Your Lifestyle Nationwide Limited

The Red House

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

The inspection took place on 4 and 5 October 2017. This was an unannounced inspection and the first inspection of this service under this provider.

The Red House is a care home without nursing for up to seven people with learning disabilities. People who use the service may have additional needs and present behaviours which can be perceived as challenging. It is a detached property in a residential area with local amenities nearby. There were six people using the service at the time of the inspection.

There was a registered manager working at The Red House. They told us they had been working for the provider for the last year. 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.'

The service was safe. People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns. Risks had been identified to people's well-being and steps taken to minimise these whilst encouraging their independence. Staff demonstrated an understanding of the risks posed to people and followed their risk assessments to keep people safe. There were safe and effective recruitment systems in place. Staffing levels were sufficient; people received high levels of support with a member of staff being allocated to support them. Medicines were administered safely and people received their medicines as prescribed.

The service provided to people was effective in meeting their needs. Staff had the relevant skills and had received appropriate training to enable them to support the people living at The Red House. Staff received good support from management through regular supervisions and appraisals. People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements. People and relevant professionals were involved in planning their nutritional support. People had access to a variety of healthcare professionals and appointments were arranged as required.

The service was responsive to the needs of people. People and their families were provided with opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. People's needs were regularly assessed and care plans provided guidance to staff on how people were to be supported. The planning of people's care, treatment and support was personalised to reflect people's preferences and personalities. People were supported to access and attend a range of activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence. Where complaints had been made, there was evidence these had been managed appropriately.

The service was well-led. The registered manager and senior staff were approachable. Quality and safety monitoring systems were in place and these were effective in identifying shortfalls within the service and drive improvement. The views of relatives and people living at The Red House were taken into account to improve the service.

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.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risks had been identified to people's well-being and steps taken to minimise these whilst encouraging their independence.

Staff demonstrated an understanding of the risks posed to people and followed their risk assessments to keep people safe.

There were safe and effective recruitment systems in place.

Staffing levels were sufficient; people received high levels of support with a member of staff being allocated to support them.

Medicines were administered safely.

Is the service effective?

Good

The service was effective

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People and relevant professionals were involved in planning their nutritional support. People had sufficient amounts of food and drink to meet their nutritional needs.

People had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

Each person had their own detailed care plan.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

Complaints had been managed appropriately.□

Is the service well-led?

Good

The service was well-led.

The registered manager and senior staff were approachable.

Quality and safety monitoring systems were in place.

The views of relatives and people living at The Red House were taken into account to improve the service.

The Red House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 4 and 5 October 2017. The inspection was completed by one adult social care inspector. The inspection took place on 4 and 5 October 2017. This was an unannounced inspection and the first inspection of this service under this provider.
Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team, local authority and the GP practice.

During the inspection we looked at three people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four members of staff, the deputy manager and registered manager of the service. We spent time observing and speaking with people living at The Red House. Following the inspection, we contacted three relatives by telephone about their experience of the care and support people received at The Red House.

Good

Is the service safe?

Our findings

People were unable to tell us whether they felt safe living at The Red House. However from our observations they looked comfortable with the staff on duty. People were relaxed when in staff company. This demonstrated people felt secure in their surroundings and with the staff that supported them. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff.

Risk assessments were present in people's care files. These included risks associated with supporting people with personal care, assisting them when they were in the community, moving and handling and risks associated with specific medical conditions. There was evidence staff had taken advice from other health and social care professionals in relation to a person's needs. For example, one person lived with epilepsy and they had a detailed risk assessment around this. This included a history of seizures, when seizures are more likely to occur, a description of the different types of seizures the person may experience, changes in the person's behaviours leading up to a seizure and details of the support the person would require during a seizure. This evidence had been developed in partnership with the community epilepsy nurse. Relatives told us they were consulted when assessing risk. The manager told us there were regular key worker meetings to enable staff to regularly review people's needs. The manager stated this also allowed them to monitor and update the risk assessments of people using the service.

There was sufficient staff supporting people living in the home. This was confirmed in conversations with staff and the staffing rotas. Each person was allocated named staff to support them throughout the day on a one to one basis. Some people required two staff when out in the community. This was planned on a regular basis to enable people to access the community safely and in accordance with their activity and support plan. There was always a senior manager working in the home seven days a week. This was shared between the deputy manager and the registered manager. Three staff worked at night to provide individual support to people as and when required. The service operated an on call system to enable them to call on additional staff in the event of an emergency or if a person was particularly unsettled. It was evident from looking at records and discussions with the registered manager that staffing levels were regularly reviewed. For example, the overnight staffing levels had been increased after reviewing people's care needs and identifying people required further support.

The registered manager told us they had an ongoing recruitment programme to ensure they always maintained sufficient staffing levels in the home. Staffing rotas indicated there was minimal use of agency staff. The registered manager told us if they had to use an agency worker, they had a regular agency and would request staff who had previously worked in the service to ensure continuity for people.

The registered manager clearly understood their responsibilities to ensure suitable staff was employed in the home. They told us the initial interview of new staff was completed at the main office by the HR department. However, they told us all potential staff visited the home to be assessed as part of the second interview stage of the recruitment process. This enabled the manager and the people in the home to be involved in the recruitment process. The registered manager told us family members were also invited to attend the second interview so they could provide their opinion on whether they felt the interviewee was

suitable for the service. The registered manager told us this process was used to ensure staff were suitable to support and work alongside the people at The Red House.

Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff was suitable and of good character.

The provider had implemented a robust safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. This included a flow chart of action staff needed to take if abuse was suspected, witnessed or alleged. This was displayed in the office. All staff had received training in safeguarding. The service had reported appropriately any concerns or allegations of abuse working closely with the local safeguarding team and other health and social care professionals. This included notifying us so that we can monitor what safeguards were put in place to minimise any further risk to people.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained. Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies, or for when a person was experiencing an epileptic seizure. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals.

Health and safety checks were carried out regularly. We observed staff wearing gloves when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Staff also completed a visual check on each person's bedroom daily with records maintained. Staff told us there was a quick response to maintenance and repairs.

The home was clean and tidy and free from odour. Cleaning schedules were in place and staff informed us cleaning was 'everyone's responsibility'. The home had a housekeeper responsible for day to day cleaning. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The registered manager and staff demonstrated a good understanding of infection control procedures. The relatives we spoke with told us the home was 'always clean'.

The home had been awarded the highest five star rating for food hygiene practice from Gloucester City Council. Staff showed a good awareness in respect of food hygiene practices. Fridges were well organised and food was clearly dated when put into the fridge.

Checks were completed on the environment by external contractors such as the fire system and routine checks on the gas and electrical appliances. Certificates of these checks were kept. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were policies and

procedures in the event of an emergency and fire evacuation. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills).

Good

Is the service effective?

Our findings

People experienced a high level of care and support that promoted their health and wellbeing. The registered manager told us they used evidence from health and social care professionals involved in people's care to plan care effectively.

There was evidence strong relationships had been formed with other professionals to ensure people received an effective service. For example, one person had severe learning difficulties, epilepsy, and autism and had very limited vocabulary. Prior to moving to The Red House, this person had been unable to access the community in their previous placement. From looking at the records for this person, their seizures had reduced from approximately 60 a month to 15 seizures a month. The registered manager told us they had identified the three main factors contributing to the high level of seizures was the person's medication, their diet and anxiety levels. Subsequently, the service worked closely with the person's GP, hospital staff, a dietician and mental health professionals to address the concerns. The service had also worked closely with a Speech and Language Therapist (SALT) to improve communication techniques to support the person with their anxiety. As a result of this, the person now had a far better and more fulfilling quality of life. The person's seizures had decreased, communication had improved and the person was able to access the community with support from staff. In addition to this, the person had also experienced their first holiday and staff were supporting them to plan their next holiday. The person was also supported to go swimming every week in a local hydrotherapy pool. Evidence in the person's care files and photos showed this person attained a high level of enjoyment from the activities they had been supported to access.

Staff had been trained to meet people's care and support needs. The registered manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The manager showed us the training matrix and where staff had been identified as needing an update we saw these had been booked. The manager told us a member of staff in the main office organised training for staff and sent regular emails confirming when training was taking place and who required any updates. The service continually reviewed staff skills and supported staff to access further training to meet the changing needs of the people using the service.

Staff had completed an induction when they first started working in the home. New staff had completed the care certificate over a twelve week period. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers needs to demonstrate competency in.

The registered manager told us all new staff members had a 'Meet the Manager' session with the registered manager. This time would be used to go through everything staff need to know to be a successful staff member within the service and enable them to provide the best quality care and support. The session included specific information about the people living at The Red House, the property, day-to-day processes and expectations and requirements. The registered manager told us how they felt this really set the foundations for effective and successful working relationships and supported the service with staff retention

and continuity of support. The registered manager told us new staff members would have a minimum three shadow shifts. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. New staff members would initially be allocated to one person so that they could get to know the needs of a specific person. In addition to this, the registered manager told us that all staff were allocated to a team leader to enable ongoing learning and personal development of the staff. The manager told us the team leader would meet at least once a month with management to discuss staff learning and development needs. The staff we spoke with told us they felt they had received an 'excellent' induction which had prepared them well for their role.

Staff received regular individual supervisions with the manager, deputy manager or team leaders enabling them to discuss their performance and training needs. There was a supervision planner detailing when staff should receive supervision. The staff we spoke with told us they felt supervision was effective and enabled them to ensure they were providing a good standard of care to the people using the service. There was evidence staff had received an annual appraisal.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People living at The Red House required staff to support them when out in the community and constant supervision when in the home to ensure their safety. Everyone living at The Red House had assessments regarding their capacity to make decisions and appropriate applications for Deprivation of Liberty had been made. Where these applications required renewing, the registered manager had ensured a further application was submitted in a timely manner. The registered manager had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented. Family members told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed staff asking one person about the activity they had planned for the day and what time they would like to leave. From talking with staff and observing their interaction with people it was evident that they respected the wishes of people using the service. Professionals we spoke with told us they felt people were given choice and the staff knew the needs of the people living at The Red House.

People and their representatives were provided with opportunities to discuss their care needs when they were planning their care. The registered manager told us they used evidence from health and social care professionals involved in the person's care to plan care effectively. This was evidenced in the care files. One example of this is the use of support from the police and occupational therapist to maximise a person's independence when out in the community. The relatives we spoke to stated they felt involved in care planning and felt their opinions were listened to.

Care records included information about any special arrangements for meal times and dietary needs. Staff and relatives told us nutritionists were involved in the menu planning. Menus seen showed people were offered a varied and nutritious diet. People were observed being given a choice of where to eat their meal, either in the dining area or the lounge. A relative told us, 'there is a good choice of meals'. Another relative told us 'the food at the home is good'. The staff we spoke with described the food as being good.

Meals were flexible and organised around people's activities. For example, where people were not present at lunchtime they would be served their meal when they returned. Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food, this was clearly detailed in the care plans. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were able to access the main kitchen and care files detailed what support was required for individuals to enable them to prepare their own meal if they wished to do so. The home had implemented a 'snack fridge' to enable people to have healthy snacks available throughout the day. A nutritionist had been involved in the development of the snack choices. These contained fruit, cheese, dried fruit and dips. We were told the fridge was replenished daily. The registered manager told us the aim of this was to empower and encourage independence within the area of healthy eating. During the inspection, we saw a number of people accessing the fridge and choosing a snack. Staff were aware of individual preferences and ensured these items were kept in stock. For example, one person liked tuna and staff ensured this was available in the home.

The Red House is situated close to the centre of Gloucester. The home was suitable for the people that were accommodated. Each person had their own bedroom with all of them being on-suite. Each bedroom was decorated to individual preferences and the manager informed us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted. There was also a self-contained flat on the top floor which contained its own kitchen, lounge, bedroom and bathroom. There was ample parking available to visitors and staff. There was a secure garden which was accessible to the people living in the home. There were tables, chairs, swings and a trampoline for people to use if they wished to do so. There was also an arts and crafts room in the garden which was accessible to the people living in the home.

Good

Is the service caring?

Our findings

Staff treated people with understanding and kindness and people looked well cared for. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. For example, one person had limited levels of verbal communication. However, upon observing this person's interaction with staff members, it was evident the staff knew the person well and understood their communication style. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative said, 'I am very pleased with the staff at the home'. Another relative described the staff as 'brilliant'. Relatives told us the staff listen and respond to people appropriately. Relatives told us the staff would try their best to fulfil any requests they have.

We observed positive staff interactions and people were treated with dignity and respect. For example, where people displayed inappropriate behaviour in communal areas, the staff who were working with these people at the time were quick to identify this and used appropriate interactions to distract them from their behaviour. Throughout the whole process, we observed how the staff maintained the respect and dignity of the people they were supporting. Staff spoke respectfully to the people and also took them away from the communal area when it was no longer appropriate for the person to remain there. The staff were able to demonstrate a clear understanding of this person's needs and were able to respond appropriately.

Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people. Relatives told us they felt people had choice and were treated with dignity and respect. One relative told us staff always tried to involve people in decision making processes.

The staff were aware of people's routines and how they liked to be supported. Staff talked about people in a positive way. Staff showed a person centred approach to the people they were supporting. For example we observed staff spending time with various people talking with them about how they would like to spend their day. Staff evidently knew people well and had built positive relationships. One family member said "They know our daughter's needs and we have full confidence all of the staff know how to support her." Another family member we spoke with stated they felt the staff knew their relative's behaviours well and were able to respond accordingly.

We saw in the support plans how the service had worked with people and their families to identify and record their choices and preferences. It was clear from the information available that people were consulted and that care and support was planned according to the needs and abilities of each person. Relatives informed us they were involved in care planning and reviews.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to. One relative informed us staff would support their family member to visit home.

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviours which may challenge as a result of their condition. Relatives told us they felt the staff had the skills and knowledge to manage these behaviours. People's care plans clearly detailed their communication needs. Throughout the inspection we saw that staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people.

Staff knew, understood and responded to each person's cultural, gender and spiritual needs in a caring and compassionate way. We saw several examples where people's individual needs and requirements had been identified and addressed. For example arrangements had been made to support people to attend Church. There was an up to date equality and diversity policy in place which clearly detailed how the home would treat people and staff equally regardless of personal beliefs or backgrounds.

The service had started to work with people and their families to develop end of life care plans. The registered manager told us as the people living at the home were from a younger client group, they did not always want to discuss this subject.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that each person had a support plan. The service had a structure to, record and review information. The support plans detailed individual needs, what the person liked and disliked and how staff were to support them. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. These changes were documented in the person's file. The health and social care professionals we spoke with told us how they felt the service responded 'very well' to people's changing needs. Relatives told us they felt the home responded well to people's needs. One family member said about their daughter's care "They (the staff) are very quick to identify any changes in her health and seek support. They always keep us informed of what is happening. This has really reassures us that she is safe and being taken care of."

People's preferences in relation to support with personal care was clearly recorded. Some people preferred regular staff to assist them with personal care. Each person was allocated a member of staff to support them on a one to one basis. People could choose what gender staff member they preferred and this was clearly detailed in their support plan.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people living at the Red House indicated that they were happy living in the home and with the staff that supported them. Relatives complimented the staff about how they were responding to people and the relationships that had been built with staff. One relative described the home as the 'best place' their relative had been and felt they had a 'good quality of life'. The person went on to comment how it was the staff who made the home a happy place for their loved one.

People and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The registered manager told us they used evidence from health and social care professionals involved in the person's care. As some people moved directly from hospital, in order to ensure the staff had a good understanding of the person's needs; staff would work alongside professionals in hospital prior to the person moving to the home. The relatives we spoke with felt they were involved in the care planning of their relative.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person and their needs to support hospital staff to provide appropriate support to people if they were admitted to hospital. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to go out in the community and participate in meaningful activities. Activities included attending social clubs, meals out, shopping trips and walks. Each person living at the Red House was supported to go on holiday at least once a year. In addition to activities outside of the

home, there were also activities in the home such as arts and crafts and movie nights. Each person had an activities timetable detailing activities in and out of the home. Relatives told us they felt activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do the things they enjoyed.

It was apparent the registered manager and staff had worked hard to promote people's level of social interaction and this had made a positive impact to people's lives. For example, one person moved to the home was in a state of catatonia the majority of the time and would only go out to one specific food outlet. At the time this person moved to the service, the advice from health professionals was that his level of catatonia would only get worse. We saw records of how staff spent time working with health professionals, the person's family and spending time to understand the person's condition, get to know them better and improve communication with them. All of this had made a positive impact and the person's level of catatonia had reduced. At the time of our inspection, staff had supported the person to go out for a daily activity and had also encouraged him to increase interaction with others. This had resulted in the person developing a relationship which had also contributed to his positive mood and well-being.

Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. Relatives told us the registered manager and staff kept them up to date with their relatives care. The registered manager told us regular emails or phone call were made to relatives fortnightly to keep them up to date. The registered manager told us it was important to maintain positive relationships with relatives so they felt confident to approach them with any concerns or suggestions. Health and social care professionals we spoke with told us they felt confident their concerns were listened to and actions were taken accordingly.

The service had a process of recording feedback. The registered manager told us they felt this was important as positive feedback promoted good staff morale. The registered manager told us they would use any negative feedback as a learning aid for staff development. The service had received a high number of positive feedback. For example one family member had written, "We are very happy with X's (person receiving support) healthcare under the care of Your Lifestyle and his accommodation at The Red House. We really believe that X is looked after very well and is more settled than he has been for many years."

Good

Is the service well-led?

Our findings

There was a new registered manager working in The Red House. They told us they had been in post for the past year. Prior to their current role, the registered manager had worked as the deputy manager in the service. Staff spoke positively about the registered manager and the improvements. A member of staff said, "I like working alongside the manager." Another member of staff told us "The manager is excellent." Staff told us how they felt the registered manager always had an open door policy and was always available to support staff. Throughout the inspection, the enthusiasm of the registered manager was evident and we felt this had a positive effect on the morale and enthusiasm of the wider staff team.

The staff described the manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the manager was regularly attending to matters of care throughout the day. It was evident from our observations that the registered manager knew the needs of all of the people living at the service and had built positive and meaningful relationships with the people. We observed the registered manager asking people about their day and spending time with them. Relatives spoke positively about the registered manager. They said they were confident in the skills of the registered manager and felt they offered strong leadership in the service.

Staff told us the registered manager had implemented an 'employee of the month' scheme to identify good practice. Staff told us they felt this had helped to keep morale high within the staff group. Staff told us the award made them confident their efforts were recognised by management and they were being rewarded.

Staff told us there was an open culture within the home and the registered manager listened to them. Staff told us they were encouraged to ask questions and challenge management. Staff told us meetings were regularly taking place and they were able to participate in discussions about the running of the service and the care and welfare of people living at The Red House. Staff told us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. From looking at the records of team meetings, it was evident these were taking place on a regular basis. The registered manager told us team meetings were also used to discuss in detail the needs of all of the people living at the home.

The registered manager had implemented appropriate systems to continually monitor the health and wellbeing of people. Audits were implemented by the manager and recognised good practice as well as areas for improvement and these were clearly detailed on the documentation. Records showed audits were completed on a monthly basis and covered areas such as safeguarding, people's care plans, medicines, health action plans, people's finances and other areas relating to the running of the service. The registered manager told us in order to ensure there was consistency and transparency; the provider would request a manager from a sister home to carry out the audit. The registered manager told us they felt this was a positive experience as it allowed a 'fresh pair of eyes' to assess the service and recommend improvements for good practice which the registered manager may have missed.

The provider had implemented surveys for family members to enable feedback and suggestions to be made on the quality of the service. Relatives we spoke with told us they had received surveys from the provider

which they felt enabled them to make suggestions to the service. Relatives felt their suggestions were listened to.

We discussed the value base of the home with the manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that The Red House was the home of the people living there.

The registered manager had a clear contingency plan to manage the home in his absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.