

Red Homes Healthcare Grantham Limited

# Red Court Care Community

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Red Court Care Community provides accommodation, nursing and personal care for up to 49 people, some of whom may be living with dementia, physical disabilities and sensory impairments.

At the time of our inspection there were 46 people using the service.

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

The service had improved since our last inspection, and breaches had been met, but further improvements were needed to risk management, medicines management, and the provider's system of auditing the service.

There were more staff on duty and most people, relatives and staff were satisfied with staffing levels. However, some relatives and staff were concerned there were not enough staff to always meet people's needs promptly.

We have made a recommendation about staffing levels.

Staff were safely recruited, kind and caring. A relative said, "[Person] seems to be getting wonderful care. I have no concerns." Staff worked as a team and met frequently with managers to share information and receive training and updates.

Staff ensured people they had their medicines when they needed them. They were trained in infection prevention and control and wore masks, gloves and aprons. All areas of the premises were clean and tidy.

The service was homely. Staff supported people to personalise their rooms. People sat in socially distanced small groups. Staff ate meals with people on the dementia unit to support them discreetly and encourage a sociable and friendly atmosphere.

The premises had been upgraded with new lighting, decoration, and floor coverings. Corridors were themed to make it easier for people to find their way around. There was a new visiting room in the grounds of the service to make visiting easier and safer.

The registered manager had made positive changes to the service. A staff member said, "It's very person-centred now. The [registered] manager is keen to make it all about the residents, which is how it should be."

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

### Why we inspected

This was a focused inspection based on concerns we had received about the service. These were in relation to people's care and governance. As a result, we undertook this focused inspection to review the key questions of safe and well-led only.

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. The overall rating for the service has remained the same. 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 Red Court Care Community on our 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?**

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Red Court 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 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 was carried out by an inspector, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and/or nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Red Court 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke in person to three people using the service, two relatives, the registered manager, the deputy manager, two nurses, four care workers, and the activities coordinator. We also spoke by telephone with 10 relatives, two nurses, two care workers and a housekeeper.

We reviewed a range of records. This included eight people's care records and a sample of medicines records. We also looked at a variety of records relating to the management of the service including audits, policies and procedures, and infection control documentation.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Requires Improvement. At this inspection this key question has remained the same.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staffing and recruitment

- At our last inspection there were not enough staff on duty to meet people's needs. This was a breach of Breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In response the registered manager updated the staff dependency tool (which calculates the number of staff required in relation to people's needs) and recruited more staff.
- At this inspection staffing levels had been reviewed and improved. Most people, relatives and staff were satisfied with staffing levels. A person said, "If I use the call bell the staff always come quickly." A relative said, "There seem to be more staff around now. The phone used to go unanswered last year but it seems better now." A staff member said, "There are enough staff on shift to meet people's needs."
- Some relatives remained concerned about staffing levels. They felt the situation was worse at the weekends and they described call bells going unanswered, and long waits before the door or phone was answered. A relative said, "There are not enough staff. I've noticed buzzers going off for a long time."
- Some staff also remained concerned about staffing levels. They said they had to rush people's care and were concerned that people might fall due to a lack of staff supervision.
- The registered manager said staffing levels had increased and were reviewed weekly, using the provider's dependency tool, and adjusted as necessary. The provider's staffing audit showed the service was understaffed on only one occasion this year. This was when the service was one staff member down for four hours due to unavoidable circumstances.

We recommend the provider reviews staffing levels, taking into account the views of people, relatives and staff, to ensure people receive timely and safe care.

- Staff were safely recruited and trained to provide appropriate care for people. People and relatives made many positive comments about the staff team. A person said, "The staff are really kind. [Care worker] is funny, they make me laugh, they are always singing." A relative said, "It's a lovely home with caring staff who know [person] so well."

### Assessing risk, safety monitoring and management

- A person's falls risk assessment needed improvement. This was because it considered the physical reasons for falls, but not the psychological reasons. This meant staff did not have the information they needed to help prevent the person falling. The registered manager said they would update and improve the person's risk assessment.

- One person's re-positioning chart stated they should be 'regularly re-positioned' but did not say how often this should take place. The entries on the chart showed the person was not being repositioned consistently for their level of risk. This could put the person at risk of skin damage. The registered manager said this would be promptly addressed.
- Some relatives said the service managed risk well. A relative said staff put a pressure mat (which alerts staff if a person stands or falls) next to their family member's bed so they could give assistance if they got up in the night. Another relative said their family member was reluctant to ask for help so had additional welfare checks. The relative said, "The staff understand [person] won't ring for help, so they upped their 'pop-in' calls."
- People had risk assessments for areas such as nutrition, falls, tissue viability, moving and handling, and choking. These were reviewed monthly. When people fell staff took appropriate action, referring them to their GP and the falls clinic to understand why they were falling and looking at other ways to reduce risk.

#### Using medicines safely

- Some improvements were needed to medicine management. Some medicines records were incomplete, lacking photos of the people in question, and in some cases PRN ('as required' medicines) protocols were missing. The 'sharps' (any device used to puncture the skin) container had not been signed and dated when it came into use, and items others than sharps had been disposed of in it. More detailed recording was needed when trans-dermal patches were used and there were some gaps in other medicines administration records.
- We discussed our findings with the registered manager and deputy manager. Following our inspection, the managers met with the nurses to discuss CQC's finding and the registered manager reported that all the issues we raised were addressed and resolved within three days of our inspection visit.
- Relatives said staff managed people's medicines safely. Nurses had up-to-date medicines training and the deputy manager assessed their competency.
- Stock medicines were in date. Eye drops and liquid medicines were dated when opened. This is good practice as liquid medicines and eye drops often have a short shelf life. Medicines were safely stored at the correct temperature. There was reference material on medicines available for nurses to ensure they understood what each medicine was for, the right dose, and any side-effects and/or contraindications.

#### Learning lessons when things go wrong

- Following our last inspection, the registered manager had put new systems in place to ensure staffing levels were satisfactory and risks to people's health, welfare and safety were assessed and action taken to reduce these risks. However, further improvements were needed to risk assessments and medicines management.
- The registered manager introduced daily management and staff meetings to enable a team approach, share learning, and improve the culture of the service from task-based to person-centred.

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

- Relatives said their family members were safe at Red Court Care Community because they were happy and well-cared for. A relative said their family member, who was living with dementia, was 'very safe' because staff knew how to support and communicate with them.
- Staff were trained in safeguarding (protecting people from harm). They followed the provider's safeguarding policy and knew what to do if they were concerned about a person's well-being.
- If a safeguarding incident occurred staff reported it to CQC and the local authority and co-operated with any investigation that followed. The provider audited safeguarding records to ensure they were accurate and safeguarding procedures had been followed.

## 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.

# 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 Inadequate. At this inspection this key question has improved to Required Improvement.

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.

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

- At our last inspection the provider's systems and processes did not effectively assess, monitor or mitigate risks relating to people's health, welfare and safety and there was no registered manager. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection the provider's system of auditing to monitor the service had improved overall but remained ineffective in parts. Audits had not identified shortfalls in risk assessments and medicines management. A person's falls risk assessment was not fit for purpose and records showed another person was not repositioned consistently for their level of risk. Some medicines records were incomplete and arrangements for the disposal of 'sharps' did not follow accepted guidelines. The registered manager agreed to address these issues and investigate why the provider's audits had not identified them.
- There was an appropriately trained and experienced registered manager in post.
- People, relatives and staff said the management of the service had improved. A person said, "I'm happy with everything here." A relative said, "They have had a change of management. There's a better feel now and I get more information about my relative."
- Relatives said the care was of good quality. A relative said, "We are very happy with the care. [Person] has made a huge improvement since coming here." Another relative said, "I think [the service] is well managed and I'm impressed with the treatment [person] gets."
- Shifts were well-organised, and managers and staff clear about their duties and responsibilities. A staff member said, "Staff relationships are better now because we work as a team and it's clear who you go to if there's a problem. We all want the same thing which is the best care for the residents."

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

- Two relatives thought communication could be improved. They said staff didn't always contact them when they said they would. The registered manager said she would address this. Other relatives said the staff were generally good at contacting them about their family members.
- Staff said the culture of the service had changed and improved. A staff member said, "The (registered) manager's ideas are good, and staff meetings and getting people together are good."
- People, relatives, and staff said the registered manager was approachable. A person said, "[Registered

manager] comes around most days and asks me how I'm doing." A staff member said the registered manager listened to any concerns they had and addressed them. They told us, "I personally feel very supported by the management. [Registered manager] is doing the right things by implementing improvements that are needed."

- The registered manager ran a weekly drop-in session. This gave people, relatives and staff the opportunity to see the registered manager on a one-to-one basis and share their views 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 provider and registered manager understood their responsibilities in relation to the duty of candour.
- The provider and registered manager notified the appropriate agencies, including CQC, of reportable incidents.

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

- The service kept socially distanced residents' meetings running throughout the pandemic as a way of safely bringing people together, although relatives were unable to attend due to infection control risks. The minutes of the last meeting, in February 2021, showed people sharing their views and asking for changes to the menu which were actioned.
- Staff attended a range of meetings which focused on different aspects of the service, for example activities, health and safety, and hydration and nutrition. These meetings brought staff together and enabled them to discuss best practice and learn about new guidance.

Continuous learning and improving care

- The premises were substantially improved with themed corridors, memory boxes, laminate flooring, better lighting, re-decoration, upgraded fire safety measures, and a new external visiting room.
- Levels of mandatory training had improved from 72% to 96% of staff. There was a weekly designated 'training and competency' day when staff improved their skills and knowledge supported by the service's in-house training manager.
- A new head chef was in post and had created improved menus with people's input. Staff had been re-trained in hydration and nutrition. The dining room environment had been upgraded and hotel-style breakfast choices introduced. Activities had increased with people involved in the planning of these.

Working in partnership with others

- Staff worked with a range of external health and social care professionals including GPs, district nurses, mental health teams, dieticians, palliative care specialists, chiropodists, opticians and physiotherapists to help ensure people's needs were met.