

Mr Roger Daniel

# Red Rose Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 14 and 15 April 2015 and was unannounced. Red Rose Nursing Home provides accommodation, nursing and personal care for up to 65 people. On the day of our inspection 61 people were using the service. The service is provided in three units providing residential, nursing and dementia related care.

The service had a registered manager. 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.

At our last inspection in June 2014 we found that the provider was not meeting the legal requirements in respect of people's care and welfare and the support provided to staff. During this inspection we found that the

# Summary of findings

provider had made the required improvements. People received care appropriate to their needs and staff received support to enable them to provide effective care.

People felt safe and staff knew how to protect people from the risk of abuse. The manager shared information about incidents with the local authority. People were supported by a sufficient number of staff and the provider ensured appropriate checks were carried out on staff before they started work. Medicines were safely administered, stored and recorded.

Staff had the knowledge and skills to care for people effectively and felt supported. People were able to provide consent for their care. The Mental Capacity Act (2005) was being used correctly to protect people who were not able to make their own decisions about the care they received.

People received support from health care professionals and staff took on board the guidance provided by healthcare professionals in order to support people to maintain good health. People had access to sufficient quantities of food and drink. People told us they enjoyed the food and there were different choices available.

Staff treated people with kindness and caring relationships had been developed. People were involved in the planning and reviewing of their care and they told us they were able to make day to day decisions. People were treated with dignity and respect by staff and supported to maintain as much independence as possible.

People received care that was responsive to their changing needs and personal preferences. A range of activities were provided in accordance with people's hobbies and interests as well as external outings. People felt able to make a complaint and told us they knew how to do so.

There was a positive and open culture in the home, people who used the service and staff felt able to contribute to the development of the service. People gave their opinions on how the service was run and improvements were made where possible. There were effective systems in place to monitor the quality of the service which drove continuous improvement.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People received the support required to keep them safe and to manage any risks to their safety.

There were sufficient numbers of staff to meet people's needs and people received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People were cared for by staff who had the appropriate skills. Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and staff ensured they had access to healthcare professionals.

Good



### Is the service caring?

The service was caring.

There were positive and caring relationships between people and staff.

People were involved in making decisions about their care and were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their changing needs and were supported with their interests and hobbies.

People knew how to make a complaint and felt able to do so.

Good



### Is the service well-led?

The service was well led.

There was an open, positive culture in the home for people and for staff.

People gave their views about the service and improvements were made.

There was an effective quality monitoring system to check that the care met people's needs.

Good



# Red Rose 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.

We visited the service on 14 and 15 April 2015, this was an unannounced inspection. The inspection team consisted of one inspector, a specialist advisor who has experience of providing nursing care in a hospital setting and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We received information from commissioners (who fund the care for some people) of the service and spoke with healthcare professionals and asked them for their views. During our inspection we spoke with nine people who were using the service, five relatives, one visiting professional, four members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans of eight people and any associated daily records such as the food and fluid charts and incident records. We looked at five staff files as well as a range of records relating to the running of the service, such as audits, maintenance records and five medication administration records.

# Is the service safe?

## Our findings

The people we spoke with told us they felt safe at the care home. One person said, "I am very safe." Another person told us, "I have never felt unsafe." The relatives we spoke with felt their loved ones were safe living in the home. One relative commented, "I don't worry when I leave the home because I know [my relative] is safe here."

Staff responded appropriately in situations where people may have been affected by the behaviours of others and became distressed. For example, some people spent periods of time walking around the home and were not always aware they were entering other people's personal space. Staff supported people to be able to walk around the home in a way which reduced the risk of harm to them and others. Another person frequently became distressed and staff spent time with this person to offer them support and reassurance. There was information in people's care plans about how to care for them in order to promote people's safety. Staff were aware of this and we observed the information being put into practice.

Information about safeguarding was available in the home. Staff told us if they suspected any abuse had occurred they would immediately report it to the manager or provider. Staff had been provided with the development and training needed to be able to recognise the signs of possible abuse and take action. Records confirmed that information about incidents which had occurred had been shared with the local authority to determine if any further actions were required to maintain people's safety.

People felt that risks to their health and safety were well managed. One person said, "Staff make sure I have my walking frame with me all the time." A relative told us that staff regularly checked their loved one was safe and made sure they had any equipment they required to minimise risks to their safety, such as a walking frame.

Measures were in place to manage risks without restricting people's freedom. For example, if a person was deemed to be at risk of falling out of bed at night, the least restrictive option was used in order to maintain their safety. Staff considered whether a crash mat or sensor pad could be used to reduce risks before putting bed rails in place. Staff ensured people had access to equipment to allow them to

maintain their independence, such as walking aids. Risk assessments were completed which detailed the support people required to maintain their safety. People were cared for in an environment which was well maintained and appropriate safety checks were carried out.

The people we spoke with generally felt there were enough staff to meet everybody's needs. One person said, "Staff response is pretty good." Two people felt that staff were sometimes too busy to respond immediately, however did not feel this had impacted on their safety.

People were cared for by sufficient numbers of suitable staff. We observed staff respond quickly when people needed support either in communal areas or in bedrooms. Staff were deployed across different parts of the home according to the needs of the people living in each unit. There were additional staff employed to carry out tasks such as cleaning and preparing food. The staff we spoke with told us that they felt there were enough staff to safely meet people's needs. The registered manager used information about people's care needs to determine how many staff would be required to support them.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The people we spoke with were happy with the way in which staff managed their medicines. One person told us, "They know what they are doing more than I do." Another person told us, "I am sure they do a good job with my tablets. I get what I need when I need it." A relative told us, "I am satisfied with how [my relative's] medicines are managed and have no issues."

People's medicines were administered and stored safely. We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. Medicines were stored securely in locked trolleys and kept at an appropriate temperature. Staff correctly recorded the medicines they had administered to people on their medication administration records. There were procedures in place which were followed regarding the ordering of new medicines and disposal of unused medicines.

# Is the service effective?

## Our findings

At our inspection in June 2014 we found that staff did not always receive the support required to provide effective care. The provider sent an action plan which detailed the improvements they planned to make. During this inspection we found the required improvements had been made and people were cared for by staff who received appropriate training and supervision.

People told us they thought staff were competent and had the skills to care for them effectively. One person said, “The old hands help the newcomers.” Another person told us, “The staff are very good at what they do.” The relatives we spoke with told us they felt staff were competent and appeared to be well supported. One relative said, “I think the staff that care for [my relative] are good at what they do.”

People received care from staff who were provided with the knowledge and skills required to carry out their role. Staff told us they received good quality training which was relevant to their role and said this helped them provide effective care. The provider supported staff to attend training at a time that was suitable to them. Although training records showed that not all staff had completed all of the training relevant to their role, there were plans in place for this to be rectified. Staff felt fully supported by their manager and they received regular supervision as well as annual appraisals.

People were supported to make decisions and provide consent for their care where possible. One person said, “I did sign some paperwork when I moved in here.” Where relatives had the necessary authority, they were also provided the opportunity to consent to the care plan. One relative said, “I am involved in making decisions and have seen [my relative’s] care plan.” People also told us staff sought their consent for day to day decisions and before any care was provided. One person said, “They will ask, nobody has done anything I have not wanted.”

People’s rights were respected where they lacked the capacity to make a particular decision. The provider followed the principles of the Mental Capacity Act (2005) (MCA). The MCA is designed to protect the rights of people who may lack capacity to make their own decisions. There were completed MCA assessments and best interest decision checklists in place. These clearly showed the

nature of the decision that was being assessed and the assessments had been recently reviewed. Staff understood the principles of the MCA and how this applied to the people they cared for. Staff could tell us which people were able to make their own decisions and who needed support to make decisions. We observed staff asking people for their consent before providing any care and support.

The manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone’s freedom they had appropriate procedures in place to do so lawfully. Some people were being deprived of their liberty because it was deemed they were unable to leave the home on their own safely. The appropriate applications had been made to the local authority regarding this. Other people told us they were free to come and go and they were able to leave the home should they choose to do so.

People told us they enjoyed the food and that they were given enough to eat and drink. One person said, “The food is pretty good.” Another person said, “I have enjoyed my dinner today, the food is usually good.” One person commented that staff would arrange for an alternative meal should they not want the options on the menu. The relatives we spoke with were also positive about the provision of food.

We observed lunch and saw people enjoyed the food and it was provided in sufficient quantities. Staff checked if people wanted more food before clearing their crockery away. Individual requests for different food and drinks were catered for. Where people required support to eat and drink this was provided in a patient manner. The staff we spoke with told us people were provided with sufficient amounts of food and drink as well as snacks during the day. The kitchen staff were made aware of specialised diets and these were catered for.

People told us that they had access to the relevant healthcare professionals when required. One person said, “They arranged for me to join a local practice and I have seen the GP when I needed to.” Another person said, “Staff make my appointments.” One relative told us, “I know [my relative] gets regular visits from the district nurse.”

People received input from visiting healthcare professionals on a regular basis. We spoke with a visiting professional during our inspection who told us staff had been proactive in contacting their service. The staff we

## Is the service effective?

spoke with knew when to contact external healthcare services and told us they were made aware of the guidance provided. People also had access to specialist services such as the dementia outreach team and dieticians. For

example, staff were concerned about one person losing weight and had contacted a dietician to obtain support. Any guidance provided by healthcare professionals was incorporated into care plans and followed in practice.

# Is the service caring?

## Our findings

People told us they were well looked after by staff who were kind and caring. One person said, "I always find them kind." Another person told us, "Staff are very kind and very caring." The relatives we spoke with felt that staff were kind and took the time to form relationships with people. One relative said, "Every member of staff is caring, they really do try their best for people." One relative gave special praise for two members of care staff they felt had made efforts to understand their relative's emotional care needs.

We observed staff caring for people in a way which demonstrated they had formed positive relationships. For example, one member of staff played the piano for a person because they knew the person enjoyed this. The person responded warmly to the music and the staff member then engaged in a meaningful conversation about the person's hobbies and interests. Staff also showed concern for people and attempted to alleviate any distress. For example, a person regularly became distressed and staff responded by sitting with them and trying to engage them in conversation.

People's diverse needs were catered for. The manager was developing links with local religious organisations and services were provided for people in the home. People were asked if they had any preferences about the gender of staff who cared for them and their wishes were respected. Staff spoke about people in a caring and empathetic way and told us they enjoyed working at the care home. The kitchen staff were aware of the ways in which people's religion and cultural background may affect how their food was prepared.

People were able to be involved in making decisions and planning their own care. One person told us, "I remember a care plan being done." Another person told us they remembered staff had asked them about their needs when they moved into the home. A relative told us, "I am very much involved in planning [my relative's] care." People

were supported to make choices on a day to day basis about what they wished to do and how they wanted to be cared for. One person said, "I can do as I please and staff leave to me to it."

People were actively involved in making decisions about their care and staff respected their decisions. Staff offered people choices such as whether they required assistance with their personal care and how they wished to spend their time. The staff we spoke with described how they involved people in making decisions about their care by offering choices in different ways. For example, a person had a limited understanding of the spoken word so staff communicated visually so that the person could still make choices. People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice for people who otherwise may find it difficult to speak up.

People told us they were treated with dignity and respect by staff. One person said, "I am very well treated, I am respected by staff." Another confirmed that staff respected their privacy when supporting them with personal care. The relatives we spoke with told us they felt staff treated people with dignity and respect. One relative said, "I know all of the staff treat people properly, I have never seen anything different."

We observed staff speaking with people in a respectful manner and ensuring people's dignity was protected. A member of staff took time to help a person eat their breakfast and made sure any spillage was immediately cleared away. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and had access to private areas to speak with their relative if required. People were encouraged to remain independent where possible. For example, boxes containing personal mementos and photos were placed outside people's bedrooms to enable them to find their own room without help.



# Is the service responsive?

## Our findings

At our inspection in June 2014 we found that people were not always provided with care that met their needs. The provider sent an action plan which detailed the improvements they planned to make. During this inspection we found the required improvements had been made and people received the care they needed and staff had access to detailed information about their care needs.

People told us they received the support they needed which met their needs. One person said, “Staff are responsive to what I say.” Another person told us, “Nothing is too much trouble”. A relative said, “The staff are very good, they know [my relative] and make sure they are well cared for.” People told us they were supported with any interests and hobbies appropriate to them. One person said, “I have enjoyed spending some time outside today.” A relative told us, “There was a seaside themed day which [my relative] really enjoyed.”

People received the care they needed and it was provided in a way which was responsive to their changing needs. Staff were aware of people’s current needs and provided care in a person centred way. For example, one person required care and support to look after the pressure areas on their skin. Staff ensured this person had access to pressure relieving equipment and helped the person to change their position on a regular basis. Staff cared for people in an inclusive manner. For example one person was not able to respond verbally to staff, however they were still included in conversations and activities in the home.

Staff responded to any changes in people’s health and care needs by adapting the support they provided. Care plans were reviewed on a regular basis and updated when required. There was a system in place which ensured that staff were informed of any changes to people’s planned care. We also checked the information available to people who were staying in the home on a respite basis. Whilst

staff were delivering the care that people required, the required information was not always available in their care plans. The registered manager took immediate action to resolve this during our inspection.

Staff encouraged people to develop relationships and avoid social isolation. There was a lively atmosphere in the different areas of the home and it was apparent that people had developed friendships with others living in the home. Staff also took the time to interact with people and made efforts to include people and their relatives in making decisions about what they would like to do. There was an activities co-ordinator who provided a range of group and one to one activities. In addition, external outings were also arranged, such as a boat trip. Resources were provided to people who preferred to spend their time alone, such as delivery of newspapers.

People told us they felt they could raise concerns and make a complaint and knew how to do so. One person said, “I would speak to any of the staff if I had a complaint and I am sure it would be dealt with in the correct way.” The relatives we spoke with told us they would be comfortable approaching the registered manager should they ever wish to make a complaint.

People had been provided with accessible information about how to make a complaint upon arrival at the home and this was prominently displayed in the home. We checked the records relating to the complaints received during the 12 months prior to our inspection. These had been investigated in an appropriate timescale and, where possible, resolved to the satisfaction of the person who made the complaint. The registered manager also identified where lessons could be learned from the complaints received and took action to make general improvements to the service. For example, one person had complained about the cleanliness of some of the drinking glasses. This matter was investigated and action taken to resolve the issue across the home.

# Is the service well-led?

## Our findings

There was an open and transparent culture in the home and people were able to speak up. One person said, “It’s a very relaxed place, I feel able to have my say.” The relatives we spoke with told us there was an open and transparent culture in the home and they felt comfortable speaking with the registered manager or provider. One relative told us passed the manager’s office on their way into the home and often spoke with the registered manager as, “Their door is always open.”

The staff we spoke with told us there was an open, honest and supportive culture in the home. One member of staff said, “I do feel able to speak up. Also, no-one is afraid of saying they have made a mistake because we will try to learn from it.” Suggestions and concerns raised by staff were taken seriously and acted upon. For example, a member of staff had made suggestions about potential improvements to the environment which had been taken on board. Staff and people were encouraged to be involved in the development of the service. The registered manager had encouraged greater communication between the kitchen staff and people who used the service in order to improve people’s enjoyment of their food. We were told that this had been a success and that people now had greater input into the choices of food.

The registered manager gave constructive feedback to staff about how their performance could be improved during supervision and staff meetings. Meetings were also used to reinforce the vision and values of the home and to encourage staff to provide care that was responsive to individual needs. The registered manager also supported staff to make the most effective use of their skills. For example, the registered manager had identified that a member of staff would be better suited to working in a different part of the home. The member of staff told us they now enjoyed working in the part of the home they had moved to and felt it had been a good decision.

The service had a registered manager and she understood her responsibilities. The manager was supported by a deputy and people told us the management team were visible and approachable. The provider employed an operations manager who supported the manager and ensured they had the required resources.

Staff attended regular meetings and told us they felt able to speak up and make a contribution. The staff we spoke with told us they felt supported to provide a good service and that improvements had been evident in recent months. One member of staff said, “Since the current manager arrived things have really improved here.” There were clear decision making structures in place, staff understood their role and what they were accountable for and how decision making structures may vary in the different parts of the home. Staff were assigned key roles, such as medication ordering and contact with healthcare professionals, which they took accountability for.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with told us they were aware of ways in which they could provide feedback about the quality of the service. One person said, “I am happy with everything, but they do ask if I am happy as well.” Another person said, “I have had a survey in the past and have been to a resident’s’ meeting as well.” The relatives we spoke with also told us they felt the service was of a good quality and told us they were also asked for their opinion.

People were provided with different ways of giving feedback about the quality of the service. There were meetings which people and their relatives were encouraged to attend and contribute to. We saw that these had been utilised by the registered manager to understand what was important to people and improvements had been made in line with this information. Satisfaction surveys were provided to people who used the service on a periodic basis and covered different aspects of service provision. These showed people were generally happy with the service provided.

There was a programme of audits being completed in areas such as medication and care plans. The audits identified where improvements were required and had resulted in action being taken to remedy any issues. For example, an audit had identified shortcomings with the information in care plans in one area of the home. We saw that the required actions had been put into place to improve the quality of the care plans. The provider also completed daytime and night time visits to the home to check that

## Is the service well-led?

people were receiving a good quality of service. Where these visits had identified improvements that could be made and an action plan was put into place to monitor these improvements to the service people received.