

Care UK Community Partnerships Ltd

Scarlet House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Scarlet House is a nursing care home providing personal and nursing care for up to 86 older people and people living with dementia. At the time of our inspection 54 people were living at Scarlet House.

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

The registered manager had a clear vision for the service and spoke positively about the changes they needed to make. The provider had organised additional support for the service whilst the new management team settled, and they were working together to complete their service improvement plan. □

We found some improvements were needed to ensure some people's risk assessments and risk management plans were accurate and updated; for example, people's risk of choking needed to be reviewed and updated as their needs changed. This would ensure that staff had up to date care records to refer to when supporting people. The provider had identified this as an area that required improvement through their own quality monitoring. Some time was needed for the registered manager to complete their improvement plan before we could judge it to be effective in bringing about the required improvements.

People and their relatives told us people felt safe living at Scarlet House. The provider was monitoring and reviewing the staffing levels to ensure sufficient numbers of staff remained deployed to meet people's need.

People were supported to receive their medicines safely and as prescribed.

Staff understood their responsibility to report concerns and poor practices. People told us that staff were kind and caring.

People had access to a range of activities and events organised by the service's lifestyles team.

Care and nursing staff spoke positively about the service and felt they were supported and engaged in the running of the service by the new management team.

The service had infection control processes and systems in place to reduce the risk of people contracting COVID-19.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 13 March 2019).

Why we inspected

We received concerns in relation to people's safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We also looked at the key question of Responsive as at the previous inspection this was rated Requires Improvement.

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 remains Good. This is based on the findings at this inspection.

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.

You can read the report from our last inspection, by selecting the 'all reports' link for Scarlet House on our website at www.cqc.org.uk.

Follow up:

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive?

The service was responsive.

Details are in our responsive 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 ●

Scarlet House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Scarlet House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 all the information we had received about this service since the last inspection. This included information of concern, information from the provider and feedback from the local authority and professionals who work with the service. The provider was asked to complete a provider information return

in April 2021, and we reviewed this 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 all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and nine relatives about their experience of the care provided. We spoke with 15 members of staff including the regional director, registered manager, deputy manager, clinical lead, unit managers, team leader, activity co-ordinator, care assistants, a chef, agency care workers, a nurse, maintenance manager and administrator.

We reviewed a range of records. This included eight people's care records and medication 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 continued to seek clarification from the provider to validate evidence found. We looked at records relating to the management of the service 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed, this included risks in relation to choking, falls, and people's skin health. These risk assessments had not always been updated when people's risks had changed.
- Most risk assessments informed staff how to manage these risks to keep people safe. However, some people's risk management plans did not have sufficient detail or up to date information in relation to their eating, behaviour and mobility risks for staff to refer to. Staff we spoke with could describe how they would keep people safe. The registered manager took immediate action to review and update people's records.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks.
- Staff had received fire safety training. People had personal emergency evacuation plans in place as part of improvements implemented following a visit from a fire safety officer.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One person said: "Oh yes I feel safe" and another relative said their relative appeared safe and did not feel anxious.
- A provider's safeguarding policy was in place to guide staff and supplemented the staff safeguarding training.
- Staff understood their role to report any concerns and were confident that the managers would act on any concerns or allegations of abuse.

Staffing and recruitment

- The provider had followed their policies to ensure staff were safely recruited following pre-employment checks to ensure people were cared for by suitable staff.
- The provider and registered manager are working in a sector with significant work force challenges. Recruitment was ongoing to fill staff vacancies and in the interim agency staff were used to maintain the assessed staffing levels.
- Consistent agency staff were used and they received the information they required to meet people's needs.
- We observed people being assisted promptly by staff with their meals and other support needs. We did not find evidence through the service's call bell auditing system to suggest staff were not responding promptly when people required assistance; although some people told us this was not always done in a

timely manner. Relatives told us that they felt people were safe but some relatives felt that people at times could benefit from more time with staff to communicate.

Using medicines safely

- An electronic medication administration system was in place which helped staff to identify people's medicines requirements. The electronic records showed that people had received their medicines as prescribed.
- Where people were prescribed medicines on an 'as required' basis individual protocols were in place to guide staff with appropriate administration.
- Medicines were stored securely with monitoring in place to ensure correct storage temperatures.
- To ensure the provider's medicine procedure was followed, regular audits took place of medicine administration records and stock levels. The clinical lead described the positive relationship which had been built up with the supplying pharmacy to ensure people's medicines were quickly and efficiently ordered and supplied.
- Staff had received training and competency checks to support people with taking their medicines. A system was in place to follow up on any medicine errors or discrepancies.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The latest inspection of food hygiene by the local authority in June 2021 and the highest score possible had been awarded.

Learning lessons when things go wrong

- Staff were aware of how to report accidents or incidents so action could be taken.
- A clinical monitoring system had been put in place to analyse falls to identify patterns and trends to minimise the risk of a reoccurrence and to learn lessons. This analysis led to an increase in staffing levels on one unit in response to one person's increased falls.
- Lessons learnt from accidents and incidents were discussed in clinical review meetings, daily meeting and

staff meetings.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were aware of people's support needs and were able to talk about the support people required. One agency staff told us where they would find information related to people's dietary needs and risk. Another agency staff could describe how they supported a person living with dementia when they became anxious.
- The clinical lead engaged weekly with the healthcare professionals to discuss changes in people's needs. Daily staff meetings aided communication between shifts and ensured staff were up to date with any changes in people's needs.
- People's care records were stored both electronically and in paper format. People's care plans included how they would like to be supported and had information about their interest and hobbies. The provider had identified that people's daily care notes did not always reflect the support people had received and a new daily recording system was being introduced.
- People consistently told us that staff were kind and caring. One relative told us that the nurses would contact them on a regular basis to discuss when the person's needs were changing. Other relatives said: "I have confidence in the care" and "... I think that the home is very good, they look after [person] well, [person] is clean, well dressed, and eats O.K. – [person] appears happy ... I am confident that they are looking after [person] as well as they can, and [person] is happy as [person] can be."
- People made comments such as, "Staff are lovely" and "Girls are nice"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed. The care documentation described ways in which to support people's communication needs.
- One staff member described ways in which they communicate with one of the people who could become anxious at times.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Feedback from people and their relatives varied about the activities on offer. One relative told us "They do

activities but would like them to do more." One person told us that there were not many activities that they took part in but that they liked to go to the coffee shop to have a coffee and read the newspaper.

- At the time of the inspection there was an activity plan in place which included between two and four activities per day such as relaxation and music. Tailored activities were offered for people living with dementia, either in a group or on an individual basis. We observed some people living with dementia in the communal area listening to music and others were in their rooms with staff providing engagement.
- The activities lead, who was also the dementia champion for the service, told us people were supported to develop a life history book when they moved into the home. This was used to identify people's interests and a system was in place to review their activity preferences monthly.

Improving care quality in response to complaints or concerns

- The provider had a system in place for concerns and complaints to be raised. The registered manager told us that the service had not receive any formal complaints since they have been in post.
- Feedback from people's relative suggested that they were confident to talk to the service if they had concerns. Regular 'resident of the day' review meetings also gave people the opportunity to raise any concerns about their care. Where concerns have been raised, these were acknowledged, responded to and resolved.
- The registered manager had plans to meet with people individually and to complete unit meetings with people and their relatives so that they could meet the new registered manager and raise any concerns they might have.

End of life care and support

- The service worked closely with the GP to ensure people were pain free and had all the information they needed to make a decision where they would like to receive care at the end of their life.
- Staff were supported by the nursing team to empathetically explore people's end of life wishes with their relatives and this was recorded in people's advanced care plans.
- The clinical lead spoke to us about the person-centred end of life support offered to one of the people who recently passed away and the support offered to family members of people nearing end of life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was still to complete and embed the improvements they had started to 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

- The home had a new management team which included a registered manager and a deputy manager. Both had been in post for around four months.
- The provider had identified through their own audits that action was needed to improve for example; people's care records, staff recruitment and some staff skills.
- The home had faced some challenges over the past months that had delayed some of the planned improvement work. The provider had taken action to reduce the impact of staffing pressure. The service was closed for admissions and two units had been amalgamated to ensure safety while more staff were being recruited and to reduce the reliance on agency staff.
- The new registered manager was being supported by a regional director and an operational director to complete their service improvement plan. Some time was needed to complete the planned actions before we could judge whether the provider's improvement plan had been effective in making and embedding the required improvements in relation to for example, people's care records and the systems in place for reviewing people's changing care needs.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager described the culture of the service as being more positive and was working on bringing the team together, defining roles and getting everyone involved.
- Staff unanimously spoke positively about the new management at Scarlet House. Staff felt supported and confident to raise concerns. One staff member said they were: "Listened to more than ever now. Registered manager is doing a very good job." One agency staff said they enjoyed coming to Scarlet House as they are treated as part of the team. Staff also praised the support received from the provider's representatives.
- The management and provider representatives carried out audits to monitor performance and support the service to meet the regulations. These included audits in relation to people's care records, medicines and the environment. The new management team had also introduced a monthly audit of falls and actions were identified and completed.

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

- People gave mixed feedback about not having met the new management team. The registered manager had plans in place to meet with all people on an individual basis.
- People's relatives said that communication is generally good, and they are kept informed about their family members and residents' meetings were held. Relatives also received e-mails with updates and newsletters.
- The service had recently carried out a survey to gather people's feedback and collated the results.
- Staff said that the management team asked for input in the running of the service, their ideas were welcomed, and feedback was acted upon. One agency staff said that the management team considered their say as an agency worker and was confident they would listen to concerns and investigate these.
- The lifestyle team organised monthly meetings for people to discuss people's preferences for activities.

Working in partnership with others

- The service had built a positive relationship with the GP surgery and weekly meetings between the home, the surgery and the pharmacy were being carried out to discuss any concerns.
- The registered manager carried out clinical review meetings which discussed people's healthcare needs. Action was taken when people required additional professional support, this had included support from a sight loss advisor and behaviour specialists.