

Memory Lane Care Homes Limited

Read House

Inspection report

23 The Esplanade
Frinton-on-sea
CO13 9AU

Tel: 01255673654
Website: www.readhouse.org

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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

Read House is a residential care home providing accommodation with personal care to up to 40 people. The service provides support to people with a physical disability, sensory impairment and those living with dementia. At the time of our inspection there were 35 people using the service.

People's experience of the service and what we found

Checks were carried out as part of staff recruitment, but some improvements were required. We have made a recommendation about recruitment practice. The provider learned lessons and took effective action when things went wrong. Medicines were given safely and as prescribed. People were safeguarded and protected from the risk of avoidable harm. Staff demonstrated good infection prevention and control practice. There were sufficient staff to provide responsive and unhurried care.

People received an assessment when they joined the service, to support the development of a care plan. We received positive feedback from people who felt welcomed and secure when moving into Read House. The service worked well with other professionals to support people to live healthy lives. Staff received training, supervisions, and appraisals to support their continued professional development. There was a pleasant dining experience with choice promoted. The provider had invested significantly in a whole home renovation, which had begun at the time of inspection.

Staff were caring, compassionate and kind. We saw respectful and empathetic staff practice, which was also demonstrated in care records. People's independence, privacy and dignity was understood and promoted. People could share their views and opinion on how they wished to be supported. There was an awareness of people's protected equality and diversity characteristics.

Care was planned in a way which suited individuals, including a 'resident of the day' scheme to ensure people's preferences and choices were met. There was a clear system for complaints, and the service had received a number of compliments. People could access a wide range of meaningful social and leisure activities both inside Read House and in the local community. The Accessible Information Standard was met. People received dignified end of life care.

Since the last inspection, a new provider had taken over ownership of the service. A new manager had also just come into post 3 days before our inspection began. Despite this, there were effective processes and systems in place for quality assurance. Leaders were committed to the continuous development and improvement of Read House. There was a positive and open culture, and leaders were approachable. A relative told us, "We met the owners, and they were very welcoming." The service worked well in partnership with other stakeholders.

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.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 14 December 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about recruitment practice.

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 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 ●

Read House

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.

Inspection team

The inspection team consisted of 1 inspector and 1 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

Read House 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. Read House 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, there was a new manager recently employed, who had made an application to the CQC to become registered. We will assess this application in line with our usual registration processes.

Notice of inspection

The 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 professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people and 4 relatives. We reviewed 4 people's care plans, 2 staff recruitment files and multiple documents relating to the oversight and governance of the service such as policies, procedures, and audits. We observed care and support provided in shared areas of the service. We received feedback from 1 healthcare professional who works with the service. We spoke with 12 members of staff, including care workers, senior care workers, the chef, the maintenance person, the activities coordinator, the deputy manager, the manager, the regional manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment; Learning lessons when things go wrong

- Recruitment checks were completed to check whether staff were safe and suitable for the role. However, there were some gaps in employment checks completed by the previous registered manager.

We recommend the provider reviews its recruitment processes to ensure they are robust, and compliant with legislation and best practice.

- The provider learned lessons when things had gone wrong. Immediate action was taken in response to our feedback about recruitment to resolve legacy issues. This included the completion of a specific risk assessment and steps to strengthen processes going forward.
- The provider ensured there were sufficient numbers of suitable staff. There was a dedicated team, with some staff members working at Read House for 20 years. The nominated individual told us, "There is a nice family feel, the staff have been here a long time."
- We observed people's support needs were met promptly by staff. A person said, "I would recommend it here, it is the care for a start. I press my buzzer if the lady across the hall is crying and generally [the staff] come in seconds." Another person told us, "I am happy here. I have got a pendent alarm, [the staff] come very quickly."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. This included in areas such as skin integrity, catheter care, mobility, nutrition, and hydration.
- People were supported to have specialist equipment to keep them safe, such as air pressure mattresses to protect skin integrity. Personal emergency evacuation plans (PEEPs) were in place to ensure people could leave the building safely in an emergency.
- Safety checks were completed on the environment and equipment, such as gas safety, electrical installation, and PAT testing.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. A safeguarding policy was in place and staff received training in this area.
- Records showed some analysis of accidents and incidents to identify themes and trends and to reduce the risk of reoccurrence. The new manager told us of plans to further develop and refine this process.
- We received feedback people felt safe. A person's relative told us, "I would recommend [Read House], I can go away knowing that [my person] is safe."

Using medicines safely

- People were supported to receive their medicines safely.
- Staff encouraged people to be as independent as they chose to be in managing their own medicines. An electronic system was used, which included body maps for cream application and PRN protocols for 'as required' medicines to guide staff on the support required.
- A person told us, "Staff have trusted me to do my own eye drops 6 times a day. The staff come 4 times a day for my pills. For pain, I can tell any one of the care workers and they will tell the nurse."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. We observed the environment was clean and hygienic.
- The relative of a person new to the service said, "[Read House] feels very welcoming and friendly, very bright, when viewing everything we saw that it was spotless."

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- There was an open-door policy. The manager told us, "I said [to people] this is your family and your home, [your relatives] should be able to come and see you like you live next door."
- A person's relative told us, "[Person] is safe 24 hours a day. The care and the [staff] are amazing. It is brilliant and I come and go as I want; I am here every day. I tell [my person], and [my person] tells the staff that I am coming."

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. 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 and care and support was delivered in line with current standards to achieve effective outcomes.
- There was a robust assessment process to ensure people felt secure and well cared for when moving in to Read House. This had a positive impact on people's health and wellbeing.
- A person new to the service told us, "I spoke to the manager on the phone when at home. I know that I have got to have help and my first impressions are marvellous. I am quite content." Another person's relative said, "[The manager] came to our home twice and explained everything and brought the paperwork, [manager] was here to greet us today."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. There was a training plan in place with the strategic aim to upskill staff as 'champions' for specific areas of care.
- Staff received mandatory and specialist training, received regular supervisions and appraisals and had their competencies assessed. Some delegated nursing tasks which had been taken on during the COVID-19 pandemic required updated competency assessments to be completed. The manager confirmed this had been arranged straight away with the community nursing team.
- A robust induction process was in place, including completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We received very positive feedback about mealtimes and observed a pleasant and sociable dining experience for people to enjoy. People could choose what they would like to eat and were actively encouraged to do so. This meant specific nutritional needs and preferences were met.
- A person told us, "I like the fact that I can have a glass of wine. Meals are nice and enjoyable, generally the place runs well." Another person said, "They have been very good on food. I am on a no flour, no cheese, no fat diet. The chef here has been marvellous; on fish and chip day he poached my fish with no sauce and did me some chips in the oven."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Daily care notes were recorded on an electronic system. Staff used a 'stop and watch' system to monitor people for any early warning signs of illness or deterioration, so this could be escalated to healthcare professionals if required.
- A healthcare professional who works with the service told us, "This is one of the better homes around here. All the residents are kempt and really looked after. Staff are good at reporting, we are in and out and they are good at referring, any concerns with other residents they ask us for advice. We have got no concerns."

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

- People were supported to live healthier lives, access healthcare services and support.
- Staff supported people to go out and enjoy the benefits of the local community and seaside location.
- Gentle exercise was available for people to encourage wellness and improve mobility. A person told us, "I go to exercise in chairs, and they [staff] are helping me to get up onto my frame."

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The provider had invested significantly in the service, with a full home renovation in the early stages of completion. People, staff and relatives were consulted about this, and had the opportunity to comment on proposed design plans which were on display at reception.
- A staff member told us, "[The owners] had an interior designer come round and a meeting to show us what's happening. The interior designer specialises in care homes, so the colours are calming."

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Decision specific mental capacity assessments were completed for people who could not consent to all aspects of their care. DoLS applications were made by the service as required, and a record kept.
- Staff practice showed a clear understanding of the need to seek consent and respect people's choices and independence. A person's relative said, "[My person] manages their own health; [person] does what they want to do, [staff] don't interfere."

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. This included ensuring an awareness of people's protected equality and diversity characteristics, which were recorded in care plan documents. This included areas such as religious beliefs and sexuality.
- Staff were compassionate, empathetic, and kind. For example, where we observed people living with dementia caring for a baby doll in a pram, staff were seen to stop and ask after the baby. The manager told us, "If that's where [people] feel safe, it's their world. We go in there with them."
- People's relatives told us they felt welcome at Read House. A relative told us, "Staff are friendly, they always seem to know me, normally they bring us a cup of tea."

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

- People were supported to express their views and make decisions about their care.
- A person said, "I feel very, very, safe and love it here. I can sit as long as I like in the bath. [Staff] wash my hair twice a week, towel around my shoulders and then let the water out of the bath, then dry me between my toes, put a towel on the chair and put my PJs on. Staff are very caring."
- People's views were proactively sought, for example in relation to planned improvements to the garden. A staff member said, "We have a couple of really keen gardeners. We are going to have bright fence panels, flowers, windchimes and move the greenhouse so it is more accessible."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Records showed positive interactions between people and staff, and the consistent use of kind and respectful language. For example, 1 person's daily care notes showed staff had, 'Tucked in and made cosy. Said good night, God bless.'
- Staff promoted people's independence and worked with people as a team. A person told us, "It is good here, staff are very efficient. I feel settled. I shave myself; I like to look and feel fresh. I like to do things for myself, and I choose my clothes and dress myself. I like to be independent."
- People arranged their own leisure activities independently where they chose to do so. For example, we observed 1 person being collected to go for an afternoon tea at a local club. Another person said, "I get a taxi and go to church with a friend – it is a very welcoming church."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. People's care records were regularly reviewed and updated in response to any changes.
- There was a thoughtful approach modelled by staff and leaders towards pre-empting and meeting people's needs. For example, we observed sun hats were hanging up by the entrance to the back garden ready to protect people in the warmer months of the year.
- The provider was committed to investing sufficiently in resources required to meet people's needs. A staff member said, "Anything we have asked for [from the new owners] we have got. We said we could do with an [electronic device] for some calming music, and it was here the next day."
- A 'resident of the day' scheme was in place, focusing on each person living at Read House in turn. A person told us, "Once a month I am resident of the day, a Queen for a day. I always make my own bed, but I ask for it to be turned. [Staff] check the light bulbs, switches, hearing aids if you have them; they do all those things for everybody."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. A policy and procedure was in place to guide staff.
- People's communication needs were understood and supported. This included setting out people's preferred communication style in their care plans, and any aids required such as glasses.

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

- People were supported to maintain relationships, follow their interests and take part in activities that were relevant to them. This included a weekly visit from a 'pets as therapy' dog. A staff member told us, "[Therapy dog] is beautiful, he's so quiet. A few people had dogs; it sparks memories."
- The service supported people to access a local dementia café, late night shopping and the library service. A person told us, "We have entertainment, and the activity person is here all the time. I do colouring, exercises; I do my knitting all day and night. I knit for the staff, I have given about 8 of them scarves and now

going to start on leg warmers for the winter."

- An electronic app was used to enable families to share photos and memories, which were then printed into a 'Gazette' newspaper for people to enjoy. A person said, "I have a Gazette paper and my family can log in, see pictures, I have given my permission for the pictures and the family can post pictures too – it is so nice for those of the family abroad as we can all see what is going on with the family."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care. There were systems and processes for managing complaints, and this was visibly displayed within the care home for people to access.

- A person told us, "The new manager came to the dining room and introduced herself; she is nice. We had a residents' meeting last night when she was introduced to everybody. [New manager] said, 'give me a chance, any complaints please come and see me.' ... I would be quite happy to go and talk to her, but I have got nothing to moan about."

- The service had received a number of compliments and positive reviews.

End of life care and support

- People were supported at the end of their life to have a comfortable and dignified death.

- The deputy manager had run sessions called 'The elephant in the room' to open up conversations about death, dying and last wishes. This had been shared with other services online as an example of good practice. The management team confirmed there were plans to run similar sessions again going forward.

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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection under the previous provider, we recommended leaders seek advice and guidance from a reputable source about the effective and safe management of Legionella. The provider had made improvements.

- Health and safety checks were completed to ensure the environment was managed safely. The new manager confirmed this was a key focus, and external professionals would be involved where required.
- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Although the new manager had only been in post for 3 days at the start of our inspection, there was already a clear plan in place in relation to oversight systems.
- A business continuity plan was in place setting out action to take in the event of an emergency. Quality assurance checks and audits were completed in areas such as infection control and medicines, and action taken as a result.
- The manager understood their legal and regulatory responsibility to notify the CQC of incidents such as injuries or safeguarding matters. The manager confirmed retrospective notifications would be completed for any incidents which had occurred in the short period of transition between managers at the service.

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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- People and staff felt able to speak openly with the management team. A person said, "I have great hopes of the new manager – she came and spent time chatting to me, I picked up good vibes from her, she seems genuine."
- A staff member told us, "I find [the owners] quite approachable. The [regional manager] or [nominated individual], if they are here and I have a question they are quite happy to sit and have a chat with you, they are very open. They always go around and say 'hello' and get to know what people are doing."

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 provider understood their responsibilities under the duty of candour.

- There was a duty of candour policy in place to provide guidance for staff, and leaders modelled an open and honest approach. A person's relative told us, "The owners are very transparent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were involved in the running of the service, and management fully understood and took into account people's protected characteristics. This included at regular meetings held on site.
- There was a commitment from leaders to promote equality and diversity, including for the staff team. Staff wellbeing was considered and supported. A staff member said, "I always like to say to [colleagues] 'thank you', however the day has gone."
- A person told us, "When staff finish their shift, I see and hear them clock off. They have such a nice relationship with each other, they are a happy bunch, and they keep us happy."
- The provider had created a learning culture at the service which improved the care people received. The vision, values and mission of the service were clearly displayed, and leaders were committed to the continuous development of the service.
- People and their relatives told us they would recommend the service to others. A person said, "It is very good, I like everything here I have got no complaints. Staff are 100%, they do a good job. I can speak to any of the staff, I am quite confident they would help me."

Working in partnership with others

- The provider worked in partnership with others. This included the proactive consideration of any transitions, to facilitate joined-up care.