

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Redwalls Nursing Home

80 Weaverham Road, Sandiway, Northwich,
CW8 2ND

Tel: 01606889339

Date of Inspection: 23 January 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Redwalls Care Services Limited
Registered Manager	Ms. Carole Mary Evans
Overview of the service	Redwalls Nursing Home is registered to provide personal and nursing care for up to forty-four older people. The home has forty-one single and two double rooms the majority of which have en-suite facilities. Communal rooms include a dining room, conservatory and two lounges. The service is located in the village of Sandiway approximately five miles from Northwich.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 23 January 2013 and observed how people were being cared for. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke to five people who used the service who said that they were well looked after and happy with the service they received. Some comments made were: -

"It's a lovely place. The staff look after me well."

"I'm well looked after. The staff are nice people. I like the food."

"I have been here for five years and I am very happy. The staff are very nice and helpful."

We spoke to one relative who told us that they were happy with the care provided. They said they were kept informed about their relatives' well-being. They described the staff as professional, caring and attentive.

There were practices in place to ensure that people who used the service were consulted and that their views were obtained.

People had been assessed before they began to use the service and they had a care plan in place which gave guidance to staff on the support they needed.

We found that the home was clean with and there were systems in place to promote infection control.

There were suitable recruitment checks in place for staff at the time of our visit.

There was a system in place to ensure that complaints were effectively managed.

No information of concern was reported by Cheshire West and Chester Council.

Cheshire West and Chester Local Involvement Network visited the service in October 2012. They said that the home was warm and friendly and that people looked well cared for. They made some recommendations for the improvement of the home environment.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We spoke with five people who used the service who said they were asked their views about the care they received. They said they were getting the support they required. They said they had regular contact with senior staff and the manager and would make their views known if any changes to their care and support were needed.

The people we spoke with said that they made choices around their daily life at the service. They said that the staff acted in accordance with their wishes.

We spoke with one relative who said that they were kept informed about their relative's well being and were able to speak to the manager or the senior on duty about any issues that affected their relative.

We spoke with three staff who gave good examples of how the people who used the service were given choices, asked their views and how their independence was promoted.

The three care plans we saw described how people wanted to be cared for and how people's independence was to be promoted. The three care plans had not been signed by the people who used the service. The manager reported that they discussed the content of the care plan with the people who used the service but did not routinely ask them to sign the care plans to demonstrate their consent.

The provider may find it useful to note that reviews of care plans were not being formally held (and documented) with the person who used the service and/or their relatives. This would provide further evidence of consultation and the consent of the people who used the service to the care and support provided.

There was written guidance available for staff to refer to on the Mental Capacity Act 2005. The manager was aware of their responsibilities in this area.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke to five people who used the service. They said they were well looked after and happy with the service received. They were positive about the staff who supported them. Some comments made were:-

"It's a lovely place. The staff look after me well."

"I'm well looked after. The staff are nice people. I like the food."

"I have been here for five years and I am very happy. The food is nice and the staff are very nice and helpful."

"I am a very satisfied customer. The staff are lovely."

We spoke to one relative who told us that they were happy with the care and support provided. They said they were kept informed about their relatives' well-being. They described the staff as professional, caring and attentive.

A sample of three people's care plan records showed they had their needs assessed prior to their admission to the home. This ensured that people's needs were appropriately met.

The care plans showed how the needs of the people who used the service were to be met, including any risks to their well-being. The care plans covered physical, emotional, mental health, social and behavioural needs. Risk assessments where necessary considered the risk from falls, moving and handling, skin pressure areas and nutrition. There was evidence of care plans and risk assessments being reviewed to ensure they were up to date.

The provider may find it useful to note that although we had no concerns about the care people received, one care plan did not provide information for staff around the action to be taken to support a person with a specific health need. It is important that this information is fully recorded so that all staff had this information to refer to.

Records and a discussion with the manager showed that where there was a concern about a person's health needs such as nutrition, risk of falls or mental health the advice and

support of dieticians, GPs and mental health specialists had been sought.

We spoke to three staff who said that they were well supported and had good training which enabled them to meet the needs of the people who used the service.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We spoke with five people who used the service who said their bedrooms and the communal areas of the home were kept clean and well presented. They said that they had everything they needed in their bedrooms.

We spoke to one relative who said that the home was always clean when they visited.

We had a tour of the building and looked at a sample of bedrooms and bathrooms and the communal areas. We found that all the areas seen were clean. There were systems in place for the control of infection.

We found that bedrooms were personalised. They were homely and comfortable. The communal rooms seen were suitably presented. The hallway area by the dining room showed signs of wear and tear and this area had been identified by the manager for improvement.

The manager showed us the improvements that had been carried out to the home environment in the last twelve months. The manager reported that they identified where improvements to the home environment were needed and produced an action plan of the areas to be addressed on an annual basis.

The home employed maintenance staff, domestic staff and laundry staff to ensure that standards were maintained.

We looked at a sample of safety certificates for the home environment and found that these were mostly up to date and indicated that equipment and installations were safe. We were unable to locate an up to date gas safety inspection certificate. Following our visit the manager provided evidence that the gas installations at the home were safe.

The manager reported that they carried out a daily check of the premises to ensure good standards of cleanliness were maintained and to identify any hazards or works needed.

There were risk assessments in place for the home environment. This included risk assessments for cleaning equipment, general health and safety and fire. The manager reported that works had been carried out at the home in the last twelve months to ensure

fire safety. Records showed that the fire service had carried out a fire audit in January 2012 and that they considered there were suitable fire safety measures in place.

The radiators at the home were not regulated to ensure they constantly maintained a safe temperature. We found that a number of radiators at the home had protective coverings and some seen did not. The manager reported that risk assessments were in place to safeguard the welfare of the people who used the service.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the records of three new staff and found evidence they were suitable to be employed at the service.

Records showed that the three staff had been checked by the Criminal Records Bureau (CRB) and two references had been obtained prior to employment. Application forms had been completed, interviews carried out and applicants had completed declarations of physical and mental fitness.

Records showed that a check was made with the Nursing and Midwifery Council prior to nurses being employed to ensure they were suitable for employment. These checks were also carried out with all established nursing staff to ensure their continued suitability.

All new staff completed an induction and as part of this shadowed experienced staff to enable them to develop the skills and knowledge they required.

The service had procedures in place for the management of poor staff performance. This further safeguarded the welfare of the people who used the service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke to five people who used the service and one relative who said that if they were not happy with the service they received they would speak to the manager or ask their relatives to do so. All reported that the manager was an approachable person and that they were confident that any issues raised would be appropriately managed.

We spoke to three staff who knew the action to take should a complaint be made directly to them.

The home displayed a copy of the complaints procedure. The people who used the service and/or their relatives were provided with a copy of the complaint procedure on admission to the home.

Records showed that where complaints had been made they had been recorded along with the action taken. We saw a sample of complaints received and found that they had been appropriately managed.

We spoke to the manager who reported that they encouraged the people who used the service and their relatives to discuss any issues of concern. The manager said any issues were dealt with promptly so that they did not become a cause for complaint. The manager reported that advocacy services such as Age UK would be used where a person who used the service needed this support. The contact details of advocacy services were displayed in the reception area.

We saw that the service encouraged the people who used the service and relatives to express their views. The reception area of the home displayed feedback forms for people to complete. Regular meetings were held with the people who used the service and their relatives to find out what was working well and where any improvements were needed. An annual survey was also sent out to the people who used the service and their relatives.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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