

# Red House Nursing Home Limited (The) The Red House Nursing Home

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

The Red House Nursing Home is a residential care home, set over two floors, in Canterbury, providing personal and nursing care to up to 31 people. At the time of the inspection there were 24 people living at the service, some of whom were living with dementia.

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

People and their relatives were happy with the levels of care and support provided. Comments included, "I am happy here and extremely well looked after, thank you", "[My loved one] is safe and cared for very well" and, "[The registered manager] and staff have been utterly brilliant."

People were supported to stay as safe and healthy as possible. Referrals to health care professionals were made when needed to make sure people continued to receive the right support.

People were supported by a consistent team of nurses and carers, many of whom worked at the service for a long time. Staff had been recruited safely. Staff met regularly with their line manager to discuss their performance and development and kept up to date with their training to make sure they were supporting people in line with best practice.

People were supported to have their medicines as prescribed. Nurses checked to make sure medicines were managed safely.

People lived in a service which was clean and free from unpleasant odours. Staff completed regular training about infection control and understood their responsibilities to maintain high standards of cleanliness and hygiene in the service. The registered manager ensured people, staff and visitors were informed of processes to keep up to date with current national guidance.

People health care needs were assessed before they moved into the service. Regular reviews of important records, such as risk assessments and care plans were completed and updated when required to make sure staff could meet people's needs. People's lifestyle choices, such as religion, sexuality, disability and race were discussed to ensure their needs were met.

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.

Regular checks were completed to monitor the safety and quality of service delivered. When a shortfall was identified, action was taken to address it.

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 and update

The last rating for this service was requires improvement (published 17 December 2019). 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 carried out an unannounced comprehensive inspection of this service on 10 and 15 October 2019. Breaches of legal requirements were found around safe care and treatment, staff supervision and appraisal and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. We inspected to check these actions had been completed.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# The Red House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Red House Nursing Home 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. The Red House Nursing Home is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection, there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

During the inspection we spoke with four people about their experience of the care and support provided. We spoke with five staff, two consultants who regularly support the service, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care plans and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection we spoke with four relatives and a further four staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality surveys and quality assurance records.

# Is the service safe?

## Our findings

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

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

At the last inspection, the provider failed to ensure people received care that was safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of regulation. At the last inspection risks around choking and constipation did not contain consistent and up to date detail and when people became anxious there was no guidance in place to make sure staff provided the right support. Since the last inspection a new registered manager had been employed. They had revised and updated people's care plans and risk assessments.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed, identified and managed. Measures were in place, which staff followed, to reduce risks to people. For example, some people, who were at risk of developing pressure areas, had special mattresses and cushions. Staff checked daily to make sure the settings were correct, and that the equipment was working as it should. A relative told us, "The pressure care for [my loved one] was superb. They are very safe there and very happy." During the inspection, we looked at several people's pressure relieving equipment. These were in working order and checks had been completed to make sure the settings were correct.
- When people were at risk of choking, there was guidance for staff about how to reduce the risks. There was now consistent information about what action to take, should the person begin to choke. The risk assessments were based on each individual person and considered whether they were in bed or able to move freely. During the inspection we observed staff supporting people with their meals. When a person was at risk of choking, staff cut their meal into small pieces. They sat with the person, encouraging them to swallow twice when they had a sip of their drink. This was in line with the guidance provided by a speech and language therapist.
- Some people were at risk of constipation and prescribed with medicine for this, there was guidance for staff about how to support them with this. Information included when medicines should be given and when medical advice should be sought. Staff monitored people's bowel movements, when needed, to ensure action was taken should a person be constipated.
- Some people were known to become anxious at certain times, for example during personal care. Care plans now included guidance for staff about how best to support the person. For example, one person's care plan noted the importance of speaking in a calm and reassuring manner and maintaining eye contact and smiling when supporting them. During the inspection, we saw staff support a person when they appeared anxious. They reassured the person and supported them to the lounge. The person appeared more relaxed once they had talked with staff, who moved a chair next to them and held their hand.
- Risks relating to the environment were assessed. Regular checks on gas, electrical equipment, water temperatures, fire alarms and specialist equipment were completed.

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

- People were protected from the risks of abuse, harm and discrimination. One person told us, "I like it here and I am very safe." Relatives told us, "[Our loved one] is exceptionally safe. We wouldn't wish for them to be living anywhere else" and, "[My loved one] is very safe. They have a call bell, which they use, and staff make sure it is always in reach."
- Staff completed annual training about keeping people safe. Staff understood how to report any potential safeguarding concerns and told us they would escalate concerns to external agencies, such as the local authority safeguarding team, if they needed to. One member of staff said, "I would talk to the nurse immediately. If I didn't think it was being dealt with properly, I would escalate it. Every resident is someone's nan or mum. Their safety is very important."
- There was a handover system between shifts to make sure information about risks to people were shared consistently. Regular checks were completed to make sure the environment was safe. For example, specialist equipment was regularly serviced and well-maintained.

## Staffing and recruitment

- People were supported by staff who had been recruited safely. Disclosure and Barring Service (DBS) checks were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- References were obtained, including from the most recent employer. Nurses registration with the Nursing and Midwifery Council was checked.
- Gaps in employment had been explored and explained.
- People were supported by a consistent staff team. A relative told us, "The staff are excellent. They know [our loved one] and us very well. The care and attention is excellent."
- There were enough staff on each shift to provide people with the support they needed, when they needed it. One member of staff told us, "There are enough nurses and carers. Everyone mucks in, that is the ethos, we all work together as a team."
- People and their relatives told us there were always staff available when they needed to speak with them. One person said, "I just press this [call bell] and staff come and check on me. I never have to wait for long." Relatives said, "[My loved one] is in their room but there is a constant stream of staff popping in to see them. Laundry staff, cleaners, carers, nurses and popping in with cups of tea" and, "Our relationship with the staff is excellent. The staff seem to have been there a long while. [Our loved one] knows them. They are all familiar to them." Throughout the inspection call bells were answered quickly. Staff were not rushed and had time to spend with people.

## Using medicines safely

- People were supported to have their medicines safely and as prescribed. Medicines were stored, managed and disposed of safely.
- Medicines were administered by nurses who wore a 'do not disturb' tabard. This helped reduce the risk of interruptions and medicine errors.
- Medicines room temperatures were checked daily. Staff identified the medicines room had been getting hotter, during the heatwave, and the registered manager sought advice from a pharmacist and purchased a small air conditioning unit. This ensured medicines were stored at the correct temperature to make sure they worked effectively.
- When people needed pain relief via a transdermal patch, a patch which adheres to the skin to deliver medicine, staff completed a body map. This showed where the patch had been placed each time to help keep people's skin healthy.
- Regular checks were completed to ensure medicines were administered and recorded correctly. Nurses worked with the GP surgery and local pharmacy to ensure people's medicines were ordered and received in



a timely way. A pharmacist had recently completed a questionnaire and provided positive feedback.

#### Preventing and controlling infection

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

Visitors were welcomed to see their relatives whenever they wished. A relative told us, "[Staff] are always cleaning when I visit. The home always smells nice and fresh."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded. These were monitored and analysed to identify any pattern. For example, management reviewed what time and location each incident occurred. This enabled the registered manager to liaise with health care professionals or obtain additional equipment to support a person if needed, to help prevent reoccurrence.
- The registered manager knew when to report incidents, such as a serious injury, to the local authority and CQC.

# 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.

At the last inspection, the provider failed to ensure staff received the supervision and appraisal required to ensure people received the care and support they needed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of regulation. The registered manager scheduled regular supervisions and annual appraisals. Mental capacity assessments had been regularly reviewed and updated when needed.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew them well and were happy with their care and support. There were systems in place to ensure staff were skilled, trained and knowledgeable.
- New staff completed an induction when they began working at the service. This included completing essential training and working alongside experienced colleagues to get to know people and their routines.
- The registered manager now had oversight of training and staff supervision. This enabled them to check staff skills and competence were up to date and in line with best practice. For example, staff had completed training about learning disability and autism in line with recent changes in the Health and Social Care Act. The deputy manager commented, "The staff team have the skills and they have the will to make sure people get good care consistently."
- A schedule of supervisions had been implemented to make sure they were planned in advance. All staff had regular supervision meetings to discuss their performance and personal development. Staff felt supported by the management team and spoke positively about their learning and development. Nurses received clinical supervision to discuss their work and were supported through their revalidation with the Nursing and Midwifery Council.
- Staff told us they completed training to keep their knowledge up to date. Staff said, "Some training, like moving and handling, is face to face and other training is done online" and, "I think we all keep our training up to date. I have a supervision meeting regularly and an annual appraisal with [the registered manager] every year." A senior carer told us, "I make sure I am there to support my team with their training because we all learn differently. Some carers might need a little more support and I make sure I provide it."

At the last inspection some mental capacity assessments had not been kept up to date and this was an area for improvement. At this inspection people's mental capacity had been assessed and was kept under review to ensure records were up to date.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff worked within the principles of the MCA. When needed, DoLS applications had been submitted to the local authority.
- People's ability to consent to care and treatment was assessed and reviewed regularly to make sure they were up to date. When people were unable to make a specific decision, staff liaised with people's relatives and health care professionals to ensure decisions were made in people's best interest.
- People were empowered to have as much choice and control as possible. Throughout the inspection people were offered choices, such as where they wanted to spend their time or what they wanted to eat or drink.
- Staff said, "We always ask people if they would like to get up, what they would like to wear and what they would like to do with their day. I think residents should be able to choose all these things because none of us want to do the same things all the time."

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

- People's health care needs were assessed before they moved to the service. This enabled the registered manager to check they could meet people's needs. Information gathered during the pre-assessment was used as a basis for the development of each person's care plan. These were developed over time as staff got to know people and their relatives.
- Relatives told us, "[My loved ones] started with a respite stay before moving in permanently. They bent over backwards" and, "They were very accommodating when I was looking for somewhere for [my loved one] to live. We all talked about the support that was needed before moving in." A relative had recently written to the registered manager and noted, 'The whole of the staff are always keeping me informed of any changes, which I'm very grateful for, and he is well looked after. The standard of care is excellent.'
- Care was planned and delivered in line with current evidence-based guidance and best practice. For example, Waterlow scores were used to assess people's risk of developing pressure areas and the Malnutrition Universal Screening Tool was used to establish any nutritional risks.
- People spoke with staff about their lifestyle choices. This included protected characteristics, such as race, religion, sexuality and disability. A relative commented, "Religion was always a very important part of [my loved one's] life. They go to church or have ministers visit to give communion. When we were not able to go out [my loved one] was supported to watch the services on-line."

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

- People were supported to eat healthily and drink plenty. People told us they liked the food at the service. People said, "The meals are always wholesome" and "My lunch was lovely. I can always have something I fancy." Relatives commented, "On the odd occasion [my loved one] has needed some assistance to eat their meal and the staff are always there to help with that" and, "The food is well varied and nourishing. It is

home-cooked." A recent review on an external website noted, 'We often visit at lunchtime and the food is fresh and appetising, which is so important as it is often a highlight of the day.'

- When people needed support to eat their meals, staff sat with them, explaining what they were about to eat, and taking time so people could enjoy the experience. During the inspection, a member of staff sat with a person, chatting quietly with her and explaining each forkful of their meal. The person appeared to really enjoy their lunch and was smiling at staff as they chatted. There was general chat between people throughout lunch and it was a social occasion.
- People were encouraged to drink plenty throughout the day and there were snacks, such as biscuits, fruit and chocolate, when people wanted them.
- When people were at risk of malnutrition or dehydration, they were referred to health care professionals, such as dieticians and speech and language therapists. When advice was given, for example to have a diet fortified with cream or butter or to have thickened drinks, this was followed. Staff were knowledgeable about the people they supported, and any special dietary requirements were noted in people's care plans. People's cultural, ethical and religious needs were considered when meals were planned.

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

- People were supported to stay as healthy as possible. The registered manager and staff team worked closely with health care professionals to make sure people received effective, joined-up care and support.
- People's oral hygiene needs were assessed to make sure their teeth and dentures were looked after. Staff completed training about supporting people with their oral health to make sure they were following best practice.
- People were supported to see health care professionals when needed and relatives told us they were kept informed of any changes in their loved one's health and well-being.

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

- People moved freely around the service. There was seating space in the garden and raised beds had recently been installed. A relative said, "[My loved one] has a lovely room which overlooks the garden. It has all her important belongings in. There is a quiet room, library and lounge. It is all very homely."
- Clear, easy to read signage was used throughout the service to help people locate important rooms, such as toilets, bathrooms and lounge areas. People were actively encouraged to personalise their bedrooms with photographs, pictures and ornaments to make them homely.
- There was plenty of communal space and private areas when people wished to spend time alone. People's friends and family were able to visit when they wished.

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

At the last inspection, the provider failed to ensure there were effective systems in place to regularly assess and monitor the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the provider was no longer in breach of regulation.

At the last inspection we identified shortfalls around risk assessing, staff supervision and mental capacity assessments. There was no registered manager in place.

Since the last inspection a registered manager had been employed. They had worked with the staff team to address the shortfalls identified at the last inspection and continued to drive improvements.

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

- Systems to drive improvements of the quality and safety of the service had been embedded. Regular checks and audits were completed to monitor the safety and quality of the service provided. When a shortfall was identified, action was taken to address this. For example, when an infection control audit had been completed, concerns were identified regarding the decoration and cleanliness of the environment. The maintenance and housekeeping staff were informed, and action was taken to paint walls and clean carpets.
- The registered manager had oversight of the day to day running of the service and was supported by a deputy manager and senior carer. They worked together as a cohesive team to make sure people received a good standard of care and support.
- Regular 'walk-around' checks were completed to ensure the environment was clean and in a good state of repair. The service had plans for decorating and purchasing new furniture.

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

- People and their relatives spoke positively about the registered manager and staff team and felt they could talk to them if they had any worries. There was an inclusive culture where people and their loved ones were involved. One person said, "I know the staff and they know me very well. I am completely involved in everything." Relatives said, "The staff always let us know what is happening. I can't fault the place. They always explain what they are doing and why. I feel completely informed" and, "Staff are absolutely brilliant if [my loved one] is unwell. They phone me and are on it straight away."

- People were empowered to remain in control of their care and were provided with support to do this. People were able to see their friends and family when they wanted to as there were no restrictions on visiting.
- During the inspection staff spent time with people and took time to support people without rushing them. Staff spoke in a kind and empathic way with people and with each other. Staff spoke passionately about the importance of working with people, relatives and health care professionals to achieve the best outcomes for people. Staff told us they felt supported and their comments included, "I have plenty of support from above and from my team" and "The nurses are good. We work as a team and I feel very well supported."
- The registered manager and staff spoke about their pride in having a consistent staff team who worked cohesively and had worked at the service for a long time. A relative commented, "I think the staff are looked after because they are mostly long serving and that speaks volumes."
- People, their relatives, staff and health care professionals were given the opportunity to provide feedback about the service.

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 under the duty of candour, to be honest and open, and to apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood the requirement to inform the Care Quality Commission of certain events, such as the serious injury or death of a person. Notifications had been received in line with guidance.

Working in partnership with others

- The registered manager told us about the strong links they had developed with the local community. For example, during the COVID-19 pandemic, local businesses had printed 3D visors for the service and a local supermarket had provided hampers. The registered manager said, "We have very good links with the local hospice, as well as the GP and community nurses."
- There were good links with local religious establishments and people were supported to either visit the church of their choice, or arrangements were made for clergy to visit.
- When people needed to be referred to health care professionals, such as specialist nursing teams, GPs or speech and language therapist, this was completed in a timely way to make sure people received the right support when they needed it.