Red Roofs Midlands Limited

Red Roofs Residential Care Home

Inspection report

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Date of inspection visit:
30 September 2019
02 October 2019

Date of publication:
08 November 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Red Roofs Residential Care Home is registered to provide accommodation and support for up to 30 people, including people living with dementia. There were 28 people living in the home on the first day of our inspection.

The registered provider also provides day care in the same building as the care home. This type of service is not regulated by the Care Quality Commission (CQC).

People's experience of using this service:
Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. Staff worked in a non-discriminatory way and promoted people's dignity, privacy and independence.

The provider involved people and their relatives in planning and reviewing their care and deployed sufficient staff to meet people's individual needs and preferences. People were provided with food and drink of their choice which met their nutritional requirements.

Staff worked well together and communicated effectively with a range of other organisations. Training and supervision systems were in place to provide staff with the knowledge and skills needed to meet people's needs effectively.

Staff worked collaboratively with local health and social care services to ensure people had support when required. Systems were in place to ensure effective infection prevention and control. People's medicines were managed safely in line with their individual needs and preferences.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People felt safe living in the home. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment practice was safe.

The registered manager provided strong, supportive leadership and was respected and admired by staff. A range of audits was in place to monitor the quality and safety of service provision. There was learning from significant incidents and any concerns or complaints were well-managed. The provider was committed to the continuous improvement of the service in the future.

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 this service was Good (published 11 May 2016). Since this rating was awarded, the provider has altered its legal entity and re-registered the service. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:
The service was re-registered with CQC in July 2018. This was our first inspection of the re-registered service.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Red Roofs Residential Care Home

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 checked 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.

Inspection team:
Our inspection was conducted by 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.

Service and service type:
Red Roofs Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about). We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

all of this information to plan our inspection.

During our inspection we spoke with seven people to ask about their experience of the care provided. We also spoke with six family members, one of the cooks, three care staff, the registered manager and a visiting healthcare professional.

We reviewed a range of written records including two people's care plans, two staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

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

This is the first inspection for this re-registered service. At the last inspection of the previous legal entity, this key question was rated as Good. At this inspection, this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare. One person told us, "I do [feel safe]. We are looked after so well."

Staffing and recruitment
• People told us that the provider employed sufficient staff to meet their needs. For example, one person said, "There's always enough staff." Another person told us, "Anything you ask for, or ask to do, they take notice of you."
• Reflecting this feedback, throughout our inspection we saw that staff had time to meet people's care and support needs without rushing. The registered manager kept staffing levels under regular review and adjusted them in response to changes in people's needs. For instance, she had recently extended the day shift to provide people with additional support at busy times.
• The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. Describing her approach to recruitment the manager told us, "I look for people who will treat someone with dignity, respect and compassion." We reviewed recent recruitment decisions and saw that the necessary pre-employment checks had been carried out. This meant the staff employed were suitable to work with the people who used the service.

Assessing risk, safety monitoring and management
• The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. For example, one person had been assessed as being at risk of falling and a range of preventative measures had been put in place.
• Senior staff regularly reviewed and updated people's risk assessments to take account of changes in their needs.

Using medicines safely
• We reviewed the arrangements for the storage, administration and disposal of people's medicines and found these were managed safely in line with good practice and national guidance. Staff received regular medicines training and competency checks were conducted to ensure their practice remained up to date.
• Staff maintained a highly accurate record of almost all the medicines they administered. However, the registered manager took prompt action to ensure the administration of any prescription creams was recorded to the same level of detail as other medicines.

• Where appropriate, people were encouraged to manage their medicines independently. People who had been prescribed 'as required' medicines could exercise their right to decline them.

Preventing and controlling infection
•The provider had effective systems of infection prevention and control. For example, protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. Commenting on the cleanliness of the home, one person told us, "It's perfectly clean, beautiful as you can see."

Learning lessons when things go wrong
• The provider was committed to the continuous improvement of the service and reviewed significant issues and events to identify any organisational learning. For instance, staffing levels had been increased between 8pm and 8am, to provide people with a safer, more responsive service at night.

Good

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.

This is the first inspection for this re-registered service. At the last inspection of the previous legal entity, this key question was rated as Good. At this inspection, this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed monthly by senior staff.
• The provider used a variety of online and other information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislation. As a further means of promoting knowledge within the staff team, the registered manager had supported some staff to become 'champions' in areas such as safeguarding and infection control.

Staff support: induction, training, skills and experience
• The provider maintained a comprehensive training programme to ensure staff had the right knowledge and skills to meet people's needs effectively. Commenting positively on the training, one staff member told us, "It's good quality training. I have just done catheter care, food and nutrition and pressure sores. [The trainer] has done the job [herself], so we can ask her questions." Another member of staff said, "We always seem to be training or refreshing in something!"
• New recruits participated in a structured induction programme which included a period of shadowing experienced colleagues before they started working on their own. New staff also undertook the national Care Certificate which sets out common induction standards for social care staff.
• Staff told us that they felt well supported in their work. Talking of the registered manager, one staff member said, "[Name] is very approachable. I could go to her with anything." Staff also received regular supervision. One staff member told us, "I have … [supervision] from the manager. [At the last supervision session] she asked me if I had problems and issues [and] if I would like to do an NVQ."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA), provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• As part of our inspection we checked whether the service was working within the principles of the MCA. We were satisfied that appropriate legal authority had been obtained in situations where it was necessary to

deprive people of their liberty. Additionally, senior staff made use of best interests decision-making processes to support people who had lost capacity to make significant decisions for themselves. These were documented correctly in people's care records.

Staff working with other agencies to provide consistent, effective, timely care
• Staff had forged effective working relationships with a variety of external organisations, to assist in the provision of effective care to the people who used the service. For example, talking of one person who used a highly specialised piece of equipment, the registered manager said, "I arranged for an occupational therapist to come in and give us a demonstration and [assess our] competency." Commenting on their experience of the service, a healthcare professional told us, "[This is] one of the homes I am happy to come to. They are very cooperative [and] always communicate with me. I'd be happy for a relative of mine to live here."

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they enjoyed the food and drink provided in the home and that their individual preferences were met. For example, one person told us, "The food's excellent." Another person said, "[The food] is always to my taste. I always have the special cooked breakfast."
• Staff were aware of people's particular nutritional requirements and used this to guide them in menu planning and meal preparation. For example, on the first day of our inspection the cook showed us some jam tarts she had made with sweetener rather than sugar, for people living with diabetes. People were weighed monthly and staff took prompt, effective action to address any weight loss.

Supporting people to live healthier lives, access healthcare services and support
• Staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services when necessary. One person told us, "We see the optician if we want to [and] the chiropodist." Another person's relative said, "When [name] was unwell … they rang the GP straightway."
• Each person had an oral care risk assessment in their care file which senior staff reviewed and updated every month. Additionally, oral care was included on the 'personal grooming' checklist which staff had to sign when they supported people to brush their teeth or care for their dentures.

Adapting service, design, decoration to meet people's needs
• The provider was committed to the ongoing maintenance and improvement of the physical environment and equipment in the home. A relative told us, "The handyman is always around touching the paintwork up. [And] they change the photos around [to provide a talking point]. People had been consulted on the design scheme when some bedrooms had been refurbished recently.
• The provider had installed raised beds in the garden and in the home's September 2019 newsletter we saw photographs of three people picking the carrots they had grown. These were then cooked for dinner so everyone could enjoy them. People had also been involved in creating attractive murals for corridors and lounges. These depicted subjects of potential interest to people and their relatives, including Remembrance Sunday and Vera Lynn.

Good

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.

This is the first inspection for this re-registered service. At the last inspection of the previous legal entity, this key question was rated as Good. At this inspection, this key question has remained the same.

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

Ensuring people are well treated and supported
• People told us that staff were caring, attentive and kind. For example, one person said, "If we ask for anything they sort it out for us." A relative told us, "They're so good. When [name] first came here it was [their] birthday so the cook came in early to make a cake. They trimmed up the lounge [and] really spoilt [them]. They made [name] the centre of attention."
• Describing her personal philosophy of care, the registered manager told us, "I want us to be kind [and] to treat others as you want to be treated yourself. And I want us to make a difference. [In] all the little things that make a difference when you get to know your residents really well."
• The registered manager's commitment to supporting people with compassion in a person-centred way was clearly understood by staff and reflected in their practice. One staff member said, "I just try to remember the way they like to do things, their routine. Because it's special to them. For instance, one lady likes to have a dance after dinner." Talking of another person, the registered manager told us, "One lady likes to have her hair blow-dried. The carer finished and said, '[Name] you look beautiful.' I could see the joy on [name]'s face. People will always remember how you make them feel." Shortly before our inspection, a local healthcare professional had returned one of the provider's quality assurance questionnaires stating, 'This a friendly home … with staff that really care about the residents'.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity
• People told us that staff encouraged them to maintain control over their life and retain their independence, for as long as possible. For example, one person said, "I get up when I want. I'm awake at 4am and am dozing till 5am. [Then] I press my buzzer for a carer to come and help me get dressed. I can have breakfast in my bedroom. I … like that." A staff member told us, "I encourage people to wash themselves, if they can. It means they've still got their dignity and independence."
• Staff also understood the importance of supporting people in ways that helped maintain their privacy and dignity. For example, when providing personal care to someone in their bedroom, staff hung a sign on the door which stated, 'Care in progress. Please knock and wait'. As a further means of promoting people's privacy, bedroom doors were lockable and people could have a key if they wished.
• The provider was aware of the need to maintain the confidentiality of people's personal information. Care records were stored in a cabinet in the care office although, following feedback from our inspector, the registered manager took prompt action to further reduce the chance of unauthorised people entering the office if it was unoccupied. Computers were password protected and staff had been provided with guidance

to ensure they did not disclose people's personal, confidential information in their use of social media.
• Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences. For example, arrangements had been made for a Catholic priest to visit the home on a monthly basis to meet with one person who had requested this spiritual support. A relative told us, "The residents are treated fairly."

Supporting people to express their views and be involved in making decisions about their care
• People told us that staff encouraged them to express their views and make decisions about every aspect of their life. For example, one person said, "You can choose what you want to do." Another person who wished to retain some involvement in the administration of their medicines said, "I take [several] tablets. The carers keep them [for me]. But they don't stay [to watch me take them]. They trust me. I haven't let them down yet." Describing their commitment to respecting people's individual wishes, one staff member told us, "Everybody's different. [Name] likes to put their slippers back on after dinner [and] listen to an audio book."
• The provider was familiar with local lay advocacy services and the registered manager told us she would help people obtain this type of support if it was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this re-registered service. At the last inspection of the previous legal entity, this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

• If someone was thinking of moving into the home, the registered manager or her deputy normally conducted an initial home visit to assess the person's requirements. Describing her conscientious approach in this area, the registered manager told us, "We have 30 residents and everyone's needs are as important as each other. I do turn people down [if I don't think we can meet their needs or they wouldn't fit in with the people living here already]." If it was agreed that a person would be moving in, senior staff prepared an outline care plan setting out key information about the person's individual needs and preferences. Within 72 hours of the person moving in, senior staff created a full individual care plan.

• At our last inspection of the home (when it was registered as a different legal entity) we identified shortfalls in the provider's care planning system. At this inspection, we were pleased to find improvements had been made. The care plans we reviewed were well-organised and provided staff with detailed information on people's wishes and requirements in areas including personal care, tissue viability and social activities. For example, one person's personal care plan stated, '[Name] has always taken pride in her appearance. [Staff are to] help pick out a matching outfit, wash her hair and blow dry it into a nice style'.

•Senior staff reviewed and updated every care plan on a monthly basis, often in discussion with the person and their family. One relative told us, "They ring us [and] keep us updated." In addition, the registered manager personally reviewed one person's care plan every day as part of the provider's 'resident of the day' system.

• Reflecting the provider's systematic and responsive approach to care planning, staff had a detailed understanding of people's individual needs and preferences. For example, the activities coordinator had purchased a CD of The Carpenters for one person who was particularly fond of their music. Talking of another person who had recently passed away, the registered manager told us, "[Name] liked to keep in touch with … family and friends, [sending] letters to maintain [the] friendship. [Name]'s health declined [and they were] too weak to write. One of our carers offered to write [name]'s word to [their] friend, not realising it would be for the last time. A few days later a letter arrived addressed to the carer from [name]'s friend, stating how grateful she was to her for such a beautiful act of kindness." Commenting approvingly on the responsive, person-centred support approach of staff, a relative said, "They've got to know [name] … well."

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• The registered manager was unaware of the AIS but told us she would ensure the provider embraced it for the future.
• In the meantime, staff were aware of people's individual communication needs and preferences and reflected this in their practice. For example, a pictorial menu had been developed, to help people living with dementia choose what they wanted to eat. The registered manager also described some of the techniques she and her team had developed to communicate effectively with people with visual and hearing impairments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• The provider employed an activities coordinator who worked four days each week. The activities coordinator organised a programme of daily activities and events to provide people with physical and mental stimulation. For October 2019, these included arts and crafts, 'move it mobility', a 1960's reminiscence morning, lunch at a local garden centre and a 'bake off' in aid of Dementia UK. One person told us, "There is a lot of entertainment." Similarly, a relative commented, "There's something going on most days. There's communion once a month taken by a local vicar [and] at Christmas the local children come into sing."
• On the first day of our inspection, the activities coordinator put on a concert dressed as Elvis Presley. He followed this up with a structured conversation about Elvis and events of 1953 which people clearly found enjoyable and stimulating. Looking ahead, the registered manager told us she was considering further initiatives in this area, including sourcing specialist training for the activities coordinator and increasing the number of weekly hours in the activities team.

End of life care and support
• Describing the provider's approach to end of life care, the registered manager told us, "It's our residents' home and we try to look after them for as long as possible. We introduce an end of life care plan and [if the person has no family in contact] try to make sure [one of us] is with [the person] as the end approaches."
• Following the recent death of a loved one, a relative had written to the registered manager to say, 'Thank you so much for the care … you have given to [name] in the last few weeks of her life. Coming in and seeing different staff members simply holding her hand when she was distressed, was very comforting'.

Improving care quality in response to complaints or concerns
• People told us they knew how to contact senior staff if they had any queries or concerns. People who had raised an issue, told us they were happy with the response. For example, one relative told us, "Our only complaint has been about [name]'s legs. We spoke with the manager and that was addressed. The legs look better."
• Information on how to raise a complaint was given to people when they first moved into the home. However, the people we spoke with told us they were highly satisfied with the care they received and had had no reason to complain. For example, one person said, "We feel [Red Roofs] is one … of the best. We've visited other places and they have been substantially worse." Reflecting this feedback, the provider had received no formal complaints since the home was re-registered.

Good

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.

This is the first inspection for this re-registered service. At the last inspection of the previous legal entity, this key question was rated as Good. At this inspection, this key question has remained the same.

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

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

• People told us how highly they thought of the home and the leadership of the registered manager. A relative said, "We wouldn't change anything. I feel it's home from home." Of the registered manager, another relative said, "The manager always makes herself available, either face-to-face, by email or phone."

• Throughout our inspection, the registered manager displayed an open, responsive approach. For example, in her prompt action to improve the administration of prescription creams and the storage of people's care plans. Describing her management style, the registered manager told us, "I have standards that I expect [my team] to match. [But I also] like to think they can approach me and help the best I can. We all need to learn and develop and move forward together. Red Roofs wouldn't be Red Roofs without everyone."

• The registered manager's strong but supportive leadership set the cultural tone in the home and was clearly respected and appreciated by staff. For example, one member of staff told us, "[The registered manager] and [her deputy] … set a good example. One day last week [the registered manager] was helping out in the dining room. I regularly see them [both] helping out." Another staff member said, "Everything runs smoothly. [Name] is a good manager. You can go to her about anything."

• The provider promoted the welfare and happiness of the staff team in a variety of ways. For example, one staff member told us, "We get a card and flowers on our birthday. And [subsidised meals] when we are at work. We pay £1 for dinner, including the pudding. Today it's chicken curry!"

• Reflecting this caring approach and the positive organisational culture it had created, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "It was a good decision [to come here]. I'll be here till I have retired. I'd like to live here myself." Another member of staff told us, "We are like big family really. I do enjoy working here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

• As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing to meet their individual needs and preferences.

• To further promote people's engagement with the service, the provider issued questionnaires to people

and their relatives, staff and local health and social care professionals. Recently completed questionnaires showed feedback was generally extremely positive. For example, one person had written, 'I like that I can get up as early as I want'. The registered manager reviewed completed questionnaires on a regular basis and took action to follow up any concerns or suggestions. For instance, one person had asked for a key to their bedroom and this had been provided.

• The provider used a range of other approaches to monitor and improve the quality of the service. These included detailed care plan reviews and monthly environmental and medication audits. Reflecting feedback from our inspector, the registered manager took prompt action to amend some audit tools to make it clearer what had been reviewed and what follow up action had been taken.

• The provider was committed to the ongoing improvement of the service in the future. Several initiatives were in hand including the installation of new windows and the replacement of some chairs. The registered manager was also considering further improvements to activities provision.

• As detailed in the Effective section of this report, the provider had established good relationships with a range of other professionals including GPs, district nurses and therapists. The provider had also created links with the local community, for the benefit of people who lived in the home. For example, children from a local playgroup had visited the home recently, an event the registered manager described as "really lovely".

• The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.