

Pinnacle Care Ltd

# The Red House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Red House is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 23 people, including people living with dementia, in an adapted residential property which is split over two floors. The ground floor provides accommodation, a communal lounge and dining room and access to the garden and a further two bedrooms are located on the first floor.

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

People were supported safely and in a timely way because there was enough staff with the right mix of skills, knowledge and experience working at the home. Staff had enough time to read people's care plans and understand any risks to their health and how to manage them. Relatives we spoke with told us they felt reassured that their loved ones were safe and well looked after. The home maintained regular communication about people's health and wellbeing, safety procedures and updates regarding Covid-19 with their relatives and professionals.

Staff spoke positively about working at The Red House and felt well supported and confident reporting any concerns or incidents to the manager. The provider valued training and development which meant staff were encouraged to complete qualifications in health and social care and their training, development and competencies were monitored through spot checks and supervision. Systems for auditing and quality assurance meant that the quality and safety of care delivered was regularly monitored and reviewed to drive improvements and create a culture of continuous learning. Feedback from people, staff, relatives and professionals through questionnaires was used to help identify improvements and implement action plans.

### Rating at last inspection

The last rating for this service was Good (published 11 November 2017).

### Why we inspected

We received concerns in relation to the provider's visiting procedures, infection prevention and control and managing people's health risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to Covid-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well Led sections of

this full report.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# The Red 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 Care Act 2014.

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

The inspection team consisted of four inspectors, two who visited the home and two who gathered feedback from relatives and staff off site.

#### Service and service type

The Red House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission, a manager had been appointed and was planning to register. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to make us aware of risk management in relation to Covid-19, ensure the manager was available on the day and so we could request some documentation electronically to minimise our time spent on site.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback

from the local authority and the clinical commissioning group.

The provider was not asked to complete a provider information return prior to this inspection. This 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.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We also observed the care and support people received during our time at the home. We spoke with nine members of staff including the manager, head of care, senior care worker, care workers, night care worker, maintenance person and the cook.

We reviewed a range of records. This included three people's care records and medical records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service. This included resident surveys, quality audits, service feedback questionnaires, staff and resident's meetings and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and Covid-19 specific protocols.

# Is the service safe?

## Our findings

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

At the last inspection 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

- Staff received safeguarding training and were confident reporting any potential safeguarding incidents to senior staff or management.
- The provider notified the local authority, and us, when safeguarding concerns were identified and took appropriate action to investigate them.

Assessing risk, safety monitoring and management

- Relatives felt reassured that their loved ones were safe and well looked after. Some comments included, "They're absolutely good, I can't speak highly enough of the staff. [Person's] in the best place, the staff are so concerned and caring. I'm really impressed". Another relative said, "They contacted me after [person] had a fall and told me what they were going to do about it. They're always great, I'm confident [person] is in the right place."
- Risks to people's health, safety and wellbeing were assessed and information in care plans informed staff how to manage them. This included self - isolation risk assessments and the support people needed to promote and protect their wellbeing during this time.

Staffing and recruitment

- There were enough staff with the right mix of skills, training and experience to support people safely. Call bells were answered promptly, and staff spoken with told us there were enough staff. One person told us, "I feel safe with the carers, you don't have to wait long for help at all."
- Recruitment processes ensured that relevant documentation and Disclosure and Barring Service (DBS) checks were in place before staff could start work at The Red House.

Using medicines safely

- Medicines were ordered, stored and administered safely and only staff trained in medicine competencies could support people with their medication.
- Some people needed 'as required' medication but we found no protocol for one person who was prescribed a controlled medication on an as required basis. However, this was newly prescribed medication which had not yet been needed. When we raised this with the manager immediate action was taken and a protocol was implemented.

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents were reported by staff and reviewed by management to identify any trends or patterns and implement measures to reduce the risk of them happening again.
- Staff meetings and reflection sessions were used to discuss and reflect on incidents in the home to encourage continuous learning and improvement in the delivery of care.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service. 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; 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

- At the time of inspection there was no registered manager in post and the service was being supported, full time, by the nominated individual. We were informed that an experienced registered manager was due to start at The Red House in a couple of months who already worked for the provider. This meant they had the knowledge, skills and experience needed to oversee management and care quality at the home.
- Staff spoke positively about working at The Red House, felt supported in their roles and were confident reporting incidents or concerns to senior staff and management.
- Important events and incidents were reported to CQC as per regulatory requirements and auditing systems provided regular monitoring and reviews of care quality to drive improvements.
- Regular environmental audits enabled the manager to identify works required to ensure people's accommodation remained safe and secure and plans for refurbishment were in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives spoken with told us that communication was good and they were kept informed about their loved ones. One person said, "The staff are great, if you phone, they are going out of their way to let me know how [person] is when I ring. I know they are doing everything they can."
- The provider gathered regular feedback from people, relatives, staff and professionals to ensure the service was responsive to people's likes and identified ways to improve. One person spoken with said, "The staff get feedback about the care and it is a well- run home."
- Learning and development resources enabled the provider to offer staff training and information in other languages for staff whose first language was not English.

Continuous learning and improving care

- Recent action plans and improvements were implemented in response to professional feedback and staff meetings and resident's meetings. This included ensuring senior care staff were prepared for regular virtual G.P ward rounds and introducing new activities people had expressed an interest in, which included a virtual church service.
- Staff spoken with told us their training made them feel confident supporting people with specific needs. This included people with diabetes and distressed behaviours resulting from dementia. One staff member

said, "[Person] needs reassurance and kindness and [person] will be fine with us". Another staff member explained how they support people who are anxious, "By making them a drink and talking with them quietly."

- Staff training and development was valued and staff were encouraged to complete National Vocational Qualifications (NVQ) in Health and Social Care. Dementia champions took the lead in planning activities, isolation support and life history work. Face to face training was being reintroduced after a period of e-learning in response to Covid-19 restrictions.

#### Working in partnership with others

- The provider worked closely with other health and social care professionals to ensure people's physical and mental health needs were monitored and reviewed following changes in their health.
- Regular virtual ward rounds with the G.P and senior care staff ensured that key information about people's health was shared and action taken in response to those changes.
- Where people had specific health needs the provider worked closely with district nurses to provide advice and training in those areas.