

Red Homes Healthcare Limited

Red Rose Care Community

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Red Rose Care Community is a care home that provides nursing and personal care for up to 65 people. The home is split into three areas, Serenity which support people with health and nursing needs, Memory which supports people who are living with dementia, and, Castle which support people who have needs associated with growing older. At the time of the inspection 54 people lived at the home. Due to concerns identified at our June 2019 inspection, we took action to restrict admissions to the home. We have now removed this restriction.

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

At the last inspection the provider failed to ensure staff had the skills and knowledge to support people safely. At this inspection we found not enough improvements have been made. Not all new staff had received formal induction in to the service and completed their mandatory training.

We received a mixed feedback about staffing levels from relatives. However, during the inspection we observed enough staff were on duty to respond to people's needs in a timely manner. Staff rotas which showed there were enough staff employed to provide safe care to people.

At the last inspection the provider failed to have effective systems in place to monitor the quality of the service. At this inspection we found improvements had been made. The registered manager and provider undertook a range of audits and checks to ensure quality of care offered to people. The registered manager used information from accidents and incidents to learn lessons and to reduce the risk of them happening again.

We found the service to be warm and welcoming. We received positive feedback from relatives about the quality of care their family members had received. Staff had supported people to remain in contact with their relatives during the COVID-19 pandemic and activities had been arranged within the care home to reduce the risk of isolation, including celebrating cultural events. One relative told us "I certainly would recommend this home. Can talk to any of the staff about anything".

Infection control measures were in place to prevent cross infection. The service held good stocks of Personal Protective Equipment (PPE) and staff had been trained on how to use it correctly. Regular testing for people and staff had been implemented in accordance with Public Health England guidance. At the time of this inspection all people and staff had tested negative for COVID-19 infection.

People's care and support needs were assessed and reflected people's current needs. Medicines were managed safely and there were close links with health and social care professionals to ensure people's health needs were met and changes responded to quickly.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 July 2020). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made however the provider was still in breach of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the key questions Safe, Responsive and Well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to staff induction and training at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Red Rose Care Community

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand if service is ready to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. Specialist nurse advisor and Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Red Rose Care Community is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours notice of the inspection as we needed to check if anyone at the service had Covid-19 symptoms. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as the information shared with us by the local authority, such as details of the safeguarding concerns that had been raised. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and ten relatives about their experience of the care provided. We spoke with twelve members of staff including registered manager, deputy manager, unit manager, nurse, social support workers, care staff, chef and housekeeping workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relations to recruitment and staff supervision.

After the inspection

After the inspection we continued to seek clarification from the provider to validate evidence found. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures, training matrix and providers quality audits. We continued to seek clarification from the provider to validate evidence found. We looked at training data and providers quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Sufficient numbers of suitably qualified, competent, skilled and experienced staff

At our June 2019 inspection we found that staff did not have enough training and competency. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was explained in our July 2019 report under the effective section. While some improvements had been made to staff training and competencies, we found further improvements were required.

- Induction programme for new staff had not always been completed in a timely manner. Staff who were new to the service had not received relevant to their job role mandatory. Some staff who had been working at service for over 6 weeks had not received safety related training such health and safety, safeguarding, infection prevention and control or fire training. This meant that people were at potential risk of harm because staff were not always fully aware about providers internal procedures.
- Agency workers have not always received a formal induction when they started shift and this increased the risk to people's safety and meant they may not know people's preferences and needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staff had the skills and knowledge to support people safely and effectively. This was an ongoing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this concern with the registered manager who told us actions were taken to ensure staff had completed formal induction programme and were enrolled to complete relevant training.

- We received a mix feedback from relatives about staffing levels. Enough staff were deployed throughout the home to respond to people's needs at the time of the inspection. We observed that staff carried out their duties in a calm unhurried manner and call bells were answered promptly.
- Pre-employment checks were carried out on prospective staff to test their suitability to work in a care setting. Records showed these checks including employment references, proof of identification and criminal record checks.
- Staff received regular supervisions and annual appraisals.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from improper treatment and abuse. This

was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection we had concerns people were subject to unnecessary control and restraint. At this inspection we found no evidence to suggest staff were using unnecessary restraints or physical force. People told us "I feel very safe here, they [staff] are all nice".
- Safeguarding systems were in place to reduce the risk of abuse. Safeguarding investigations were completed, and learning was identified to prevent similar occurrences.
- The registered manager and provider reported and shared information with relevant agencies to safeguard people. The registered manager ensured people and their relatives were informed of any concerns.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

At our last inspection the provider had failed to assess and manage risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people were assessed. People who required assistance with their mobility or were at risk of falls had risk assessments in place. We observed care staff assisted people with their mobility and followed their assessed plan of care. Alarm mats were in place alerting staff when people who were at risk at falls got up and walked around.
- Staff clearly knew people's needs and were able to explain the level of support people required.
- Where risk assessments identified the need for a person to be repositioned in bed, records demonstrated this had taken place. This reduced the risk of people developing pressure sores.
- Peoples dietary needs were assessed and where needed advice from speech and language therapist was sought and followed by staff. The kitchen staff had the up to date information and provided the correct consistency of food for people.
- Environmental audits and checks had been completed to ensure the environment was safe. For example, fire alarms were tested on a regular basis. The provider had continued to make improvements in the home to ensure a safe environment for people.
- Accidents and incidents were investigated when they occurred, and a system was in place to ensure management oversight. Investigations were completed, and learning was shared with staff to help prevent further incidents.

Preventing and controlling infection

As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes, and we included the review in this inspection.

- A range of cleaning tasks had been completed, cleaning schedules had been put in place and had been mostly completed, however not all areas of the home were cleaned and disinfected enough. For example, high use touch points such as door handles and handrails. We discussed this concern with the registered manager who told us they will review their cleaning schedules.
- The premises were generally clean, tidy and hygienic. People and relatives told us the home always smelled nice and looked clean.

- There was enough Personal Protective Equipment (PPE) in place and we observed staff using this in line with national guidance. Staff were shown how to correctly put on and take off their PPE.
- Visitors had their temperature taken and were asked to sign to state if they were well and symptom free. Hand sanitiser was available at the entrance and around the premises for visitors to use.
- The care home did not have any outbreaks of COVID-19.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Medicines were stored securely in designated and locked medicines cabinets and trolleys. Medicine Administration Records were maintained. We checked a sample of these and found them to be accurate and up to date.
- Medicines related care plans and protocols for as and when required medicines were in place to support the safe administration of medicines. People were offered their when required medication during medicine rounds.
- There were sufficient stocks of medicines and dates of opening were recorded to ensure medicines were used in line with local policies.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection in June 2019, we found the provider had failed to ensure that people received a service that met their needs, preferences and provided social stimulation. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At the previous inspection we identified that people's needs were not always met. There were no oral health care plans in place and staff had not taken any action to ensure better oral care. People were not consistently provided with opportunity for meaningful activity. During this inspection we found that people's personal and oral healthcare care plans were completed and regularly reviewed. Daily care records confirmed people were supported with personal and oral health care according to their plans of care.
- People's needs and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- People's health was monitored. Records showed people who remained in bed were repositioned regularly to prevent further skin damage. Fluid intake charts were completed, and staff encouraged people to drink to reduce the risk of dehydration. Daily records were person-centred and detailed, notes showed that staff followed care plans.
- There was a warm and welcoming atmosphere in the home. The registered manager and staff knew people well and engaged with people throughout the day in a positive and friendly way. Staff and relatives spoke positively about the level of communication from managers at the service. A relative told us that the management team feedback regularly to them about their family member's changing needs. Another relative told us "The weekly updates are reassuring".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of meaningful activities which were socially and culturally relevant to them. The service employed social care workers who provided one to one activity to people who were unable to access communal areas due to their health needs. This reduced the risk of people being isolated. People were supported to use technology such as tablets to communicate with their relatives.
- Visiting had been restricted due to the COVID-19 pandemic. Visitors booked an appointment in advance

and after having their temperature taken in the reception, the visitors were provided with appropriate PPE and were able to visit their relatives for limited amount of time.

End of life care and support

- People were provided with caring and compassionate support at the end of their lives. The end of life plans were detailed and personalised taking in to account people's wishes and preferences.
- Families were supported to be with their loved ones at the end of their lives. The service offered spacious suits allowing extra room to accommodate closest relatives.
- The staff team held a celebration of people's lives at the service when people passed away.

Improving care quality in response to complaints or concerns

- Systems were in place for any concerns, complaints, or compliments to be acknowledged and investigated. The provider had a policy which detailed how any complaints would be investigated and responded to.
- The complaint procedure included contact details for the local authority and local advocacy services and was displayed throughout the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our June 2019 inspection we found concerns about leadership and governance. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008. At this inspection we found some improvements had been made and there was no longer a breach of the legal regulation, but further work was needed to ensure high quality care.

- Systems and processes to monitor the quality and safety of the service were now mostly established. Improvements had been made throughout the service; however, we identified that provider's induction programme for new starters as well as training matrix were not always effective. This meant new staff members had not received mandatory training in a timely way.

We recommended the provider reviewed and updated their induction programme and training matrix to ensure better efficiency.

- Regular quality audits were carried out, and these included audits of medicines and fire safety, along with general health and safety, infection control and risk assessments. The registered manager and deputy manager had completed unannounced weekend and night time spot checks. This meant the provider was seeking to identify where any shortfalls occurred so that appropriate action could be taken to drive improvements.
- Staff told us, and records confirmed, that regular staff meetings were held which gave staff the opportunity to raise issues of importance to them. Regular management meetings were held to support shared learning and share information about the organisation. Daily handovers between day and night shifts were completed and were detailed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- When specific incidents occurred, these were documented through the home's accident and incident processes. Incident forms had been reviewed by the registered manager to ensure appropriate actions were taken.
- The registered manager was clear about their regulatory requirements to CQC. Notifications of serious incidents and events were submitted to CQC in a timely manner.

- The registered manager kept up to date with current best practice and relevant health and social care requirements. Care records also contained relevant best practice and guidance such as nationally recognised risk assessment tools.
- Care staff were clear about their roles and responsibilities. Staff members were being encouraged to take ownership and leadership in specific areas. For example, the service introduced end of life lead person as well as head of units to ensure better oversight of each unit.

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people received the care and support they needed. When people's needs changed, the staff team made sure appropriate referrals were made to external professionals where this was required.
- The registered manager worked well with Local Authorities who commissioned the service, and with health care professionals, to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure staff received appropriate support, training, professional development and induction programme that prepares staff for their role and enable them to carry out the duties they are employed to perform.