional said, "This environment gives all concerned a place in which to convalesce or to settle into a world with very high standards in which they feel able to relax and to feel at home. I can recommend the Red House Care Home with enthusiasm and without reservation."

The 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. One person said, "I'm sure I can always do what I want." A relative who had power of attorney for care said, "I am always involved in any decisions involving my family member."

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff understood the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff asked for people's consent before giving care and support throughout the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS authorisations. Examples such as people not having the capacity to decide to live at the home had been addressed under the DoLS.



Our findings

Caring and providing a family feel was at the core what The Red House staff did. Without exception, people and their relatives told us the staff were extremely caring, kind, attentive and dedicated in their approach, which was evident throughout the inspection. One relative said, "If I won the lottery tomorrow, I would not take him out of this home. I can walk away each day with peace of mind knowing how well cared for he is. The registered manager said, "By supporting relatives and friends of our residents, we not only support our residents but also foster friendship and feeling of community, thus eliminating the biggest evil of modern times – loneliness."

Feedback from people, relatives, and health care professionals, along with our observations, about the caring nature of the staff demonstrated staff had done their best to provide a place of care and love for people. One person said, "I have lived here for two years and it's warm in every way. You come in and everyone is delighted to see you and you are always made to feel welcome." A second relative said, "They are really caring staff and they really care for [family member] and me. My whole family feel very supported. It's like a big family here." A health care professional said, "I often think as a health care professional of 32 years it's not about the big things but the little things that mean so much. When I sit in The Red House I feel like I am in my own home, the only thing that's missing is my slippers! The whole team work together to look after the residents and their families too."

The registered manager and staff were highly motivated and offered care to people that was kind and compassionate and took into account differing methods of communication. During the inspection staff had a positive rapport with people and engaged exceptionally well with them. Where people were unable to verbally communicate, detailed communication cards had been developed. These were matched to the individual's needs. The cards not only covered medical and basic phrases, they also covered family, objects and points of interests so conversations could take place. This enabled staff to understand and respond to people. On admission to The Red house one person was unable to speak. A family member had discussed with the registered manager that care staff might not understand the persons sign language. This concern was addressed promptly as the provider made it a mandatory requirement for all its staff to undergo training on non-verbal communication. The activities coordinator was qualified in this and provides sessions to the staff for each individual person with difficulty in verbal communication. As a result, people were able to express themselves and staff were able to engage fully with them in conversations as well as responding to questions.

Staff fully involved people in what they were doing and sought their advice on how to proceed. A health care

professional said, "Whenever I have been into the home the staff always are always caring and respectful with the residents and visitors. All staff from the cook right up the chain to the manager interact with the residents individually. When family visit they are always made to feel welcome and nothing appears too much trouble." Another health care professional told us, "I confirm that the standard of care at The Red House is medically and socially excellent. Residents are treated with a very high standard of care which provides an atmosphere which is both friendly and efficient and which makes all concerned feel that they are individuals and not just clients."

People were supported by a staff team that put them at the centre of everything they did. Staff did this by helping people to achieve their dreams and aspirations. For example, one person had been a gifted painter and had produced many acrylic and water-colour works in the past. Due to their medical condition they had shaking hands, but they still managed to paint beautiful pictures. The person had told staff they always wished to have an exhibition of their artwork since they had been a child, but never had the opportunity. Staff arranged for an art exhibition of the person's work to be held at the home. This was visited by more than 100 art enthusiasts, local people, local leaders and the press. The registered manager explained the enthusiasm the person had displayed during that one year of the preparation for the exhibition, and the joy they felt at the prospect of their lifetime ambition coming to fruition. This showed the staff team went out of their way to ensure people felt really cared for and that they mattered.

People's involvement in developing their care and support plans helped them claim back their independence. There were many examples where people were able to regain their mobility due to the care and support given by staff. One person was bed bound and, unable to move their hands or feet and they needed the use of a hoist for all transfers. This loss of mobility caused them to become introverted and stayed in their room. Through careful assessment, positive risk taking, encouragement and focused support of the staff the person had gradually regained their independence and was able to sit up on the bed and walk inside and outside with use of a walking frame. This was achieved by staff taking the time to encourage the person to take part in daily exercises. A relative wrote to the registered manager, "As a family, we had all but given up any hope of [person's name] regaining any of his previous mobility. Slowly but surely with the help, encouragement and support of your team he has gradually made progress to the point he is able to stand on his frame and take steps both inside and outside. I cannot tell you how much it means to him and consequently how much it means to us, his family. They may seem like small steps to some people but they are great strides for [person's name]."

Further evidence of the outstanding way people were supported to regain their independence was with a person who had been admitted and required palliative care. They were bed and wheelchair bound, with no mobility or interest in doing activities. With continuous encouragement the person was supported to regain their mobility. Daily exercise routines had been implemented and added to their care plan and staff made every effort to encourage them to actively participate in the routines. The success in helping the person regain their mobility meant their sense of well-being positively improved and they now actively participate and take an interest in socialising and living an independent lifestyle. A relative wrote to the registered manager and said, "My mum was very poorly when she was in hospital, and diagnosed with end stage heart failure. I was worried whether she was well enough to be admitted to the Red House. I said I would give anything to be able just to sit in the garden with her and enjoy being outside to see the sunshine and trees and flowers. You assured me that she would benefit from coming to the Red House, and not to worry. And you were so right. With the benefit of all the Red House care she has been able to enjoy many happy lunches with friends and relatives in the garden we are so grateful for this unexpected and blessed time together."

Staff were extremely sensitive to times when people needed caring and compassionate support. One relative said, "[Family member] was very scared about the hoist, but they reassured her and there were

always two staff with her. They held her hand when she was being hoisted and we were so impressed." Another relative said, "No one could have possibly been more attentive, caring and supportive to both my [family member] and our family. This could have been quite a traumatic transition time for my [family member], going from independent living to being bedridden, and yet it has been made all the easier because of the wonderful care that we have all received. It really has been quite remarkable."

Respect for privacy and dignity was at the core of the home's culture and values. One relative said, "[Family member] was bed bound and needed to be moved out of bed onto the commode regularly. It took two carers to move her but even if the carers were busy serving drinks, they would come. I said to [Family member] 'Oh just use the bedpan because the carers are busy' but the carers insisted on coming to get her out of bed and onto the commode as she didn't want to use the bedpan." Another relative said, "The privacy and dignity of the residents is respected hugely and of the relatives and visitors. If we are in the room and [family member] needs the commode, the staff will ask us to leave the room."

The overarching feeling that we came away from our time at The Red House was that it was a place of family and people being cared for as individuals. Comments from people that made us feel this way included, "They look after me very, very well." "The best thing about this place is the way they treat you. I have a good laugh." "The staff are always cheerful and they cope well with all these residents, who all have different needs." Finally, a relative wrote to the registered manager and said, "Thank you again and please express my gratitude to all your lovely staff for the superb care of my [family member]."



Our findings

The service was very responsive because staff across the home provided holistic care and support. Ensuring people's needs were responded to was seen as everyone's responsibility, not just the care staff. A health care professional who thought the service gave an outstanding level of care said, "My reasons for the score (of outstanding) in addition to what I've already said, is the wonderful work done by the non-health professionals there. The chef, house keeper, handy man and the social entertainment are excellent." A relative wrote, "I am so grateful, and amazed by the way that the nurses on duty were happy to go out of their way to make amazing things happen. What I was told was: 'please ask. We like to make anything possible.' Absolutely amazing."

People benefited from a vibrant activities programme delivered by an activities co-ordinator and the care staff team. The activities programme was fully supported by the registered manager and provider to ensure keeping people engaged and entertained was everyone's responsibility. This included the cleaners, the chef as well as the care staff and nurses. Care workers were given time to develop and take part in activities with people. One person said, "I love the community coming in. I love to see the children coming in and dancing. It is well managed here. They accommodate anything you want." A relative said, "The activities are very good and add a good distraction for residents, such as the arts and crafts, which we would never have even thought to do at home with Mum." Activities were also used to keep people in contact with their friends. A relative said, "There is a Burns Night on 25th January and her friends are all invited."

Social activity and engagement at The Red House was core to the service delivery. All staff embraced the importance of maintaining people's individual interests and used activities to engage with them in a meaningful way. People had access to a multitude of activities which included, exercising, quizzes, art, seasonal and cultural celebrations and gardening. During the inspection we observed the activities co-ordinator knew each person and relative. They were active, engaging and personalised their approach to each person they interacted with. This was done by use of communication tools where needed, or simply by addressing the person in a manner they preferred.

The service found creative ways to enable people to live life to the full and continue to do things they enjoyed. People's lives were enhanced and enriched by the provision of innovative recreational activity programmes. A visiting healthcare professional said, "Their activities programme is put together according to each resident's life story. The home then holds 'themed days' which are based on this information and incorporates people's hobbies and interests." There was full participation by people, they did not just sit back and watch. One example of this was a recent theme day 'A Dinner Cruise with the Captain on the RMS

Titanic.' This was developed from people talking about their holidays and places they used to travel. Boarding passes were given out to all, and every person had a job role linked to the jobs they had in their working lives. The home also put together a dining experience to match and as such, had a special 'Titanic' Menu. Other themed days had included: The Royal Wedding, The Great Gatsby, and International FIFA World Cup Day. A health care professional said, "There always seems to be a variety of functions on to engage residents."

The staff were knowledgeable about current research which showed that people can be comforted by the presence of animals and visits from a PAT (pets as therapy) dog can be therapeutic for people. The chef came in on their days off with their own dog and cat so that people could cuddle them. This was especially important for the mental health of one person who spent their time in bed due to their condition. A relative said, "They have some real stars here. The staff are very cheerful. They can't do enough for the residents."

Peoples cultures and beliefs were fully supported. Where people showed an interest in alternative healing the provider ensured that a staff member was trained in Reiki so that they could offer this to those that wanted to try.

People, relatives and professionals consistently gave us feedback about how the service was exceptionally personalised to meet people's individual needs. A relative said, "My family member] loves a party, and had invited four friends and was looking forward to it. She almost missed it, as she was feeling quite ill, but thanks to swift medication from your nurses she was able to rise above her difficulties and really enjoyed carousing with her friends in the afternoon sunshine. It was absolute magic."

People mattered and staff spoke with pride about how they cared for them. Staff continuously looked at ways to improve care so people had positive experiences. A relative said, "Mum was very scared about the hoist, but they reassured her and there were always two staff with her. They held her hand when she was being hoisted and we were so impressed. The support that Mum got here was so well coordinated. Everything was amazing. It really couldn't have been better." Because people's needs were responded to so well, families felt they could focus on enjoying their time with their loved ones. A relative said, "I got closer to Mum when she was here because I was no longer her carer and could concentrate on being a daughter and that benefitted us all."

A health care professional fed back, "The management team are, 'patient focused' and that they 'do not compromise on care.' The professional gave an example where a person was identified as needing a particular type of hoist due to their changing mobility needs. "The hoist was immediately purchased."

Care plans were individualised and showed time was taken to get to know the individual, their life history and personal preferences. A health care professional said, "Care plans are individual to each resident and staff know the resident's journey of how they came to be with them in the Red House."

People receiving end of life care were treated with exceptional care and compassion. The service had strong links with a local hospice and a local palliative care team. A relative told us, "My family all felt very supported here by the staff when [family member] died. We were consulted all the time about the end of life care. The staff were very respectful of our wishes as a family and [family member] was well cared for right up to the end. The best thing about this home was that [family member] was happy and content and her last few months of life were far better than we could have provided at home." Another relative fed back, "The Red House made [family member] feel special and loved as part of a family. The sensitivity and kindness of all the staff was amazing and meant so much to us all. We could not have wished for a more peaceful and loving way for our [family member] to pass away. They have been outstanding."

Person-centred end of life plans were in place and contained every detail needed to ensure people and their families were supported through the process. All staff made sure they understood and supported people at the end of their lives. The positive impact this had on people and their relatives was demonstrated when a relative told us, "The caring and sensitive way [family member's] death was managed was wonderful. We felt so supported and surrounded by guidance and love during his final hours."

Families were given the opportunity to continue to visit the service following the death of a loved one and remain part of the home. A relative said, "My [family member] died six months ago but I come to visit and see the residents and staff as I'm so fond of everyone." Another relative said, "My [family member] died a year ago but I've been back three times since. The home stays in touch and I get invited to all the parties. My [family member] was here for 12 years and the staff are still the same now as when she was here. You come in and everyone is delighted to see you and you are always made to feel welcome."

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and clearly displayed in the main hallway. Complaints made had been recorded and addressed in line with the policy with a detailed response. A person said, "Anything is acted on very quickly."



Our findings

The home was exceptionally well-led. All the people and visitors we spoke with gave extremely positive feedback about the home and its management. People stated that the service was well-led, and they were happy with the management. One person said, "Anything is acted on very quickly. Communication is very good and the staff do a really good job." Another person said, "I would give them 10 out of 10 every time." A relative said, "The ethos of The Red House is to give each resident as good a time as possible. [Registered Manager] inspires the staff and carers to make each resident feel special."

All 10 of the visiting health care professionals we contacted unanimously rated the service as 'Outstanding' at meeting people's needs. One professional said, "My experience with them has been nothing but outstanding from the care they provide their residents to their ability to work with us as [job title]. In my experience I have been very satisfied with the safe service they provide and outstanding management skills they hold." Another professional told us, "In my 28 years of practising as a [job title] and having done over 18 years in the community I've been to a lot of local authority and private care homes; the Red House is one of the best I've ever been to and would rate it as outstanding." Another professional told us, "I am impressed by the caring, hard-working staff at The Red House and their continuous effort to provide the best care at all times. This can be used a template for other care homes to follow." This positive feedback was also seen in the results of surveys carried out by the provider in 2018, demonstrating that the outstanding leadership and care was embedded at the home.

The provider, the registered manager and her staff team were dedicated to promoting, and delivering, a person-centred positive culture for everyone who lived in, visited or worked at The Red House. The successful achievement of this was reflected by the feedback given to us by people and our findings across all the five key questions that we asked. One relative said, "I am always recommending this care home to other people in Ashted. The best thing about this place is that it's like a family. The ethos of the staff is so special and caring." Another relative said, "The Manager seems to have her finger on the pulse. She will stand in for staff and they all work well together. This is the first time I have been back since my family member died one year ago. [Registered manager] treated me like a long-lost friend this morning." Examples of support given to staff included supporting staff when they were sick, or offering interest free loans if they needed emergency funds.

There was a clear management structure in place and staff from across the home took ownership and accountability for their roles to ensure that outstanding levels of care and support were achieved. A health care professional said, "[The registered manager] shows strong leadership and all the staff I approached

were supportive." Champions in care were in place at the home. This was where individual staff took responsibility for specific aspects of care and support within the home. These included champions for dignity; safeguarding; end of life care; infection prevention and control; and hydration. An example of the success of one of these roles was given by a health care professional when they told us, "They treat all the residents with respect and dignity, I've never witnessed a soiled resident not being dealt with immediately, or residents ignored when they ask for assistance." The dementia champion supplied training for people, their relatives and friends on dementia to help them understand the condition and how it may impact their loved ones in the future. Our findings detailed in the other areas of this report show the positive impact these roles have had at ensuring people received an outstanding level of care.

The ethos of continuous improvement was understood and championed by the registered manager. Taking part in improvement projects, and partnership working with other agencies to lead on developing best practice were the norm at The Red House. During 2018 the registered manager was invited to give a presentation to the Royal Society of Medicines on 'Successful Ageing'. This was attended by health care professionals and university leaders from across England. As a result, the registered manager was invited to take part in a project to promote continuous improvement in care for older adults in conjunction with the Positive Ageing Research Institute. Part of this project involves mentoring university nurses in how to care for elderly people.

Another example of leading the way in developing best practice was demonstrated by the home being invited to take part in the Princess Alice Hospice 'Project Echo' initiative. A health care professional explained 'this was a pilot for a small number of care homes who the hospice were confident were committed to end of life care education and would will give feedback throughout the process. This helped them develop the programme with a view to extending this project out to other care providers.' This resulted in the '6 steps programme' being developed for end of life care that will replace the existing Gold Standard Framework for best practice in end of life care within Surrey.

This drive for improving care for everyone, not just those living at the Red House, was demonstrated by the registered manager taking part in the Skills for Care mentoring programme. This meant they had been recognised as a leader in the field of providing innovative and best practice care and were available to act as a mentor for managers of other care homes that wanted to improve.

The registered manager was a champion for improvement and implementation of the values of care, dignity and respect at the home. The registered manager and the deputy manager lived very close to the home, so could come in at short notice if needed, or to carry out unannounced spot checks to check standards were being maintained. The registered manager's office was in the reception area, so she was always available and visible to any visitors to the home. The registered manager also continued to work at the home during some weekends as a nurse to lead by example. The provider employed a consultant to carry out mock inspections each year. These 'inspections' resulted in areas of best practice being identified, as well as indicating where improvements could be made. The provider also championed improvement within their organisation. The business manager carried out a monthly audit of The Red House. This was completed over a period of two days, to enable them to get a clear and proportionate view of how people were supported, and if any improvements were needed.

The strong emphasis on continuous improvement was demonstrated by the involvement of people and their relatives, which enabled the provider to learn and make positive changes to people's lives. The registered manager said, "The home evolves through a constant dialogue with relatives. The continuity of core staff within the home enables us to cater for even the smallest want of the resident. People and their relatives are actively and continuously involved in the development of the home." This was demonstrated by

a number of improvement projects that had been completed as a result of feedback from people. A wheelchair accessible van had been purchased as a result of relatives meeting feedback. This enabled staff to provide a more personal experience for people such as going to the local fair, visiting friends for birthday parties, going to the church, but also to transport people to appointments alongside their family members. A relative wrote, "A special event was the weekend when [person using the service] favourite grandson visited from Spain and the staff loaded her wheelchair into the Red House wheelchair-adapted van, and drove us five minutes down the road to the local pub, where we were able to have a special Sunday afternoon family day out - with all the support that we needed and be able to call up the home and come back as soon as we needed."

Other relative-led initiatives adopted by the home were the purchase and use of the chromotherapy and hydro-massage bath, installing an automatic gate on the drive way of the home to make the garden more secure for people, and the purchase of a new nurse call system so management could better monitor staff response times. Staff also inputted into improvements made around the home. An example was the idea of having a menu book displayed in the dining room, which has now been put together with the suggestions of the people and their relatives.

Improvement suggestions were also welcomed and actioned from visitors to the home. For example, an external auditor suggested the process for storing medicines might benefit from changes. This feedback was reported to the directors of The Red House and they built a new clinical room for the nursing home in response. These initiatives had been welcomed by the providers of the service, even though they entailed some significant costs to the business. This demonstrates their commitment to their vision of 'Working together with all stakeholders to ensure The Red House succeeds in its mission to provide the same 'quality of life' away from home.'

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to continually improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. These audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. The management of records had greatly improved since the new provider had taken over the home.

Feedback from a relative summarised how successful the registered manager's leadership had been at delivering an outstanding service to people and their relatives. They said, "The care that they are showing not only to my [family member], but to all the family goes far beyond professionalism and has left me deeply touched. I cannot pick out anyone individually as without exception everyone has been so kind and understanding."