

Red Homes Healthcare Limited

# Red Rose Care Community

## Inspection report

32 Brockton Avenue  
Farndon  
Newark  
Nottinghamshire  
NG24 4TH

Tel: 01636673017  
Website: [www.redhomes.com](http://www.redhomes.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Red Rose Care Community is a nursing home providing personal and nursing care to up to 65 people. The service provides support to people with dementia and nursing care. At the time of our inspection there were 52 people using the service.

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

Enough staff were available to respond to people's needs in a timely manner.

Medicines were administered in a safe way, however, monitoring and delivery of medicines in some areas of the home required review. We were not fully assured staff were following current government guidelines for wearing face masks. Systems were in place to manage risk for people. Accident and incidents were investigated, and measures were in place to prevent recurrence. People were cared for by staff that protected them from avoidable harm.

All staff completed an induction, received relevant training and supervision support for their roles. People's needs were assessed, and people were involved in their care planning. People's choices and preferences were adhered to. People were supported to have sufficient to eat and drink and they had a calm and enjoyable dining experience. The service worked well with agencies and other professionals to help provide effective care. The provider adapted the service to meet people's changing needs. The provider was working in line with the principles of the mental capacity act.

People were supported, respected and well cared for. People were involved in making decisions about their life choices. The provider promoted equality and diversity, which was also reflected in people's care plans.

The service had systems in place to monitor and share continuous learning. Where necessary relevant changes were made. However, the auditing tool used to identify shortfalls did not always identify issues and concerns we identified during the inspection. Management showed positive and motivated leadership and were clear about their role and responsibilities. We received positive feedback about the management of the service from people, families and staff. There was a positive culture throughout the service. Management were open and honest, encouraged people and families to be involved and worked well with healthcare professionals

We have made a recommendation about the providers auditing tool.

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

### Rating at last inspection

The last rating for the service was Requires Improvement, published on. 19 November 2020.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Red Rose Care Community on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Red Rose Care Community

## 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 was carried out by two inspectors and a Specialist nurse advisor.

#### Service and service type

Red Rose Care Community 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.

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 as well as the information shared with us by the local authority, such as details of the safeguarding concerns that had been raised. We used all of this information to plan our inspection.

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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with seven persons who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including registered manager, deputy manager, nurse, unit leader, social support workers, care staff, and housekeeping.

We reviewed a range of records. This included 12 people's care records and seven medication records. We looked at three staff files in relations to recruitment and staff supervision. We reviewed three agency staff profiles, training data and providers quality assurance records. After the inspection we continued to seek clarification from the provider to validate evidence found. We reviewed a variety of records relating to the management of the service, including the provider's policies and procedures, and the providers quality audits. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe

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 for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these. However, we found PRN medicines had not been reviewed within the six month allocated timeframe, as per the providers medicine protocol. This meant PRN may be given incorrectly.
- Medicines administration records (MAR) were completed with no gaps. But we found a time specific medicine had no instructions on how the medicine should be given written on the MAR. This meant the medicine may not be given in the way it was prescribed, or the way the person liked.
- Medicines were dispensed by trained competent staff, stored securely and at the right temperature and records showed evidence that temperatures were checked regularly. Audits of medicines records and stocks had taken place but did not identify the above shortfalls. We spoke with the deputy manager and they told us they would review the medicine audit and ensure this was addressed.
- On the third floor the nurse was responsible for administering medicines. They had constant interruptions including an admission. This meant the medicine round took a long time, which meant there was a risk people may not receive their time specific medicine. There were no concerns on the other two floors. We spoke with the deputy manager and they told us the system for the top floor was under review and changes were in the process of being implemented.

### Staffing and recruitment

At our last inspection on 6 October 2020, systems were either not in place or robust enough to demonstrate staff had the skills and knowledge to support people safely and effectively. This was an ongoing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We found all staff, including agency staff, had completed a robust induction. Agency staff had also completed in-house moving and handling training and their staff profile identified other training requirements including safety checks, such as a Disclosure and Barring Service (DBS). (Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions).
- The deputy manager confirmed they reviewed staff, including agency staff's competence through spot checks, but this was not recorded.

- We saw sufficient staff on duty on the day of the inspection.
- People we spoke with didn't raise any concerns regarding staffing levels. One person said, "They [Staff] help me with anything I ask them to do."
- Staff confirmed there were enough staff to meet people's needs. One staff said, "we have enough staff, if we were to accept any more people, we would need more staff though."
- The registered manager told us they had vacancies and were currently recruiting to fill the shortfalls. They told us they were in the process of providing sponsorship for overseas staff. This was confirmed in staff meeting minutes and emails we reviewed.
- We used the Short Observational Framework for Inspection (SOFI). This helped us identify staff interaction and a positive feel to the service. Throughout the day we saw staff supporting people with their needs in a timely manner.

### Preventing and controlling infection

We reviewed the infection control measures in place in light of the COVID 19 pandemic.

- We were not always assured the provider was using PPE effectively and safely. Staff were seen throughout the day with their masks under their nose or under their chin. One staff removed their mask when speaking with the inspector. This meant staff were not following current government guidelines. The registered manager told us they would address this immediately with staff.
- 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 promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 were up to date.

We have also signposted the provider to resources to develop their approach.

### Visiting in care homes

- The provider had visiting arrangements in place to ensure people were not at risk of isolation. The provider was following current visiting guidelines.

### Assessing risk, safety monitoring and management

- Risks for people were identified and managed, including falls, people's weight, infections and oral health care.
- Where people were at risk of falls, we observed staff supporting people with their mobility. We saw relevant equipment was in place in people's bedrooms who were at risk of falls to alert staff of their movements.
- We identified an area with an open stairwell, where people with mobility could be at risk. The registered manager completed a risk assessment to reassure us people with no mobility or who were permanently in bed would use that area.
- Robust systems were in place to analyse and monitor accidents and incidents. Investigations took place to ensure any learning could be shared with staff to prevent further incidents.
- Regular safety checks were carried out to ensure the service was safe. For example, water hygiene, gas boilers, electrical and fire safety systems and equipment were tested regular.



- The service had received a food hygiene rating of three. Issues and concerns had been addressed and the provider told us and shared evidence they were in the process of refurbishing the kitchen to ensure they fully complied with food hygiene standards.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to monitor and protect people from the risk of abuse.
- All staff had received safeguarding training to protect and mitigate the risk of abuse for people. Staff had a good understanding of safeguarding and described a situation where they would raise a concern.
- People and their relatives told us they felt safe living in the home and with the staff that cared for them. One relative said, "I feel mum is safe living in the home and this puts my mind at rest."
- Safeguards were referred to the local authority and CQC where required. We saw the provider put measures in place to mitigate and manage safeguarding concerns. We discussed recent safeguarding concerns that we had been notified of. The registered manager was in the process of investigating these concerns and shared the outcomes with us after our inspection site visit.

#### Learning lessons when things go wrong

- There was a process in place to share with staff when lessons could be learned. Staff confirmed there was a handover meeting at the end of each shift for daily discussions, issues and concerns to be aware off.
- Staff told us they were 100% confident to report near misses and accidents to the registered manager. One staff told us, "Management are really approachable, anything I've raised, I've had a response."

# 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 requires improvement. At this inspection the rating has changed to good.

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

Staff support: induction, training, skills and experience

- There was an induction program in place that all staff including agency staff had completed. This has been reported on further in the safe section.
- Staff told us they felt supported in their role and received relevant training to do their job. One staff said, "Training is excellent, you really can do as much as you want. There is the standard, but you can go as far as you want."
- We reviewed the providers training programme. There were no concerns and we found 90% of training completed. Where gaps were identified in the annual refreshers training, staff had been booked to attend. Areas of concern from our inspection dated 12 June 2019 had been addressed.
- People and their relatives felt staff had been trained well and were knowledgeable regarding people's care needs and equipment they used.
- The registered manager told us staff were promoted from within the service to ensure continuity of staff and the right skill mix. Staff we spoke with confirmed they had been promoted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before care was provided to ensure staff could meet their needs.
- People and their families were involved in decisions regarding their care planning. Care plans contained person-centred information, for example, people's likes, dislikes, routines and choices, along with how they wished to be supported.
- Staff were proactive when people's needs changed. One staff member shared concern for a person with a district nurse during our inspection. This ensured a positive outcome for the person who received immediate start of medicine for an infection. The discussion was person centred and respectful. The General data Protection Regulator (GDPR) and relevant data protection law was adhered to.

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

- People's dietary needs were recorded in their care plan. People's weights were audited each month. Any action outcomes were implemented and plans were noted and shared with all staff and the cooks to ensure everyone was aware of any extra checks or charts required.
- People told us they got enough to eat. One person said, "I like it here its nice, people are lovely, food could be better, but they always get you something if you don't like it." Another person said, "The food is ok, it could definitely be better." Other people told us they had been involved in a food tasting exercise. One person said, "We tasted other food last week and that was nice it had flavour, I hope we get that again." One

relative said, "My relative is getting enough to eat and had put on weight recently."

- Meals were as identified on the menu. People were offered a choice of where to sit and what drink they would like. The dining experience was calm, and people looked as though they enjoyed it.
- Each floor also had a kitchenette and drinks were available as and when required. Although one staff raised a concern that a tea trolley was sent round on two of the floors regularly, but no drinks trolley for residents on the top floor. This did not impact on people as they had sufficient to drink.
- We observed two people were getting ready to enjoy afternoon tea. Staff told us they had this every day. The tables and cutlery were set out like a proper afternoon tea in a tea shop. This gave people a good experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other professionals; people were referred to appropriate healthcare professionals such as, occupational therapists or GP's, when required. Staff recorded outcomes and followed advice as needed.
- Peoples health and support was reviewed and updated in their care records.
- People and their relatives told us they had access to healthcare professionals as and when required. One relative said, "A Doctor and a Nurse visit every Friday."
- Another relative said, "The home arranged for physiotherapy and they have liaised with the Health Centre about [names] swollen foot and sent photos to the Doctor.

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

- Throughout the home there were areas adapted to meet the needs of the people living there, such as, quiet areas.
- People personalised their bedrooms to make them feel more at home. People, Relatives and staff told us the home was homely, family orientated and personal.
- The registered manager told us they had made changes within the building to accommodate the level of dementia people were living with.
- Discussions with people's family confirmed the new layout was working much better and people were calmer. One relative said, "At one time everyone was mixed no matter what their level of dementia was and this had proved problematic."
- Another relative told us, the management had reviewed and listened to people and families concerns and acted upon them. They arranged for people living with different levels of dementia to have a separate area of the service where staff could support their level of dementia more effectively. Since the changes everyone had been calmer and more settled. This meant the provider adapted the service to meet people's needs.

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 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).

We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA.
- Staff had a good knowledge and understanding of people's capacity. Staff also confirmed they had received training in MCA.
- Where people lacked capacity to make certain decisions, best interest meetings had been held and carers, family members and professionals had been consulted.

# 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 inspection dated 12 June 2019 we rated this key question requires improvement. At this inspection the rating has changed to Good. 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; respecting equality and diversity

- Relatives told us they thought staff knew their family member well, and that they were kind, compassionate and caring.
- One relative said, "I cannot fault the staff they do a fantastic job. We have a good relationship with the management and they always keep me informed on [Name] care needs changes and any issues or concerns.
- Relatives felt Red Rose Community was a family orientated home and made people and their families feel welcome. We found the home had a relaxed atmosphere.
- One person said, "They are very good (housekeeping) they know I don't like my bed tucking in when they make it, it's the little things." This indicated staff at all levels respected people's wishes.

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

- People were supported to make their own decisions, for example, at lunch time one person asked staff if they could change their mind and go back to their room as they were tired. Staff asked the person if they would like to have their lunch in bed or whether they wanted to go to sleep. The person said they preferred to have lunch in bed. We saw very positive interactions and person-centred care.
- People's equality and diversity was supported. Care files contained details of people's religion, culture, beliefs and sexuality.

Respecting and promoting people's privacy, dignity and independence

- We observed many respectful and compassionate interactions during the inspection.
- We completed a Short Observational Framework for Inspection (SOFI). This told us staff respected people's wishes and independence.
- Care plans identified how to support people's privacy.
- People's sensitive personal information was stored securely.

# 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.

### Continuous learning and improving care

At our last inspection we recommended that the provider reviewed and updated their induction programme and training matrix to ensure better efficiency. At this inspection we found all staff including agency staff participated in the induction process.

- The induction process was more robust and meant the provider had acted on the recommendations. Improvements had been made.
- We reviewed the providers training matrix and found no concerns. Where small lapses in annual refreshers had been identified staff had been booked to attend.
- Regular quality audits were carried out, and these included audits of medicines and fire safety, along with general health and safety, infection control and risk assessments. The registered manager and deputy manager also continued to complete unannounced weekend and night-time spot checks, which included checking agency staff competencies to ensure they were skilled to provide the care and support for people. This meant the provider was monitoring shortfalls and took appropriate action where needed.
- We identified the medication audit fell short of monitoring PRN (as required) medicines and specific medicine had no instructions how the medicine should be given written on the MAR. We assessed this as a recording issue.

We recommend the provider review their audit tool to incorporate all potential shortfalls.

- The provider had implemented an improvement and refurbishment plan for the redecoration of the home and a new kitchen. More time was needed to see how these improvements would impact on the service to ensure sustainability and effectiveness on the service.

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

- The registered manager and the deputy manager showed strong leadership and staff were clear about their responsibilities. One staff said, "The support from management is excellent, I really can't fault anyone, I have had a lot of health issues and they have always listened, I have never felt like a burden."
- There were good governance systems in place and the provider had given a good oversight of how the home was run. After our inspection the registered manager reviewed and updated the audit tool.
- Regular quality assurance was undertaken by the registered manager and the provider, which covered areas, such as, the environment, safety measures, infection control, and improvements the provider was

making, such as new kitchen and refurbishments to the home.

- The registered manager understood their regulatory requirements. This included displaying their inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- There was a positive person-centred culture within the home. One staff said. "Management are really approachable, anything I've raised, I've had a response back."
- Staff told us, "You can see the level of love and respect staff have for residents, that's why recruiting is so hard, not everyone has that passion some people just want a job and that doesn't work, it has to come from the heart."

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 registered manager understood their responsibility to be open and honest when things go wrong.
- Relatives confirmed they were always kept updated and informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff felt involved in discussions about people's individual care needs and what was specific to them. One relative said, "We had a meeting to arrange continuing care needs and the registered manager had arranged it."
- People were treated according to the requirements of the Equality Act.

Working in partnership with others

- The service had a good working relationship with healthcare professionals.
- During the inspection a healthcare professional discussed and reviewed a person's condition that had been brought to their attention by staff. Confidentiality was maintained at all times. Staff were requested to discuss this at the weekly multidisciplinary team MDT meeting (The MDT comprises of specialist doctors and nurses, who meet regularly to establish that each person's diagnosis is correctly made.) This was a positive interaction, person centred and respected GDPR.