

HC-One Oval Limited

The Red House Care Home

Inspection report

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Tel: 01487813936

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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 ●

Summary of findings

Overall summary

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

The Red House Care Home accommodates up to 60 people across two buildings. The main building accommodates 48 people who may require nursing care and some of whom may be living with dementia. There is a further building in the grounds that accommodates 12 people who have personal care needs. Each building provides accommodation over two floors. There were 53 people living at the service at the time of this inspection.

What life is like for people using this service:

- People continued to feel safe living at the service. Risks in relation to people's health, safety and welfare had been identified and action taken where appropriate. Staffing levels were appropriate to meet the needs of the people using the service. Medicines were safely managed. There were systems in place to monitor incidents and accidents and learn from these.
- Staff were skilled and knew the people they supported well. People's care, health and cultural needs were identified so staff could meet these. People had their nutritional needs met.
- People were supported to maintain good health. Staff made referrals to health professionals when required. Staff worked within the principles of the Mental Capacity Act (MCA) 2005 and ensured people consented to their care.
- People continued to receive care from staff who were kind and caring. People's privacy and dignity was protected and promoted. People had developed positive relationships with staff who had a good understanding of their needs and preferences.
- Effective care planning was in place which guided staff to provide support that met people's needs which were in line with their preferences. People took part in a range of group activities depending on their choices. People said they knew how to make a complaint if needed.
- People, relatives and staff told us the service was well managed and had an open and friendly culture. The registered manager and staff worked in partnership with other agencies to ensure people got the care and support they needed.
- Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong.

Rating at last inspection: Requires Improvement (report published 23 February 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved to Good.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Red House Care Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Consisted of an inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

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

What we did: Before the inspection we reviewed information that we had received about the service since the last inspection in March 2016. This included information that the service is required to provide us annually in a provider information return. This gives us information about what the service does well and improvements that are planned. We also contacted the local authority commissioners and safeguarding team and other professionals for their views about the service.

During our inspection: We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We spoke with seven people, six relatives, the registered manager, a senior care worker, six members of care staff and 4 ancillary staff.

We looked at four people's care and support records. We viewed records relating to the management of the service. These included quality audits, medication records, incident and accident records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels.

At the last inspection the registered persons were in breach of Regulation 18 because they had failed to ensure that sufficient numbers of suitably qualified, competent and experienced staff were being deployed effectively. At this inspection improvements had been made.

- The registered manager assessed people's needs on a regular basis and ensured there were sufficient staff on duty on each shift. One person said, "If I need something I'll ring the bell and [staff] come quickly." Staff confirmed they felt there were sufficient staff to meet people's needs. Although on occasion they felt an additional member of staff at mealtimes would help support those who required assistance in a more timely way.
- People told us that on most occasions staff came quickly. One person said, "At night, the response from staff is usually very quick, but not so good in the day – I sometimes have to wait quite a while for someone to come." One member of staff said, "I think we have enough staff. We were providing 1-1 care for one person." Another member of staff, "It can be difficult in some situations especially when staff are sick at short notice."
- Our observations on the day showed that staff had some time to talk with people and people needs were being met in a timely way.

Assessing risk, safety monitoring and management.

At the last inspection we found that improvements were needed to ensure risks to people had been identified, recorded and minimised. At this inspection improvements had been made.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Records used to monitor those risks such as hydration, nutrition and pressure care were well maintained.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.
- Staff knew people well and explained how they ensured people's risks were lowered.

Using medicines safely.

At the last inspection we found that improvements were needed to ensure people received their medication in a timely way. At this inspection improvements had been made.

- People told us they were happy with the support they received to take their medicines. One person said,

"[Staff] bring my tablets regularly and tell me what they are for."

- Medicines were safely received, stored, administered and destroyed, for example, where people refused to take them or they were no longer required.
- Where people were prescribed medicines to take 'as and when required' detailed guidance was available to staff on when to administer them. We observed that people were asked if they required any pain relief before it was dispensed from packets.
- Where errors were found during checks these were investigated. Staff told us that if required the registered manager would get staff to undertake further training and a competence assessment if errors were found.

Safeguarding systems and processes.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People were protected from the risk of abuse because staff understood the procedures in place to recognise and report suspected abuse.

Preventing and controlling infection.

- Staff understood how to protect people by the prevention and control of infection. A member of staff was able to explain the process they followed during the recent outbreak of the winter vomiting virus.
- We saw the provider had infection control and hygiene monitoring systems in place to ensure the location and people using the service were protected from the risk of infection. The location was clean and tidy.
- Staff continued to follow good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong.

- The registered manager told us that they had taken learning from the last inspection and it had helped them to focus on the improvements needed.
- Incidents that had occurred at the service were recorded. The registered manager analysed the incidents and ensured action had been taken to lower further occurrences. Staff were informed of changes to people's support as a result of this, which ensured lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this

Staff skills, knowledge and experience

At the last inspection we found that improvements were needed to ensure that staff received the required training before they commenced their employment and received ongoing support. At this inspection improvements had been made.

- Staff had received appropriate training and had the skills required to meet people's needs. The provider had training plans in place which were reviewed and updated by the registered manager on a regular basis. A staff member said, "We can always request additional training if we need to." Another member of staff told us, "We get plenty of training both on line and face to face."
- Staff told us they had regular supervision meetings with a member of the management team. Staff confirmed there was an open-door policy and they could speak with [name of registered manager] at any time. One member of staff told us, "Everyone is supportive and I always get a supervision."

Supporting people to eat and drink enough with choice in a balanced diet.

At the last inspection we found that improvements were needed to ensure that mealtimes were a more pleasurable experience. At this inspection improvements had been made.

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. One person said, "The meals are very good. We always get a choice of two main courses which are usually good. I go down to the dining room for my meal – they have sherry on offer." We saw a person being given a beer on request. Another person said, "I get lots of choice of food, even to what bread would I like for my toast." A relative was complimentary about staff and said, "(Staff) help [family member] to food, they are very patient and respectful. – They don't eat much now but they do enjoy their food."
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.
- Advice was gained from professionals such as the Speech and Language Therapist Team (SALT) to ensure people's nutritional risks were managed. We saw staff followed the advice provided.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken prior to them being admitted to the service.. People's care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and

supported a good quality of life.

- Care plans contained information about people's needs and it was evident that staff knew people well.

Staff providing consistent, effective, timely care within and across organisations.

- Referrals to healthcare professionals such as dieticians and chiropodists were made in a timely manner.
- People's care plans showed the involvement of health care professionals, for example, chiropodists, SALT and GP's.
- Staff attended a handover meeting at the beginning and end of each shift. This highlighted any immediate changes in people's needs during the shift and detailed people's high-level needs. This ensured that people received a consistent level of support from staff.

Adapting service, design, decoration to meet people's needs.

- The layout of the service enabled people to move around freely. People had access to communal rooms where they could socialise and private rooms when they wished to spend time in their own company. One person told us, "I'm very independent and have made my [large] room very comfortable.
- The service had been adapted to ensure people remained safe. Equipment such as a bath seats and toilet seats with grab rails were in place to ensure people were safe whilst promoting their independence within the service.

Supporting people to live healthier lives, access healthcare services and support.

- Where people required support from external healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- A GP visited the service weekly and we were told that there was a good relationship with the GP. A relative told me that their [family member] had had a chest infection and the staff had quickly arranged for a GP visit who prescribed antibiotics.

Ensuring consent to care and treatment in line with law and guidance.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

- Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection we found that improvements were needed to ensure that people were involved and treated with compassion and kindness. At this inspection improvements had been made.

Ensuring people are well treated and supported.

- People told us staff treated them in a kind and caring way. One person said, "The staff are very kind and treat you well, with respect. You usually see the same faces and that makes me feel comfortable. Sometimes staff drop in for a chat which I like." Another person told us, "The staff are fantastic. I don't think I've been anywhere where everyone smiles."
- We observed caring interactions between people and staff. Staff showed patience when supporting people and ensured people were comfortable throughout the inspection.
- People were supported to establish and maintain relationships with their families and friends. People told us they regularly met up with friends and family which was important to them. Relatives told us that they were always made to feel welcome at the home, at any time.

Supporting people to express their views and be involved in making decisions about their care.

- Staff supported people to make decisions about their care. Peoples decisions were recorded in the care plans such as when they wanted to get up and when they wished to go to bed. One person said, "I'm very independent and the staff let me do what I want."
- People and their visitors are able to feedback anonymously as the provider had installed a 'Have your say' terminal in reception, where people could give feedback. This linked directly to their head office in Darlington.
- Staff signposted people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff treated people with dignity and respect and promoted independence. One person said, "The staff treat me with dignity. I feel respected." We saw staff speak with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently.
- We observed how staff treated people with dignity and respect and provided compassionate support in an

individualised way. One person told us, "Staff knock on my door and ask to come in."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Personalised care.

At the last inspection we found that improvements were needed to ensure that information in care plans was up to date and provided guidance to staff on how to support people's care needs. At this inspection improvements had been made.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example; details around how a person preferred to spend their time.
- People were able to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protecting people's choices and preferences.
- An activities programme was on display and people told us that various activities took place. Activities included musical entertainment, reminiscence sessions and cake making. Religious services were held on a monthly basis. One person told us, "I try to get out most days. I refill the bird feeders I've put up. I've also planted up some tubs but the squirrels have got at some of those."
- Most people told us they enjoyed the range of activities on offer. Other people commented on the lack of activities. Comments included "What do I do all day? Generally, I sit here in my room listening to radio." "There aren't enough activities" and "There is not enough to do around here." The registered manager agreed that there was still some work to do around activities.

Improving care quality in response to complaints or concerns.

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. There is a residents meeting held on a monthly basis.
- People told us they were able to speak out. One person said, "[The name of the registered manager] is very good at listening to us."
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. Complaints were acted upon in an open and transparent way by management, with the exception of one relative who said, "[The registered manager] always listens to me but to be honest, doesn't seem able to make much happen."

End of life care and support.

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans. Professionals were involved as appropriate.

- Staff understood people's needs, were aware of good practice and guidance in end of life care.
- The service was able to access specialist equipment and medicines at short notice to ensure people were comfortable and pain free.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.
- There were no people living in the service that required this level of support at the time of this inspection.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found that improvements were needed to the overall management of the home. At this inspection improvements had been made.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and relatives felt able to approach the registered manager and management team. One person said, "We see the (registered) manager almost every day." We observed people approach the registered manager, who gave them their time and listened to what they wanted.
- Staff were positive about the registered manager and the management team. One member of staff told us, "[Name of registered manager] is very approachable and very fair." Another member of staff told us, "[Name of registered manager] is here a lot of hours so easy to go and speak to. They will always listen."
- The registered manager promoted the values of the service, which the staff followed in practice. The registered manager attended meetings to share and receive good practice initiatives. This showed the registered manager continually sought to improve the service they provided.
- The registered manager understood and acted in line with duty of candour when things went wrong. People had received a formal apology where there had been problems with their care.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by involving people in reviewing concerns or incidents to prevent them happening again.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was well-run. People at all levels understood their roles and responsibilities and the registered manager was accountable for their staff and understood the importance of their roles. They were held to account for their performance where required.
- Audits were completed on a wide range of areas of the service. Information gathered from audits and from the review of incidents and accidents was used to improve the service. A development plan was in place with a timescale for actions.

Engaging and involving people using the service, the public and staff.

- Feedback was gained from people during meetings and through questionnaires, which were used to make improvements to the service received. Details of the actions taken as a result of the feedback was made available to people and their relatives.
- Staff meetings were held regularly and staff told us the registered manager listened to any suggestions made to improve the service. One staff member said, "The registered manager is very good. They listen to any suggestions and share their plans to improve the service". Another member of staff said, "Suggestions are listened to and acted on to make things better for the residents. That is who we work for."
- The registered manager had developed close working relationships with other health and social care professionals and feedback was used to drive through improvements in the care provided at the home, ensuring people's social and health needs were promptly met.
- A culture of continuous learning meant staff objectives focused on development and improvement.

Continuous learning and improving care.

- Information obtained from audits and analysis of incidents and complaints was used to drive improvement.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements.
- Daily handovers had been reinstated to ensure that staff received the required information on people's care and support needs.
- There were regular management meetings held between the registered manager and the heads of each department in order to discuss such issues as recruitment, the performance of the service and any matters arising.

Working in partnership with others.

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.