

Red House Welfare And Housing Society

The Red House Welfare & Housing Society

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Red House Welfare & Housing Society is a residential care home, providing personal care and accommodation for up to 34 people aged 65 and older. The service provides support to older people and people living with dementia. At the time of our inspection 25 people were living in the service.

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

We had rated this service requires improvement and taken additional enforcement action over the last two inspections. At this inspection we found progress had been made. Despite some remaining areas for improvement, such as the need to consistently ensure effective oversight, the service had enhanced leadership and there were improved management systems and governance. The embedding of these new ways of working are now required to ensure consistency moving forward.

We received lots of positive feedback from people living at The Red House Welfare & Housing Society about how safe they felt living at the care home. We also heard from many relatives who told us they felt their family members were well looked after and cared for.

Systems were now in place to manage and mitigate risk and support people's health and well-being. Medicines systems had been reviewed and improvements implemented. People received their medicines safely and in accordance with their prescription.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was passionate about their role and making continued improvements of the service. They were open and proactive to any queries we raised during the inspection.

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

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Red House Welfare & Housing Society on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Red House Welfare & Housing Society

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

The Red House Welfare & Housing Society is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Red House Welfare & Housing Society is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post

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 professionals who work with the service. The provider was not asked to complete a provider information return (PIR) prior to this inspection. The PIR is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who lived at The Red House Welfare Society and the relatives of 3 people about their experience and views of the care provided to their family members. We also had contact with 8 members of staff, including care staff, maintenance staff, the administrator, the deputy manager, and the registered manager. We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 5 people's care records and medication records. We looked at a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to ensure risks to people were mitigated. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement been made at this inspection and the provider was no longer in breach of regulation 12.

- We were concerned, at our last inspection, that environmental risks were not always picked up and appropriate action taken to ensure people's safety. We also found areas of the home poorly maintained with equipment in need of replacement and several hazards around the building. At this inspection improvements had been made. New equipment was in use, hazards had been removed and systems to ensure any safety concerns were now in place.
- People told us they felt safe living at the service. One person said, "I like being here it's safe and secure." Another person commented, "I could not manage at home anymore, so I came here. I am very happy here and I've got my friends here too."
- Most risks to people had been assessed and were reflected within their plans of care to provide staff with guidance on how to support people safely.
- There were now effective policies and procedures in place to manage health and safety risks. This included risks relating to environmental safety, fire safety, legionella, and maintenance of equipment.
- Personal emergency evacuation plans (PEEPs) were in place, which advised what support people would require in the event of an emergency.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- At our last inspection we were concerned that people's medicines were not always managed safely.
- At this inspection we found improvements. There were now safe systems in place for the receipt, storage, administration, and disposal of medicines.
- Staff administered medicines in a person-centred manner. People received their medicines at a relaxed pace and in the way they preferred.
- People who required 'as needed' medicines had guidelines in place for staff to know how and when to administer these.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure staff recruitment practices were safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement been made at this inspection and the provider was no longer in breach of regulation 19.

- Records confirmed a range of checks including references, disclosure, and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Appropriate staffing arrangements were in place and staff were deployed effectively to meet the assessed needs of people in a person-centred way. One person told us, "There are enough staff about and they always come quickly when I need them."

Systems and processes to safeguard people from the risk of abuse

- Staff received training to help them safeguard people from abuse. They knew what signs to look for that may indicate abuse and how to report their concerns to the appropriate person or authority.
- The registered manager understood their responsibility to share information with the local authority safeguarding team and CQC to ensure allegations or suspected abuse were investigated.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting was in line with government guidance and there were no restriction to visitors at the time of inspection.

Learning lessons when things go wrong

- Staff completed accident and incident records which were reviewed by the registered manager to look for

any trends and to assess the risk of a reoccurrence. Any lessons learned were shared with the staff to improve the safety of the service.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

However, whilst some embedding of audits and oversight was required, we found that the provider was no longer in breach of regulation at this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- We were encouraged by the progress made by the registered manager. Immediately following our last inspection visit, the registered manager took proactive action to start making positive changes to their oversight and management systems.
- Although there were quality review and monitoring systems in place these were being strengthened and developed by registered manager and provider.
- The introduction of a new nominated individual for the provider had seen enhanced monitoring and oversight however, the management audits and oversight had not always identified and addressed gaps in records and recording. Further time was required to fully embed the progress into the culture of the home to ensure people continued to be consistently provided with a safe quality service.
- People and relatives told us the home was well run. They said they could always speak to the registered manager or a member of senior staff when they needed to. Relatives told us the home communicated well with them about their family member's care. One relative said, "They [care staff] always keep me updated with everything going on. We are very happy."

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

- We found a welcoming and friendly culture at the home. Many care staff told they told us they enjoyed their jobs, and the registered manager was approachable and supportive.
- People were seen to be socially chatting and spending time together in the lounge and dining areas.
- The majority of feedback we received from people who use the service, their relatives, healthcare professionals and staff members was overwhelmingly positive. One relative told us, "I come in about often to see [family member]. The staff are so warm and friendly towards us."
- One relative told us they did not know who the registered manager was, we also noted that the registered manager was based from an office in the home's attic. We queried their visibility in the service however they offered assurances that they spend a lot of time with people who used the service, care staff and observing care practices. A healthcare professional told us, "They [registered manager] are very proactive and the

home is very well-led. I would not hesitate to have a loved one move in here."

- The registered manager was open and transparent during the inspection process. They told us of the lessons they had learned, staffing changes they had made and the improvements in progress.
- The registered manager understood their responsibility to be honest with people. Information about incidents had been shared with people and relatives where appropriate and outcomes and learning had been documented. Statutory notifications had been submitted to CQC when needed.

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

- The provider continued to have systems in place to gain people's views and opinions about the quality of the service provided.
- Staff meetings were held and were an opportunity for the registered manager to disseminate information and update the staff team on key areas within the home. The registered manager told us they also had an 'open door' policy for all staff which meant they welcomed feedback and input.
- The registered manager and staff team were working proactively and in partnership with other organisations, such the local healthcare team who fed back to that the service welcomed and took on board any advice or guidance they offered.