

Redwalls Care Services Limited

Redwalls 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Redwalls Nursing Home is a residential and nursing care home providing personal and nursing care to 36 people at the time of the inspection. The service can support up to 44 people. Accommodation is provided in one adapted building.

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

We have made two recommendations in this report in relation to gathering people's views on the service they receive and activities available to people.

Systems in place to monitor the quality of the service had improved and identified areas which could be further developed or needed attention.

The care planning and recording systems in place promoted the care and support people required. People felt safe using the service and received their medicines on time. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were offered a nutritious and balanced diet and their healthcare needs were understood and met.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection. Regular safety checks were carried out on the environment and equipment.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members had access to information as to how to raise a concern or complaint about the service. Staff provided care and support that the majority of people were happy with.

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.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 31 July 2018) and there were two breaches of regulation. 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

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for <location name> on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we 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 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 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 section below.

Requires Improvement ●

Redwalls 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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a specialist advisor for nursing 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.

Service and service type

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

At the time of this inspection the service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

Inspection activity started on 29 July 2019 and ended on 2 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. Information was also requested from the local authority. We used all of this

information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and seven family members and friends about their experience of the care provided. We spoke with 10 members of staff including the temporary manager, deputy manager, registered nurses and maintenance staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four 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 in relation to training. The provider sent information relating to actions they had taken to further improve the service following our inspection.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess, monitor and mitigate risks relating to the safety of people's living environment. This was in relation to the temperature of hot water; broken window restrictor and exposed pipe work. In addition, not all prescribed medicines were stored safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks to people were identified and plans were in place to minimise those risks. Regular reviews of identified risks took place and records maintained within the electronic care planning system.
- People at risk from dehydration and pressure sores had their needs assessed and reviewed on a regular basis. This included the recording of the amount of fluids people had taken within a 24 hour period. These records were reviewed on a daily basis by a senior member of staff. A family member told us that their relative had been discharged from hospital with a pressure sore that was "Treated responsibly, effectively and safely" when they arrived back at the service. This was an improvement from the previous inspection.
- Regular safety checks were carried out on the environment and equipment used. This was an improvement from the previous inspection.
- Procedures were in place to enable people to be supported safely out of the building in the event of an emergency.
- Staff had access to policies and procedures in relation to health and safety and training was available in this area.

Using medicines safely

- Staff followed safe medicines policies and procedures and good practice guidance. All aspects of medicine management was safe and an electronic medicines management system was in place to assist staff with the oversight and monitoring of people's medicines.
- People's medicines were stored appropriately. This was an improvement from the previous inspection.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been assessed.
- People told us that they received their medicines when they needed them.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.

- People told us they felt safe living at the service. Comments included "I feel very safe here" and "I feel safe of the fact there is always someone here, it is like a 5 star hotel." One family member told us that their relative had showed no signs of any abuse or neglect. Another family member told us that they felt it was a safe place to walk around and his relative had a sensor mat that they felt helped maintain their safety.

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were on duty to meet people's needs at the time of this inspection. The staff rota demonstrated that this was consistent.
- Generally people told us that there were enough staff on duty to meet their needs. One person told us that they felt safe because there were enough staff and "They are good because they look after me."
- Two family members told us that staffing was consistent with a nominal use of agency staff. However, one person told us that they felt there was a lack of supervision of staff at weekends. We discussed this with the management team who advised that they would monitor this.

Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to maintain a safe and clean environment for people to live. People told us that their bedrooms were cleaned on a regular basis.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE appropriately when supporting people.

Learning lessons when things go wrong

- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Lessons were learnt and improvements made following accidents and incidents. This information was shared with staff in team meetings.

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

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to meet people's needs effectively most of the time.
- Training was available to ensure that staff had up to date knowledge for their role. The provider's training manager was in the process of reviewing and planning the updated training needed by staff. However, we identified one specific area of care that not all staff had received training and awareness in. We discussed this with the provider's senior management team who took immediate action to arrange for this training to take place.
- A system was in place to plan individual supervision sessions for care staff so that they received an appropriate level of support for their role. Trained nursing staff were supported with clinical supervision from the provider's clinical director.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People and their family members were involved in the assessment and planning of people's care.
- People's care plans were reviewed on a regular basis to ensure that they contained up to date information on people's needs and wishes.

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food and drink to meet their dietary needs.
- People had a choice of where they ate their meals with several people eating in their bedrooms. Pictorial menus were available and used effectively to assist people with choosing what they wanted to eat.
- People spoke positively about the food provided and told us they had enough to eat. Their comments included, "The food is generally good and you always get a choice" and, "Yes, I like the food."
- People also told us they always had access to drinks. One person said staff were very responsive in providing them with hydration, including cups of tea and juice.

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

- Family members felt that the arrangements for the assessment and provision of continence products took

too long which had resulted in delays in their relative's receiving specific products. We discussed this with the senior management who made arrangements to meet with the local continence advisory service to improve the service that people received.

- Where people required support from community health care professionals this was arranged. For example, physiotherapists, dieticians and specialist nurses and GP services visited people on a regular basis.
- With effective intervention and treatment, pressure sores experienced by people were treated appropriately in accordance with advice from specialised community tissue viability nurses.
- People told us that staff would always arrange for them to see a doctor if they were unwell.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Effective systems were in place for the management and oversight of people's rights under the Mental Capacity Act.
- We found that where required, DoLS application had been submitted to the local authority and any restrictions were clearly recorded in people's care plan.

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

- The layout of the building enabled people freedom of movement around the service. One person told us that they had good wheelchair access to the garden which included shaded areas. Another person told us that they felt the adaptation of the building was effective for their wheelchair. They told us that the building was free from clutter and objects that could hinder their safety and mobility.
- Signage was in place around communal living areas to assist people to locate areas around the service.
- Since the previous inspection a programme of redecoration had taken place creating a light, clean and airy environment for people to live.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Systems were in place to enable people and their family members to share their views about the care provided. However, several people and their family members felt that meetings within the service for everyone to attend were not always effective. One family member told us that they had not received copies of the minutes of meetings that had taken place.

We recommend the provider considers alternative ways to gather the views and comments of people and their family members about the service and how any actions for improvement are reported.

- People told us they were given choice and control over their day to day lives. People had a choice of what time they got up in a morning and went to bed at night, the clothing they wished to wear, where they spent their time and ate their meals.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, dignity and respect. People's comments were mostly positive and included, "Pleasant staff", "I am happy using the service" and "Staff always give me a hug, know me and care for me." One person told us that the handy person cuts up board for them to put their jigsaws on and that they were supported to move bedrooms at their request.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly, whilst maintaining eye contact and where it was required, they used non-verbal methods to communicate with people. For example, by use of gesture.
- People's preferences in relation to the gender of staff supporting them was sought. Whenever possible people preferences were met.
- People were supported to continue their chosen religion and faith. One person told us that they regularly attended the local church.

Respecting and promoting people's privacy, dignity and independence

- People were supported to eat their meals by staff who offered encouragement and care.
- Staff provided people with personal care in private. People told us that staff always knocked on their doors prior to entering.
- People's confidentiality was maintained. People's personal information was stored securely and only accessible to authorised staff.
- People were encouraged to maintain their independence. One person commented that they felt a lot safer because of the intervention of a physiotherapist in helping improve their mobility and independence. Another commented "They provided lots of encouragement which has helped me both physically and mentally."

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

- Information relating to people's care and support needs was personalised and accessible. An electronic care planning system was in place to record people's assessed needs and wishes. All staff responsible for delivering care had access to this information.
- Care planning records were clear and demonstrated what actions were needed to support people in their day to day life. In addition, they demonstrated that people had received the care and support that was planned.
- Care planning records were written and maintained in a manner that promoted person centred care and support for people.
- Family members told us that they were regularly updated about their relative's care needs and where appropriate, were involved in their care plan reviews.
- Staff were person-centred in their approach when speaking to and about the people supported.

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 sensory needs were recorded in their care plans. For example, whether people had hearing or sight needs.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

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

- Activities were made available within the service and people had a choice of whether they participated. However, one person and a family member commented that there was a lack of stimulation and recreational activity at the weekend.

We recommend the provider reviews the current arrangements in place for stimulation and activities at weekends to ensure that appropriate arrangements are in place to meet people's wishes.

- People told us that they accessed activities within the local community.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and accessible to people. The provider had a system in place for overseeing and monitoring any complaints made about the service, how they were investigated, the outcome and any lessons learnt.
- People and their family members knew how to make a complaint. However, not everyone was aware of who they would speak to with their concerns as there had been recent changes within the service's management team. We discussed this with the management team who demonstrated a commitment to ensuring that people were regularly informed about ways in which they could raise a concern

End of life care and support

- People were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. Where appropriate family members were involved in this planning.
- Systems were in place for the storage and use of anticipatory medicines when needed in supporting people with their end of life care.

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

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

At our last inspection quality monitoring processes were not always robust enough to generate improvements within the service. This was a breach of regulation 17 (Good Governance) 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 17.

- There was no registered manager in post at the service. However, a new manager had been recruited to the role. A registered manager from another service and the deputy manager were providing management oversight of the service until the new manager commenced their role.
- Systems were in place for the monitoring of quality and safety. In addition to the organisational audits and monitoring the deputy manager had devised a set of monitoring tools that involved daily and weekly checks to ensure that people were receiving the care and support they required. Areas for improvement were quickly identified through these checks and action was taken to make any required improvements. This was an improvement from the previous inspection.
- Staff were responsive to suggestions and observations made during the inspection to further improve good practice.
- The management team was clear about their responsibilities and had an understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.
- Policies and procedures to promote safe, effective care for people were available to staff.

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

- Staff had a clear understanding of their role and responsibilities.
- Staff told us that the deputy manager was accessible to offer support and guidance.
- The management team were clear about their responsibilities and had a good understanding of regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Arrangements were in place to engage and involve people using the service, family members and staff. People did not always feel that meetings held were as effective as they could be. We have made a recommendation earlier in this report in relation to the provider reviewing the current arrangements in

place for liaising with people for their views.

- Staff were engaged and involved through regular team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals to ensure the best possible support for people.

Continuous learning and improving care

- Staff received regular support for their role to ensure their practice was up to date and safe.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Plans were in place to further develop the governance of the service when the new manager began their role.

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 had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.