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Name of Service Provider: Red House Care Home

Premises visited: 236 Dunchurch Road, Rugby, Warwickshire CV22 6HS

Date of Visit: Monday 21st January 2019

Time of visit: 09.30am

Registered Manager: Stephanie Robson

Authorised Representatives: David Alexander, Robyn Dorling,

Sue Roodhouse, Maggie Roberson.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, their relatives and staff, only an account of what was observed and contributed at the time of our visit.

Summary of findings

- The visit to Red House was in response to historical concerns received by Healthwatch Warwickshire. The purpose of the visit was to investigate whether there was any evidence to substantiate them. We found no evidence to substantiate these claims.
- Red House is a Residential Care Home in Rugby that provides accommodation for a maximum of twenty-three people aged fifty-five and over. On the day of our visit twenty-one residents were living at the home.
- The home has one Manager, one Deputy Manager, a full time equivalent of eighteen Carers covered by nineteen staff (two of whom are part - time.) Two Cooks share one full time post. A Housekeeper works twenty hours per week.
- Pinnacle Care employ a full time Gardener for all five of their homes in Rugby.

- The current registered Manager has been in post for nine years and has previously managed two homes.
- The residents and staff were very positive about the home and the support they received.
- We observed the physical environment of the home, which appeared to be of a good standard, with a recent refurbishment of the flooring in the corridor, dining and Communal Lounge area.
- We observed the interaction between staff, residents and relatives. These interactions were friendly and respectful. Consent was gained from residents when needed. We observed residents being treated with dignity and respect.

Recommendations

There are no recommendations.

1. Purpose of Visit

The visit to Red House was in response to historical concerns received by Healthwatch Warwickshire. The purpose of the visit was to investigate whether there was any evidence to substantiate them.

2. Approach Used

Four Authorised Representatives observed the care being given in the communal areas of the home, including the period over lunch. Additionally, two residents were interviewed in their own rooms. The Authorised Representatives also spoke to residents, relatives and members of staff in the communal dining area/ lounge.

3. Report Overview

On arrival we rang the bell and it was answered by the Deputy Manager (DM). We were then asked to wait in the entrance hall for Stephanie Robson, the Registered Manager (RM).

The RM came to meet us, and we explained who we were and the purpose of our visit. We were then taken through to the Communal Lounge / dining area where we sat at a table and interviewed the RM about the home. The RM answered our questions, showed us around the home, introduced us to residents (we were able to interview in their rooms) and facilitated the rest of our visit.

During the interview the RM told us that twenty-one people live at the home; three on the first floor and the remainder on the ground floor. The home has a mix of people with Dementia, wheelchair users and the elderly. Almost all residents require some assistance with mobility and personal care.

The Manager, Deputy Manager and Shift Leaders are authorised to administer medication. Pinnacle Care utilise Boots Pharmacy Training and Inspection and Review of Medications. GP's undertake yearly medication reviews. Most resident's use their own GP.

A Dentist visits the home every six months. An Optician visits the home every year. A Podiatrist visits the home every three months. Most residents choose to see these visiting professionals but can use their own Dentist, Optician or Podiatrist if they prefer.

The RM is a Dementia Specialist; having completed Leadership in Dementia Care through Worcester University. Both the RM and Deputy Manager have completed Core Values training, delivered through Worcester University, which follows the VIPS framework. The Deputy Manager and Shift Leaders are also Dementia Specialists. Care staff take diploma level's level two and three in Health and Social Care and the Dementia Specialist programme. The Deputy Manager and Shift Leaders are due to start accredited Leadership Training in February 2019.

On the day of our visit the RM told us that the home is fully staffed, so no Agency staff were being used. The home employs nineteen carers, two are part time staff who work twenty-one hours per week and the rest work full-time. Four staff work from 7.30am to 2.30pm, then another four staff work from 2.30pm to 9.30pm. Two night staff work from 9.30pm to 7.30am. A Maintenance Person works at Red House five days a week from 1.00pm to 6.00pm. A staff member who is a Dementia Champion leads on the organisation of activities and outings which include Bingo and Music Sessions.

Pinnacle Care provides training for all its staff. Much of this is done at Red House, in their designated training room, by a Qualified Nurse with a Teaching Qualification

The RM showed us an example of a Staff Training Record, which was comprehensive both in breadth and depth covering the potential requirements of the residents. In the first thirteen weeks of employment all staff complete a Care Certificate, Training in Moving and Handling, First Aid, Safeguarding and Dementia. Further training and refresher training are provided by Pinnacle Care who then utilise a record of training requirements.

Pinnacle Care require Near Misses Reports every month, (recording any falls or infections) these go to the Business Development Manager who carries out an analysis of all five Pinnacle Care Homes, so there is a continuous audit going on. Day to day activities are recorded in Care Plans at each shift and the RM, then the Area Manager, audit these.

Food is cooked in the Kitchen which is off the dining / Communal Lounge area and is easily seen and accessed through a large hatch. The RM told us that the breakfast menu included cooked food, lunch was two hot dishes. Afternoon tea was available and also supper. Residents were given a visual presentation of the food at each mealtime to allow people with short term memory loss to choose what they were about to eat.

If a resident's nutrition and hydration is deemed to be 'at risk' their food and fluid intake is monitored constantly, and their weight is recorded weekly. All residents have their weight recorded monthly.

At the time of our visit no residents had any special dietary requirements other than assistance to eat.

The views of residents and relatives are gathered through relatives' groups that are organised quarterly. Relatives are also invited to give their feedback by writing reviews on www.carehome.co.uk and filling in questionnaires.

The RM told us she is looking into options for funding to create a sensory garden.

At the present time no resident smokes but residents can smoke in their rooms or the garden. The RM told us that if they had a service user who smoked an individual risk assessment and management plan would be completed that would reflect what their individual capabilities were and individual needs ensuring the safety of the person and other individuals. The smoking arrangements for staff are a designated smoking area in the garden.

4. Observations / Findings

Physical Environment

The Red House is in a central location in Rugby. There is a small car park available for staff and visitors. The garden at the front of the building is well maintained. There is no sign outside to explicitly state that this is Red House Care Home. The Manager later explained that they used to have a sign, but it kept getting knocked down, so a decision was made not to replace it.

The entrance hall appeared clean with limited information and noted a musty smell. The RM later explained that the musty smell was the result of a water leak that was now fixed and that the information had been transferred to near the Managers office, as it better met the needs of the residents there. This included the signing books for official visitors and relatives.

The entrance hall leads to the Communal Lounge and Dining Room, which are all in one room, with the Kitchen accessed through a dining hatch. The floor was wooden, and the lighting was appropriate for the resident's needs. There were lots of windows. The wooden dining furniture was of a high standard, hygienic and wipeable. The lounge wallpaper and curtains looked clean and fresh.

The communal corridors have recently been refloored throughout the ground floor and all communal areas. There were handrails at an appropriate height, no obvious trip hazards and glass sliding doors through which you could enter the garden.

All resident's rooms have wash basins, seventeen residents have their own en-suites. four resident share two Communal Bathrooms.

We observed that staff have been innovative in adapting the staff call system for residents who have difficulty using the normal method. Pressure mats were used for residents at risk of falling and these alert staff when a resident gets out of bed.

The noticeboard was adjacent to the RM's office and the information on it included Red House Complaints Procedure, CQC information on how to raise a concern, a Pinnacle Care Charter outlining its vision, mission and aims for working with people with Dementia, a valid Certificate of Employers Liability, information on a Memory Café and complementary Wi-Fi. In this area there is a red post-box for residents to use.

Staff

We observed interactions between staff, residents and relatives during the visit. We saw friendly and respectful interactions between staff and the people who lived there. Staff called residents by their preferred name and, where necessary, they crouched down so that they were on the same level as the person they were speaking to.

We observed the staff requesting consent before carrying out a range of activities. Staff were seen knocking on bedroom doors before entering. We also observed the staff speaking to relatives and visitors to the home in a friendly and welcoming manner

We did not observe any member of staff wearing a name badge during our visit. The Manager explained that a conscious decision had been made not to use badges. All members of staff were wearing their own clothing and were well presented, complying with the dress code guide that the home has in place. The RM observes staffs attire unannounced on a regular basis.

Service User Experience, Dignity and Respect

We observed residents in the Dining Room / lounge and in their rooms. Residents appeared comfortable, clean and dressed appropriately for the current weather conditions.

The Communal Lounge /dining area was full of people on the day we visited. Some people were sitting at tables and some were in the lounge area sitting in armchairs, either reading, talking with staff or watching television. Visitors came in and were welcomed. A resident was clearing away mugs and taking them to the Kitchen. The noise levels were low, and everybody seemed able to share the room comfortably whilst doing different things.

During our visit two Authorised Representatives observed the lunch period. The residents were spoken to individually and addressed as either Mr X or by their first name. Staff assisted in a sympathetic and dignified manner. The members of staff providing the assisted eating encouraged the resident to eat and provided praise and conversation during the meal. Residents seemed to eat well and enjoy the food. There were enough staff to help people when they needed it.

The quality of care provided by the staff appeared to be of a good standard and did not give any cause for concern.

5. Feedback from Residents/Relatives/Carers/Visiting Professionals

a) Patients/Residents

“A very nice place, best care you can have, everybody is nice. They answer call bells straight away.”

“When I call the staff they come, I’m happy here, I can do what I want.”

“I’m happy with the food.”

“The staff help, I get what I need.”

“I’m happy here, it’s like home from home, they have looked after me.”

“I am confident that if I suddenly think I want this I would have no problem ringing and staff would come.”

“When they lift me, they bring their arms as close as possible and lift me under my arms, they know what they are doing. If I don’t feel relaxed, I put my feet on the floor, and they stop.”

“If I had a problem, I think I would tell X, she knows me, and I know her.”

“Staff have time to chat.”

We were given examples of the cultural, spiritual and language preferences of residents being respected and addressed.

b) Relatives/Carers

We spoke to a relative who had a family member living at the home, they felt the care received was excellent; they would not change anything about the home; were involved in the care plan; had no concerns about the care received; felt able to make a complaint if needed and would recommend the home to others.

c) Staff

We spoke to three members of staff who said:

“I feel supported by my Manager and have regular meetings.”

“I am doing my NVQ training at the moment.”

“Wouldn’t change anything about working here.”

“Not the most modern place but feels like home.”

“It is laid back and relaxed.”

We were able to interview a Pinnacle Staff Trainer (Learning and Development Officer) who was qualified to deliver a broad range of training covering Food Hygiene, Safeguarding, Deprivation of Liberty Safeguards, Health and Safety and First Aid. Mental Health Training is outsourced. The Learning and Development Officer is a full-time post at Pinnacle Care that is shared between two people who deliver training to staff across five residential homes in and around Rugby. Much of this training is delivered in the designated training room at Red House.

Staff attend courses and can then also be supported on a one to one basis to reach the required standard. The RM is about to undertake a teaching certificate.

How do we rate our observations?

Green	At least 80% of our observations were positive.
Amber	At least 60% of our observations were positive.
Red	Less than 60% of our observations were positive. This rating is also used if safeguarding issues are identified or hazards which have the likelihood of causing harm.

Area of Observation	Rating (RAG)	
Atmosphere	Green	Good. Light and airy. Relaxed. No odour in the communal areas. Appropriate temperature.
Cleanliness	Green	Generally, well maintained and clean.
Decoration	Green	Good condition.
Facilities	Green	Well maintained. Lounge combined with Dining Room and hatch into the Kitchen.
Fixtures and Fittings	Green	Well maintained.
Flooring	Green	Carpet in bedrooms and wooden flooring in corridor and communal area in good condition. Communal eating area, bathrooms and toilets have easy clean flooring.
Furnishings	Green	Good condition. Dining tables wooden and modern. Lounge chairs comfortable and clean. Curtains and wallpaper appeared fresh and new.
Lighting	Green	Good lighting. Modern candelabra lights give appropriate lighting in the lounge. The home is well lit, but the lighting is quite soft.

Privacy and Dignity	Green	Residents addressed by name. Staff knock doors before entering residents' rooms. Staff ask before helping. Residents treated with respect, especially when assisted to move e.g. chair to wheelchair.
Signage	Green	The internal signage is reasonable.
Storage	Green	No obstructions in corridors. Did not see anything stored inappropriately.
Bathrooms	Green	Most resident have their own en-suite with shower but can also use the baths in the shared bathroom if they need to. The bathrooms we observed were clean and tidy.
Garden	Green	Well-kept and large, securely fenced. Flower beds and paved patio area for summer furniture.
Laundry	Green	Well organised. One dedicated member of staff working five days a week. Residents have all their ironing done, including bedding.
Kitchen	Green	Clean and organised. Accessible to the residents through a large hatch.