Mrs R M Morton

The Red House Nursing Home

Inspection report

London Road
Canterbury
Kent
CT2 8NB

Tel: 01227464171

Date of inspection visit:
17 November 2016

Date of publication:
27 January 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 17 November 2016. The Red House Nursing Home is registered to accommodate up to 31 people who require nursing or personal care and treatment of disease, disorder or injury.

At the time of the inspection there were 24 people using the service.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of avoidable harm or abuse because staff could identify the potential signs of abuse and knew who to report any concerns to. Risks to people's safety were regularly assessed and reviewed, although care planning and risk assessing the risks in relation to people's medicines were not always in place. Protocols for the administration of 'as needed' medicines needed to be implemented. There were enough staff to keep people safe and no unnecessary restrictions were placed on people.

Staff completed an induction prior to commencing their role, although a formal induction for agency staff was not in place. The majority of staff training was up to date with courses booked where needed. A more consistent approach to ensuring all staff received regular supervision of their work was needed.

The principles of the Mental Capacity Act (2005) had not always been consistently followed when decisions were made about people's care. Where needed, appropriate deprivation of liberty safeguards were in place. People raised concerns about the quality of the food. People's day to day health needs were met by staff, but this was not always reflected in their care records. People had access to external healthcare professionals and referrals to relevant health services were made where needed.

Staff understood people's needs; they showed a genuine interest in what they had to say and were kind, caring and compassionate. People's privacy and dignity were maintained and staff spoke with them in a respectful way. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. People's friends and relatives were able to visit whenever they wanted to.

People spoke positively about the activities provided at the home. People's care records were person centred and focused on providing them with care and support in the way in which they wanted. People were provided with the information they needed if they wished to make a complaint, although some people were unaware of the process for doing so.

Quality assurance processes were in place, although these were not always effective in identifying areas that

required improving at the home. People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where needed. Staff enjoyed their job and spoke highly of the management team. Staff understood and could explain how they would use the whistleblowing process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's safety were regularly assessed and reviewed, although care planning and risk assessing the risks in relation to people's medicines were not always in place.

Protocols for the administration of 'as needed' medicines needed to be implemented.

People were protected from the risk of avoidable harm or abuse because staff could identify the potential signs of abuse and knew who to report any concerns to.

There were enough staff to keep people safe and no unnecessary restrictions were placed on people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff completed an induction prior to commencing their role, although a formal induction for agency staff was not in place.

A more consistent approach to ensuring all staff received regular supervision of their work was needed.

The majority of staff training was up to date with courses booked where needed.

The principles of the Mental Capacity Act (2005) had not always been consistently followed when decisions were made about people's care.
Where needed, appropriate deprivation of liberty safeguards were in place.

People raised concerns about the quality of the food.

People's day to day health needs were met by staff, but this was not always reflected in their care records. People had access to external healthcare professionals and referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff understood people's needs; they showed a genuine interest in what they had to say and were kind, caring and compassionate.

People's privacy and dignity were maintained and staff spoke with them in a respectful way.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People spoke positively about the activities provided at the home.

People's care records were person centred and focused on providing them with care and support in the way in which they wanted.

People were provided with the information they needed if they wished to make a complaint, although some people were unaware of the process for doing so.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance processes were in place, although these were not always effective in identifying areas that required improving at the home.

People were encouraged to provide feedback about the quality of the service and this information was used to make improvements where needed.

Staff enjoyed their job and spoke highly of the management team.

Staff understood and could explain how they would use the whistleblowing process. Staff understood and could explain how they would use the whistleblowing process.	

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.

This inspection took place on 17 November 2016 and was unannounced.

The inspection team consisted of an inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed and forwarded to us, 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. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with 16 people who used the service, eight relatives or visitors, three members of the care staff, a nurse, the cook, the registered manager and a representative of the provider.

We looked at all or parts of the care records and/or other relevant records of 13 people who used the service, as well as a range of records relating to the running of the service. We also reviewed staff records.

Requires Improvement

Is the service safe?

Our findings

People told us they were happy with the way their medicines were managed by the staff. However, records used to assess the risk associated with medicines were not always in place. Providers have a responsibility to help people to look after and take their medicines themselves to encourage independence. An individual risk assessment should be undertaken to determine the level of support a person needs to manage their own medicines. Where it has been determined that a person is unable to safely manage their own medicines, a plan of care should be implemented to agree the best way to support the person in their best interest. In the four care records we looked at we found only one person had the risks associated with managing their medicines assessed. For all four people, no subsequent individualised care planning documentation was in place to guide staff on how to support each person. This included a lack of information about how each person liked to take their medicines.

We discussed this with the registered manager. They told us that they were confident that people were support safely and appropriately with their medicines by the nurses, but did acknowledge that formal assessments and care planning documentation were needed to reduce the risk of people receiving inconsistent support. They also acknowledged that if agency staff were needed to work at the home, the records relating to people's medicines may not be sufficient to provide them with the information needed to support them safely.

We looked at the medicine administration records (MAR) for nine people. These records are used to record when a person has taken or refused to take their medicines. We saw these records had been accurately completed. However, we also noted that four of these people received some medicines on an 'as needed' basis. 'As needed' medicines are only used when needed for a specific situation, such as intermittent chest pain, constipation, or pain. There were no protocols in place advising the nurses when they should be administered, nor had the reasons for administration been recoded. We noted one of these medicines could be used to relieve anxiety. However, with no appropriate care plan or guidance for staff in place, this increased the risk of inconsistent administration. We raised this with the registered manager, they agreed to review the processes that were in place for these types of medicines and to implement protocols where needed.

People's medicines were stored, handled and administered safely. The room where the medicines were stored was locked to protect people from accessing medicines that could cause them harm. Where topical medicines were used, the date of opening had been recorded. A topical medicine is applied to a particular place on or in the body. Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. These were completed to ensure the effectiveness of people's medicines was not affected by temperatures that were too hot or too cold. We found the temperature of the room and fridge used were within safe limits.

Records showed that staff who administered medicines had received the appropriate training. The deputy manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

People told us they felt safe living at the home. One person said, "I feel safe because I know I am not alone and the staff are just at the end of my call bell." A relative said, "I can be confident that [my family member] is in safe hands."

People were supported by staff who understood how to reduce the risk of people experiencing avoidable harm or abuse. A safeguarding policy was in place and staff complied with this by reporting any concerns they had, either internally to the registered manager, or to external agencies such as the CQC. The registered manager had processes in place that enabled them to respond to allegations of abuse if they were made; this included reporting allegations to the local authority and to the CQC.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs. These included mobility, nutrition and managing their own personal care. Each risk assessment had been regularly reviewed to ensure the care plans in place to manage the risk, were appropriate to each person's individual needs.

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Records showed regular servicing of equipment such as hoists, walking aids, gas installations and fire safety and prevention equipment were carried out to ensure they were safe to use.

People told us they felt their freedom was not restricted within the home. Relatives also told us they did not feel their family members' freedom was restricted. We noted there were measures in place throughout the home to prevent people from accessing areas that could cause them harm, with rooms such as the laundry and medication rooms kept locked at all times when not in use. The registered manager assured us that people lived as free a life as possible but these measures were necessary to reduce the risk to their safety.

People had individualised personal emergency evacuation plans (PEEPs) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These plans took into account people's physical ability and were regularly reviewed. A business continuity plan was in place which recorded the actions that would be taken to protect people in an emergency; such as loss of power, heating or water.

Accidents and incidents were investigated to support the registered manager and their staff in reducing the risk of people experiencing avoidable harm. Recommendations made by the registered manager were recorded on the logs. However, we noted a review of these recommended actions was not always recorded on the registered manager's investigation paperwork.

People and staff told us they thought there were enough staff in place to support them when they needed it. One person said, "I feel safe because if I have a fall, there is always someone to help me." However, some people did say they sometimes had to wait to a while for staff to respond when they pressed their nursing call bells. Our observations throughout the inspection showed that calls, on the whole, were responded to quickly.

The deputy manager told us an assessment of people's dependency needs was regularly carried out to identify changes in their care and support needs. These changes would, on occasions, lead to an increase in staff. On the day of the inspection we noted that the numbers of staff on duty was smaller than was recorded on the rota. This was because a staff member had phoned in sick. The provider had ensured that cover was provided.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they

commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff.

Requires Improvement

Is the service effective?

Our findings

People told us they were satisfied with the way staff supported them and felt that most of the staff understood how to support them. However, some people felt they would appreciate having a bath or shower offered to them a bit more often.

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people safely. However, we noted when agency staff were used at the home, no formal induction was carried out to help familiarise them with the people living at home and the environment they were about to work in. The registered manager told us a senior member of staff introduced the agency staff to the home, and they then shadowed experienced staff before working alone. However, they agreed that a formal induction was needed to ensure a consistent approach was used when new agency staff members first came to the home.

Where gaps had been identified in staff training the registered manager told us they ensured courses were booked for staff to address this. The registered manager told us they had recently subscribed to a nationally recognised training provider in adult social care. They told us this new training programme would ensure a consistent approach to all staff training which would ultimately have a positive impact on the people staff supported.

Staff were supported to undertake an external, professionally recognised diploma (previously known as NVQs) in adult social care. Records showed that over 81% of staff had achieved at least a level two qualification in adult social care. The continued professional development of staff enabled people to receive consistent and effective care and support in line with current best practice guidelines.

The staff we spoke with told us they felt supported by the management team. One staff member said, "We have a few supervisions, had lots of training, such as; fire safety and moving and handling. We can also go and speak with our supervisor if we need to."

The registered manager told us their aim was for their staff to receive at least one supervision of their work every three to four months. We checked the registered manager's records provided to us during the inspection and updated and forwarded to us after the inspection and found this was not yet being achieved. However, the records did state the majority of staff had received at least one supervision since April 2016. Regular assessment of staff members' work enables the registered manager to be aware if the performance of staff meets the required level to provide people with effective care. If the performance drops below the required level then ways to improve can be discussed with the respective staff member.

We observed staff communicating with people who were living with a variety of mental health conditions, such as dementia. This included different tones of voice along with non-verbal communication. We observed people respond positively to the way staff communicated with them.

We observed staff giving people choices throughout the day. This included where they would like to sit,

where they would like to eat their lunch and if they would like to go back to their bedrooms or remain up.

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. We checked whether the service was working within the principles of the MCA.

People's care records contained an assessment of their ability to make decisions about their day to day personal care needs. Where people had been assessed as being unable to make these decisions, plans of care were put in place to support them. However, these assessments were not always supported with best interest documentation to show how a specific decision had been made and why the agreed action would be in their best interest. We also noted examples where people's medicines were managed by the staff; however it was not clear within their care records whether they had given their consent, or, if they were unable to, an appropriate assessment of their capacity had been conducted. We raised these issues with the registered manager. They told us they would review their processes to ensure the principles of the MCA were being appropriately applied.

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). Records showed applications had been made for those most at risk with further applications to be made as and when required.

The staff we spoke with had a good understanding of the MCA and DoLS and could explain how they implemented them effectively into their role. Records showed staff had received MCA and DoLS training, although a small number had not and others required refresher training to ensure their knowledge met current best practice guidelines.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. We saw examples of staff doing so throughout the inspection.

People raised concerns with us about the quality of the food served at the home. One person said, "I would give the food six out of ten." Another person said, "The food is not very exciting but it is edible." A third person said, "The food is usually lukewarm and the quality is poor." A relative said "The downside of this home is the food."
We raised these concerns with the registered manager and the provider. They told us they were surprised by this feedback but assured us they would speak with people to gain a more in-depth account of people's wishes and then would seek immediate improvement.

We observed lunch and noted some people were able to eat independently and where people needed support this was on the whole provided. However, it did appear that although people were provided with specially adapted equipment to support them with eating independently, further assistance for some was needed.

The cook, as well as other staff, had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food [e.g. soft or pureed diet] and any assistance they required with eating and drinking. We spoke with the cook and

discussed how they provided people with the food and drink they wanted.

The kitchen was stocked with a wide variety of fresh fruit, vegetables, meat and snacks. People had access to fresh water, juices and hot drinks throughout the day; although during parts of our observations we felt some people needed assistance with drinking to ensure they consumed enough liquid and to reduce the risk of dehydration.

People were weighed regularly to enable the staff to assess whether people's health was at risk as a result of excessive weight gain or loss. Where expert guidance was needed, referrals to GPs and dieticians were made and recommendations implemented.

People told us their day to day health needs were met by staff or external healthcare professionals; however some felt more attention from staff would be welcomed. One person raised an issue with us telling us they had discussed a concern they had, but the response from staff had been slow in addressing it for them. Others told us they were able to see their doctor when they needed to. One person said, "They [staff] don't think I look well today and are calling the doctor to see me."

Where people had been assessed as being at risk of developing a pressure sore, we noted the care plans did not always contain sufficient specific information for staff to support them safely. For example, one person's records stated the person should be repositioned regularly at night. However, there was no guidance on how regularly this should take place. We noted the times this person was repositioned each night varied. We discussed this with the registered manager. The registered manager told us that no-one living at the home currently had a pressure sore and they felt the systems they had in place to prevent them were effective.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person said, "I love living here, everyone is so kind and I wouldn't want to live anywhere else." Another person said, "The staff are lovely and we have a good laugh." A visitor said, "I think this is a nice home, it has a good reputation, and I have never seen anything untoward going on and my friend has never complained to me about any ill-treatment." The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's care records contained detailed information about their life history and we saw staff use that information to form meaningful relationships with them and to engage in conversation.

Staff interacted with people in a kind, compassionate and caring way. We saw examples of light hearted banter and laughter, which showed people and the staff got on well together. Staff showed a genuine interest in what people had to say. We saw where people became distressed or upset staff responded to them quickly and offered reassurance

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. For example, people were offered the chance to attend a holy communion service one a month at the home.

People's care records showed there had been attempts to include people in decisions about their care and to ensure their records reflected people's choices. There were also examples within people's care records where relatives had been involved, either with supporting their family member with a decision, or, if they had the legal authority to do so, making the decision on their behalf.

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People's independence was encouraged and we saw staff support people with mobilising around the home. Where people required assistance from staff, they were there to support them. Where people required assistance from staff via the use of a hoist we saw this was done so respectfully, maintaining people's dignity at all times. However, two people told us that on occasions they felt the staff could be gentler when using the hoist to support them. We raised this with the registered manager. They said they had not received any complaints about this before, but did state that in some people's bedrooms the carpets within them were thick and this could make using the hoist difficult at times. After the inspection, the provider informed us this issue had previously been discussed at a head of department meeting and plans were in place to make amendments to the floors.

People told us they felt the staff treated them with dignity and respect and we saw staff doing so throughout the inspection. Staff spoke respectfully to people, and where people's care needs were being discussed in public, either with the person, or with other staff, this was done so discreetly, which ensured people's dignity

was maintained. Information was provided within the home which informed people how they should expect to be treated by staff and how staff would ensure that people's rights were respected. We saw people's right to privacy was respected, with staff listening to people's requests to go back to their bedrooms, or asking to be left alone, and also knocking on people's bedroom doors and waiting an acceptable length of time before entering. This ensured people's privacy and dignity were not compromised.

People within the home looked clean and well presented. Their clothes, hair and nails were free from dirt. We visited people who were being cared for in bed. They also were well presented. This meant staff treated people with respect by ensuring they were clean and presentable.

People's care records were handled respectfully. Records were returned to the locked cabinet in which they stored as soon as staff had finished using them. This ensured that people's personal records could not be viewed by others, ensuring their privacy was maintained.

People's relatives and friends were able to visit them without any unnecessary restriction. We observed and spoke with relatives visiting people throughout the day.

Good

Is the service responsive?

Our findings

People told us they felt able to follow the hobbies and interests that were important to them. One person said, "A member of staff took me to the theatre to see a special show I had wanted to see. I enjoyed the outing very much." Another person said, "I need large print books and a member of staff gets these from the library downstairs for me. I don't sleep well so I read a lot in the night."

Group activities were also provided with people given the opportunity to go on outings. A minibus was in place which enabled more people to go out together.

We saw the provider was a member of the National Activities Providers Association (NAPA). NAPA is an organisation that encourages older people to lead active and fulfilling lives. A full time activities coordinator was in place at the home, although they were not at work on the day of the inspection. As a result we saw limited activities taking place throughout the day. However, we did note people's preferences and interests had been recorded within their care records and plans were in place to support all, including people who were being cared for in bed, to take part in the activities that were important to them.

The registered manager told us there had recently been many celebrations at the home with parties thrown for people and their families and the staff. These celebrations included the Queen's 90th birthday and the 30 year anniversary for the home. For the latter, a 1950's themed party was held, with people and staff dressing up in clothing relevant to that era. A BBQ was also provided with over 300 guests attending.

We were also told by a person living at the home how they used their past experience as a school teacher to help a member of staff with their English. The person said, "It gives me something to do and I really enjoy it." It was noted that the member of staff was able to communicate in English with the people they supported.

We observed staff respond to people's requests for support quickly. When people needed assistance with going to the toilet or wanted to go back to their bedroom, they were able to do so.

People's care records were written in a person centred way and were regularly reviewed. They contained detailed information obtained from people and/or their relatives when they first came to the home. This included information about their life history and the things that were important to them. Guidance was also available for staff about how to support people in the way they wanted. This included when people wished to go to bed and whether they wanted male or female care staff to support them their personal care.

People were provided with a complaints policy within their service user guide when they came to the home. The policy contained details of who people could make a complaint to, both internally and externally to agencies such as the CQC. However, the people we spoke with were unaware of the formal procedure. One person said, "I suppose I would speak to Matron if I was worried about anything."

Staff could explain what they would do if someone wanted to make a complaint and felt confident the registered manager would deal with it appropriately. One staff member told us they would try and deal with

a complaint themselves, but if the issue was more serious and they needed support, they would ensure the registered manager was notified.

The registered manager had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner, in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

Quality assurance and auditing processes were in place. Regular audits were carried out.
These included audits of the environment, people's equipment such as wheelchairs, bed rails and mattresses and also a medication audit. However, the audits that were in place were not always effective as they had not identified the areas raised within this report, or, where they had, sufficient action had not yet been taken to address them. This included; an inconsistent approach to care planning for people's medicines, the principles of the Mental Capacity Act 2005 not being fully adhered to, people's views on the quality of the food and the number of staff who were still to receive a supervision of their work since April 2016.

We raised these issues with the registered manager. They told us as they were relatively new to the home, [they started in February 2016], and it would take them time to address the issues they had identified when they commenced working at the home and also to install their ideas and methods both in staff knowledge and application. However, they showed us their plan of action for improvement at the home and assured us that improvements were on-going and would be implemented quickly. They also assured us that in their opinion, people were safe and received a good level of care and support at the home.

People and relatives were provided with a variety of formats where they were able to contribute to the development of the service. Questionnaires were given to obtain feedback on the quality of the service provided. Feedback received was then used to make improvements to the service. We saw a recent questionnaire had been sent and the results were being analysed. The registered manager told us the results of the questionnaire would form the basis of an action plan for improvement at the home.

Regular meetings for people and their relatives were held. We viewed the minutes of these meetings and saw a wide variety of subjects were discussed and action points were agreed. However some of the people who lived at the home told us they were not always aware when one was due to take place. Some people also raised concerns that sometimes when things were discussed it did not always result in action being taken. The registered manager assured us that action was taken and showed us the action plans that were in place after the meetings.

Regular staff meetings were held and the staff we spoke with felt able to contribute to these meetings. The staff we spoke with felt the management team were approachable and listened to their views. One staff member said, "The manager is really good and is trying to implement new ideas. The move to electronic records for example will be a welcome change." Another staff member commented on the changes to the home since the current manager started in their role. The staff member said, "I think the manager is more of a manager to us now. She really sorts things out, you know where you stand."

Staff understood the values and aims of the service and told us they enjoyed their jobs and caring for and supporting people. One staff member said, "I say, if you don't care why do the job? But everyone cares here." Another person said, "I enjoy caring for the lovely residents. I really like helping them."

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The staff we spoke with had a clear understanding of their roles and responsibilities. The registered manager told us they were aware of the requirements of the provider's registration with the CQC to inform them and other agencies, of any issues that could affect the running of the service or people living at the home.