

**HICA**

# Red House - Care 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 ●

# Summary of findings

## Overall summary

### About the service

Red House is a residential care home providing personal care to 46 people aged 65 and over at the time of the inspection. The service can support up to 48 people.

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

People living at Red house were happy and supported by well trained staff. Staff understood their roles clearly and knew what was expected of them. Risks to people were assessed and reviewed on a regular basis. Staff were recruited safely and understood the principles of keeping people safe.

People 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.

The environment was dementia friendly with accessible gardens. People and their relatives told us they were a wide variety of activities to take part in if they chose this. People were supported to make links in the wider community and were prevented from becoming socially isolated.

Staff were kind and caring towards people living at Red House. People told us the staff were always available to support their needs. Staff had clear knowledge of people's diverse needs and it was clear that trusting relationships had been formed. People were treated with respect, dignity, and to maintain their independence.

The provider, registered manager and staff had a strong ethos of person-centred care and placed people's wellbeing at the heart of their work. Quality assurance systems in place, monitored the service effectively and drove improvements when they were needed. Lessons learnt were used as learning opportunities to continuously develop the service.

For more details, please see the full report which is on the Care Quality Commission website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 18 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 (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.

#### Inspection team

On day one the service was visited by one 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. On day two, one inspector visited the service.

#### Service and service type

Red House 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and spoke with other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including registered manager, deputy manager, team leaders, and care workers. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision data and 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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Preventing and controlling infection

- People felt safe at the service. People told us, "You wake up in the morning and then as the day goes on you think to yourself I feel really safe here", "Well I am safe, and everything is clean" and "I am safe, they look after me well."
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- Staff knew what action to take to ensure people were safe and protected from harm and abuse.
- The service was clean, and systems were in place to prevent and control the spread of infections. Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.

Assessing risk, safety monitoring and management

- Risks to people were recorded, managed appropriately and reviewed on a regular basis.
- Staff were aware of risks to people and provided support in a pro-active way to reduce them.
- The environment and equipment were safe and well maintained.
- Fire safety was managed effectively. Staff took part in fire drills and knew how to safely evacuate people from the premises.

Staffing and recruitment

- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Using medicines safely

- On the whole medicines were managed safely. We did identify some actions that were required to ensure the safe administration of medicines. All actions were immediately rectified by the registered manager. The registered manager was already aware of concerns with the management of medication. A new electronic system was being implemented to address this and minimise further concerns.

Learning lessons when things go wrong

- The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving into the service. Assessments were used to detail people's diverse needs within their care plan.
- Staff consistently assessed and monitored people's needs, preferences and wishes.
- Best practice guidance was used to support staff to provide the correct care in line with people's personal routines.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
- Competency assessments of staff's skills and knowledge were completed, to ensure they had the skills and knowledge to meet people's needs.
- Staff felt supported by the management team and received regular supervision meetings to develop their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained information of people's food preferences and specific instructions around their diets and cultural requirements relating to these.
- People were supported to maintain their independence with eating and drinking. Adapted utensils were used correctly and staff encouraged people where needed.
- People told us they enjoyed the food at the service. Comments included, "The food is nice", "We get a choice of what we would like" and "There is plenty of choice and the food is nice."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs. A visiting health professional told us, "The staff are brilliant and respond quickly to my advice."
- Staff understood people's health needs and knew how to access additional support if this was needed.
- Records of professional visits were recorded. Outcomes of these visits were reflected in people's care plans and communicated with their relatives.

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

- People had free access to secure outside spaces. Dementia-friendly signage aided people's orientation around the home.
- Peoples rooms were personalised. People were provided with a catalogue of available furniture and colour schemes from the provider to decorate their rooms to their choice.

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 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful.
- 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.
- People were involved in decisions about their care; staff understood what action to take to make sure decisions were taken in people's best interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for and supported by staff that were kind, patient and respectful.
- People and relatives were happy with the care provided and praised the staff. Comments included, "The staff are really caring, they do a good job. They are always there and will listen to me", "Yes, the staff are caring, if there is anything you want they get it" and "I think the staff themselves are very, very good. It's not just a job to them they really care. They have set my mind at rest."
- Staff demonstrated a good knowledge of people's personalities and what was important to them.
- Interactions between staff and people were natural and showed positive relationships had been developed. People received person centred care and support in line with their diverse needs.

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

- People were involved in planning their care delivery where possible. Where people were not able to make their own decisions, relatives and advocates were fully involved in the care planning process.
- Staff knew people well and supported them to make choices around their preferred routines, likes, dislikes and what mattered to them.
- Regular meetings were held with people and their relatives; this provided opportunities for them to be actively involved in the running of the service.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance. People were approached by staff in a considerate, sensitive manner to offer support.
- Staff were committed and passionate about treating people as individuals and responded quickly to people's changing needs. This ensured people received the right care and support to enhance their wellbeing.
- People's privacy was maintained. People told us that staff were respectful of their privacy. Comments included, "They [staff] always knock before coming into my room" and "They [staff] are respectful of my privacy when helping me to get ready in a morning."

# 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 good. At this inspection this key question has remained the same.

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

- Care plans were person-centred and were reviewed on a regular basis.
- People were provided individualised care and support. Staff spent time with people having meaningful conversations, whilst gaining information about people's life histories, experiences and things of importance. This was communicated to the whole staff team to ensure people received the correct support and to support trusting relationships to be developed.
- A visiting health professional told us, "The staff are wonderful, they are so caring and responsive to the people living here. It's wonderful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in an accessible format to meet peoples' needs. Peoples' communication needs were assessed and recognised.

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

- The provider, registered manager and all staff shared a passionate commitment to developing a sense of belonging and community. People were supported to make links in the wider community and there was a great focus on community-based activities.
- Staff had an exemplary approach to finding activities that were not just fun, but also helped people to improve confidence, develop friendships and maintain their self-identity.
- Activities were tailored to meet people's individual needs, preferences and interests. The activity coordinator and staff were proactive in finding out what interested people, what was important to them and what would encourage them to take part in activities.
- People told us, "I enjoy the activities. We do all sorts of things. I am very happy with them", "There's always something to do" and "We have one on one time, which I like the best."

Improving care quality in response to complaints or concerns

- All concerns and complaints at the service were responded to appropriately. Minor concerns were

addressed quickly to prevent them from escalating into official complaints. All were documented, investigated and recorded lessons learnt.

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.

#### End of life care and support

- Care records showed the service had explored people's preferences and choices in relation to end of life care.
- Peoples end of life wishes were respected and followed.

# 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 good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager worked collectively with all staff to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- The registered manager was clear about their vision for the home. This was embedded by committed, loyal staff who had worked at the service for numerous years.
- Staff were happy in their work and felt supported by the management team. Regular supervisions and meetings were completed continuously to promote staff development and make improvements within the service.
- People and their relatives spoke positively about the management of the service. Comments included, "They [registered manager] are lovely", "The registered manager is very approachable and professional. I would be more than happy to take any concerns to them", "They [registered manager] are good. They communicate with us well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was clear about their roles and responsibilities.
- Systems to manage quality within the service were completed on a regular basis. This enabled the service to collate information to show how the service was performing.
- Governance systems drove improvements in the quality of the service. Detailed action plans were completed from these to ensure the quality of the service was maintained.
- The registered manager had submitted notifications as required by duty of candour legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular meetings took place for people, relatives and staff to keep them up to date and fully involved in the running of the service.
- A visiting health professional told us, "I bring student doctors here because of the well organised management of the service."

#### Continuous learning and improving care

- Opportunities to reflect on practice and lessons learned was fully embedded in the service.
- The service worked closely with other agencies to ensure good outcomes for people.