Country Court Care Homes Limited

The Red House

Inspection report

11 Emlyns Street
Stamford
Lincolnshire
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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 Red House is a nursing home for 23 older people some of who may be living with dementia The home is in the centre of Stamford and is set over two floors. There is a lift to the second floor. There were 22 people living at the home on the day of our inspection.

There was a new manager at the home. They had been working at the home since 1 December 2017.

At our last inspection we rated the home good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

At this inspection we found the home remained Good.

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 home supported this practice.

Staff were kind and caring and had developed good relationships with people. There were enough staff to meet people's needs and staff received ongoing training and support so that they knew how to care for people safely and kept up to date with changes in legislation and best practice. They were also supported with regular staff meetings so that they could discuss any improvements needed. The manager ensured that staff were safe to work with the people living at the home.

Risks to people had been identified and care was planned to keep people safe. Records accurately recorded the care that people needed and were kept up to date as people's needs changed. Medicines were safely administered and people were supported to eat safely and maintain a healthy weight. People's wishes for their end of their lives had been recorded and people were supported to have a dignified pain free death.

People were involved in planning their care and were encouraged to do as much as possible for themselves. Their likes and dislikes were recorded so that care could be tailored to their individual needs. People's privacy and dignity were respected. Activities provided helped people to stay engaged with their lives and helped to orientate them to the time of year.

The manager was supportive and approachable. There were effective audits in place which ensured that the care provided was monitored and any concerns identified were corrected in a timely manner.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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.

The inspection took place on 12 February 2018 and was unannounced. The inspection team consisted of an 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. This expert by experience had cared for someone living with dementia.

In preparation for our visit we reviewed information that we held about the home. This included notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies including the local authority contracting and safeguarding teams. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make.

We spoke with the manager, the area manager, the nurse, two care staff, the cook and the cleaner. We also spoke with five people living at the home and six relatives of people who lived at the home. We spent some time observing the care in communal areas.

We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of care.

Good

Our findings

We found that people were safeguarded from situations in which they may experience abuse. People who used the service reported it as being consistently safe. People told us they felt safe using the service and raised no concerns of how staff supported them with any safety issues. One person told us, "I can't remember when they [staff] haven't been nice to me. I feel safe here and I know they [staff] will look after me." A family member said, "We know Mum is safer here than at home. We couldn't look after her all the time. She gets all the care she needs here and it's so homely. She's happy now she's settled and they [staff] helped her with that."

Staff had received training in how to keep people safe. Staff were happy to raise concerns both within the home and with external organisation. Staff were confident that the provider would take any action needed to keep people safe. The manager had suspended two members of staff. This was because they had heard them shouting at people and had removed a person's frame. The manager was in the process of investigating the concerns. They had appropriately notified us and the local authority about the concerns and had taken all of the action necessary to safeguarding the people living in the home.

There were some occasions when the staff used bedrails to keep people safe at night. This could be classed as a restraint. Records showed that appropriate risk assessments were completed to ensure the bed rails were suitable for use. In addition, consent was obtained from the people receiving care, their relatives or by using a best interest decision to ensure that the restriction to the person was minimal and in their best interest.

Care plans recorded the risks to people and how these risks could be minimised. For example, people's abilities to stand and walk safely were assessed and where needed equipment was used to keep people safe. We saw staff hoisted a person, this was done calmly and staff spoke with the person letting them know what was happening. The person was relaxed during the process.

Some people living at the home had air mattresses to help them maintain a healthy skin. The care plan noted that the airflow should be checked regularly. However, we saw that two mattresses were set high and so did not fully support people. We raised this concern with the manager who immediately ensured that the mattress settings were corrected. They told us this should be checked regularly and they would ensure that this was completed going forwards.

Care plans recorded when people may not be able to control their emotions when distressed and the

actions staff should take to support them. People told us staff were good at controlling situations when people were distressed. A relative told us, ""If someone is acting up, they are usually taken to one side or I suppose, to their room. It just gets dealt with really."

The manager had identified the numbers of staff needed to support the people living at the home. The manager explained that currently they were short of the staff needed to cover the shifts in the home. However, they had offered extra shifts out to staff who worked in the provider's other homes. Records showed that all the shifts had been staffed to meet people's needs. The manager told us that they preferred to use staff from other home instead of agency staff as they understood the provider's policies and the standards of care that the provider expected to be delivered. The manager was in the process of recruiting more staff.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the manager had completed structured interviews. Any gaps in people's employment history had been identified and investigated. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

Medicines were safely stored and systems were in place to ensure that medicines were ordered so that they were available when needed. Medicines were safely administered. One person told us, "They watch me take my pills. I'm good taking them as they make me feel better." A relative told us, "They manage all her medicine and make sure she takes it as she used to hide it at home sometimes." However, we saw that the morning medicine round took a long while and so some people did not get their medicine until after 11am. We discussed this with the nurse who told us they had ensured that people who had time dependant medicine or pain relief had received their medicines first. We raised this as a concern with the manager who told us they had also identified this as an area for improvement and they were looking for ways to improve this aspect of care.

Where people had medicines to be taken as required there was clear guidance in place to support staff to make the decision when to administer the medicine. For example, one person's care plan noted that staff needed to monitor the person for signs of pain as they may not tell staff they were in pain.

We found that suitable measures were in place to prevent and control infection. The home was clean and there were no unpleasant odours. The manager attended the infection control meetings health by the local authority to ensure that they remained up to date with best practice Staff had received training in keeping safe from the risk of infection and ensured that they used protective equipment such as gloves and aprons appropriately.

There was a cleaning schedule in place. It had daily, weekly and monthly tasks. The cleaner was able to tell us how they used different coloured equipment in defined areas and had clean equipment each day to reduce the risk of infection.

We found that the manager had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the manager carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence. Any learning was shared with staff at team meetings so that it could be embedded into the care provided.

Good

Our findings

The service had a holistic approach in meeting people's needs. Prior to receiving any care and support people's physical, mental health and social needs were discussed with the person and their relative or representative as appropriate. This followed current legislation and best practice guidelines. Care was provided to achieve effective outcomes. Staff had a staff handbook and the policies and procedures were available to them and had to be read as part of the induction process. This meant staff had the knowledge needed to meet best practice guidelines. Many of the provider's homes supported people living with dementia. To help staff provide appropriate care the provider had employed a dementia specialist to ensure that the care provided met the latest guidance and supported people to live busy active lives.

People told us that they were confident in the staff's ability to support people and that staff had the skills and training needed to keep people safe and happy. One person told us, "I don't get worried by loud people shouting as the lovely staff soon sort that out."

The provider had a structured training programme in place for all staff. New members of staff had a week's training at the provider's offices to go over all the policies and procedures to ensure they were up to date with the latest legislation and best practice. In addition, they shadowed an experienced member of staff to gain the practical skills in line with the provider's policies. New members of staff were required to complete the care certificate if they had not already done so. The care certificate is a national training programme which ensures staff have the basic skills needed to provide safe care. Staff also received ongoing training to ensure their skills remained up to date. The provider has systems in place to notify staff when training was needed and monitored staff to ensure they attended the required training. Staff received regular supervision and appraisals so they could discuss their performance and training needs with the manager.

People told us they were happy with the quality of food they received and that drinks were available to them through the day. One person told us, "The food is usually very good. I can have something else if I don't like it the planned choices and it's better as I haven't had to cook it." Another person said, "They often pop in to make sure I have fluids, my jug of juice is over there at the moment."

Some people living at the home had been identified as being unable to maintain a healthy weight. Staff monitored their food and fluid intake and offered regular snacks and treats to encourage them to eat. Staff regularly checked their weight to see if the support offered had helped them to maintain their weight. Where necessary people were referred to their doctor for advice and some people had been prescribed calorie rich supplements to support them. A relative told us, "She has lost weight over the time here, but they tell me

that is down to the dementia and they do weigh her regularly and keep an eye on it all."

Some people needed support to eat. We saw that staff followed good practice guidance and sat at the side of the people when supporting them. Staff spoke about the food they were offering to people and gently encouraged people when necessary. When needed advice had been sought from healthcare professionals to see if people could eat and drink safely. Staff were aware of the advice given and provided soft food and thickened fluids when needed.

The staff worked well as a team to support each other and there was also support available from staff who worked in other provider's homes. One member of staff, who had come over from another home, told us how they had received a detailed handover from the nurse and had reviewed people's care plans to get to know how people preferred their care to be delivered. They told us that the staff had been helpful in sharing people's needs and preferences.

Staff at the home worked together with healthcare professionals and families to support people to access healthcare whenever needed. One relative told us, "Mum has a hospital appointment next week and I am unable to take her so the manager has arranged transport for her and have said they will send someone if at all possible. If not, they will let me know and I will ask one of my sisters to meet her at the hospital. They really can't do enough."

Relatives told us that the manager and staff had contacted the doctors and social worker for support and advice when needed. Records showed that the staff had identified when people were unwell and had arranged for them to see their doctor. Staff work with the local NHS to support people. For example, they liaise with the Parkinson's nurse to ensure people with Parkinson's lived the best life possible.

The communal areas in the home were pleasantly decorated and some of the bedrooms had been decorated. However, some of the bedrooms were in need of attention. We discussed this with the manager who explained that the provider had started a programme of refurbishment in the home and as bedrooms became available they were being decorated and new washbasins and furniture provided. At present there was a lack of signage in the home to support people living with dementia to move around the home independently. The manager told us that this was being included as part of the refurbishment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager had submitted appropriate applications for people to be assessed for they ability to make the decision to live at the home. These had been submitted the week before the inspection. This was because the manager, who was new, had identified that applications had not been previously submitted. Where people may have been unable to make decisions their ability was assessed under the MCA. Care plans recorded where people had legally given a relative or friend the right to make decision on their behalf. Staff had received training in the mental capacity act and knew that people's abilities to make decisions would be recorded in their care plans. Staff were also aware that they would need to make decisions in people's best interest if they were unable to make decisions for themselves.

Good

Our findings

People living at the home told us they had good relationships with the staff who were kind, caring and looked after them well. One person told us, "I was a bit nervy when I first moved here because I was used to being at home, but the girls [staff] were very kind and I feel ok about living there now." Another person told us, "I can't remember when they [staff] haven't been nice to me. I feel safe here and I know they will look after me." People who chose to stay in their bedrooms told us that staff checked on them often. One person told us, "The staff are always popping their head round the door as they pass. The activities person comes and chats to me sometimes because I can hold a conversation with her, so I probably get more attention up here than I would in the lounge."

The manager had ensured that the staff welcomed visitors into the home as people would in their own homes. We saw that everyone visiting was offered a drink and on the first floor landing there was an area set aside for visitor to make a hot drink for themselves and the people they were visiting. There were also some biscuits for people to help themselves to. A person living at the home said, "My visitors can come anytime and staff know their names and chat to them sometimes." Another person told us, "The staff know my family and they chat to them when they come to see me. They know if I am sad I am not seeing them for a while and they cheer me up."

Relatives told us how they were supported to maintain their relationships with their loved ones. One relative told us, "They have offered to let me eat here with [Name] on more than one occasion, but I haven't done so yet. I was going to eat with her at Christmas but I couldn't come as I wasn't well." In addition, one person whose relative had previously lived in the home continued to visit regularly to see staff and friends they had made. They stayed for a meal once a week. The manager told us this supported the person to maintain social contacts and this was important for people living on their own.

We saw that people's preferences had been noted. For example, one person liked their bedroom to be cool and when we checked their radiator was set to low and their window was open. Staff told us that if people were unable to tell them about their likes and dislikes they would talk to family members to gain a better knowledge about how care could be personalised.

People told us they were offered choices in their lives. One person said, "I can pretty much choose what I want to do, but I prefer to stay in my room whether I am in bed or in my chair." They added, "I prefer to be on my own really. It can get noisy in the lounge but I do sometimes go into the dining room for lunch."

We saw that staff monitored people's ability to communicate with them, For example, staff noted when one person was struggling to hear and following advice from their GP they had their ear wax removed and this resolved their problems.

People told us that staff supported their privacy and dignity when providing care. One person told us, "I like to be coordinated with my clothes and the girls [staff] always comment on how good I look. If I have a bad day, they know what I like to wear so they choose for me." Another person said, "I don't worry about them [staff] helping me as I need it. It's their job and they just chat away and it's over in no time." A relative commented about how staff supported people to be independent. They told us, "I like that they encourage her to do as much as she can for herself without molly coddling her."

Good

Our findings

People and their relatives told us they had been involved with planning their care. One relative told us, "We went through the care plan and I am happy with it." Care plans were in place for all the people living at the home including the people there for short term respite care. Relatives who had been involved in planning care told us that they were kept up to date with any problems or concerns. One relative told us, "They let me know if there are any problems with the care either by phone or when I come in as I visit most days. They certainly treat her with respect when I am around, so I am sure it carries on that way when I am not there."

People's preferences were noted. For example, one person's care plan noted that they were happier in quieter areas of the home. This helped the staff ensure that the person was supported to sit where they would feel comfortable. In addition, care plans noted when care needed to be tailored to people's individual needs. An example of this was one person whose care plan noted that they had a right sided weakness and so staff needed to ensure that they left drinks to the person's left.

Relatives were happy that appropriate checks were being completed at night. One relative told us, "If she calls them in the night, they come but usually they tell me she doesn't call. They still check on her every two hours. I have seen it written in her care book." Another relative told us, "[Name] used to wander at night too, but they watch her and if needs be, just give her a cuppa and a biscuit until she settles."

Where people had long term conditions such as diabetes their care plan clearly recorded the support they needed along with any monitoring to ensure that the condition was stable. For example, people with diabetes had regular checks on their blood sugar.

People were supported to live busy active lives and were supported to access the community as much as possible. One person told us, "They will even take Mum down the road for a little walk if she wants to get out. She really can do what she wants, depending on whether there are enough staff of course." People were supported to maintain their religious beliefs. A relative told us, "Mum likes the church service here and she has been asked if she wants to go to a service locally, but she gets tired easily now, so having one here suits her better." In addition, we saw a person of another faith had regular visitors with whom they could pray.

People were happy with the activities offered and one relative told us how the staff celebrated the different events through the year. They told us that this was useful as it helped to keep people in touch with what was happening in the world. One relative told us, "I think there is enough for her to do here, but to be honest she

seems just as happy sitting sometimes. Staff do encourage her to join in which I think is good for her because at home she got very used to sitting for long periods which isn't good for her and they recognise that."

Care plans showed that people and their relatives had been involved in discussing their wishes at the end of their lives. For example, if they wanted to go to hospital or preferred to stay in the home. Their wishes around resuscitation had also been discussed and the appropriate paperwork put in place if they did not wish this to be attempted. Staff had received training in supporting people at the end of their lives and they worked with other healthcare professionals to support people to have a dignified pain free death.

There was a service user guide in people's bedrooms. This contained information on how to make a complaint. People told us they knew how to complain, One person said, "Oh I would speak to the manager; she is approachable and listens to me." A relative told us, "I would have no issue with speaking to the manager if I felt uneasy about anything. She seems very approachable and you always see her about and chatting to people or helping out." We saw that two complaints had been received and both investigated and responded to in line with the provider's policies.

Good

Our findings

There was a registered manager for the home but they had left. There was a new manager for the home who was in the process of becoming registered as a manager. They had been in post since the 1 December 2017. 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 provider had systems in place which ensured that they had told us about all the incidents they were required to notify us about by law. In addition, the rating from the previous inspection had been displayed both in the home and on the provider's website.

All the people we spoke with gave positive feedback about the new manager. One person told us, "The manager is approachable and their undermanager is good. They are all very nice." Another person said, "I have met the new manager, she seems nice. I think I could talk to her."

People told us that the manager was supportive and had ensured that the home was welcoming. One relative said, "Everyone here including management are extremely kind to people and I have always found it a really nice atmosphere to be in." Another relative told us, "Mum hasn't been here that long, but she has really settled and the manager has done everything they can to make her feel at home." The manager told us that they were able to provide this high quality of care as they had good support from the provider. The manager told us, "We see the directors a lot. They come to see if the home is running well. Anything we need we can have so long as we can justify the expense."

Staff told us that the manager and area manager were approachable and supportive. There were regular staff meetings to keep staff up to date with changes in the home and with guidance and legislation. A member of staff told us that they had monthly staff meetings. All staff had to attend a minimum of nine meetings a year. The latest minutes from the staff meeting showed that they had discussed how to improve the quality of care provided and how to respect people's dignity. In addition, the manager had identified concerns around infection control were and information was given to staff on how they should work to reduce the risk of infection.

The provider had a suite of audits in place to monitor the quality of care provided. We saw that the audits had been effective in identifying areas for improvement and action plans showed that improvements had

been made in a reasonable time frame. Residents' meetings took place and the minutes of the last meeting on 18 January 2018 showed that they had discussed the food, changes in the staffing team, activities, care and the environment.

Changes in best practice and legislation were identified by the manager as well as head office staff. Any changes in care needed were cascaded down from head office to all staff. In addition, changes were discussed the provider's home managers meetings where the manager discuss with colleagues the best way to implement any changes.

There were leaflets available in reception to support people and their relatives to engage with local groups and to support them to understand dementia. The manager and staff had built up a partnership with a local supermarket and received regular support from them. For example, the supermarket would donate flowers so that the home looked nice. In addition, the provider recently hosted a Dignity tea which was attended by the local Royal Air Force and the supermarket to thank them for all their support.