

**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: 11 September 2013

Date of Publication:  
September 2013

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

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Meeting nutritional needs** ✓ Met this standard

**Staffing** ✓ Met this standard

**Records** ✓ 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 44 older people. The home has 41 single and two double rooms. The majority of which have en-suite facilities. Communal rooms include a dining room, conservatory and two lounges.
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

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

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### What people told us and what we found

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We found that care records contained information about the life history of each person and provided detailed guidance for staff on how people wished to be supported. People's personal preferences such as their daily and bedtime routines were also taken into account as well as their end of life care wishes.

We spoke with six people who used the service and four relatives. They all told us they had no concerns with the care and treatment that was provided. Comments included: "My relative is kept warm, clean and well fed. Their needs are always met" and "I'm satisfied and I couldn't be happier."

We sat with people who used the service during the lunchtime period in one of the dining rooms. We saw that staff were present as people had lunch and assisted people to eat where required. We saw that people who used the service and staff interacted positively throughout this period.

From examination of records and discussions with staff, people who used the service and their relatives we found there were enough qualified, skilled and experienced staff to meet people's needs.

We found that records were kept securely and could be located promptly when needed. This included staff personnel files and clinical records for people who used the service. The service also had data protection policies and procedures in place. We saw they were in line with the Data Protection Act 1998.

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

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We spoke with six people who used the service and four relatives. They told us they felt involved in making decisions about their care, treatment, and support. Relatives told us about 'surgeries' that were held with the manager of the service. They told us this gave them an opportunity to express their views about the service. Comments from them included: "I've nothing but praise for Redwalls. They keep me and my family involved in everything", "The staff are very good. They keep me informed about everything" and "The staff are so nice and very attentive."

We looked at five care records for people who used the service. They contained information about the life history of each person and provided detailed guidance for staff on how people wished to be supported. People's personal preferences such as their daily and bedtime routines were also taken into account as well as their end of life care wishes.

We observed the support that was provided to people who lived at Redwalls Nursing Home. We saw that staff interacted positively and respectfully with people who used the service. We saw staff knocking on the doors of the people who used the service before entering. This showed that people's privacy was respected.

We spoke with five members of staff on the day of our visit. They told us they loved their job and enjoyed supporting people who used the service. The staff told us they offered the people continued support to maintain their independence where they were able to do so. For example, staff told us they encouraged a person with regards to their mobility but were always there to assist. They explained the importance of not rushing them and to keep assuring them as they moved around the home. Other comments from staff included: "We know about the residents from reading their care plans. When someone new moves into the home the nurses give us all the information we need to know about them."

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We spoke with six people who used the service and four relatives. They all told us they had no concerns with the care and treatment that was provided. Comments included: "My relative is kept warm, clean and well fed. Their needs are always met", "I'm satisfied and I couldn't be happier", "I'm looked after extremely well. I've no problems what so ever" and "My relative always tells me that the staff always check on them during the night to see if they are ok."

We looked at five care records for people who used the service. Before a person started to use the service, an assessment of their needs and abilities was undertaken. 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 considered areas such as the risk from falls, moving and handling, skin pressure areas, difficult behaviours and nutrition. This showed that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. It was evident that care plans and risk assessments were evaluated on a monthly basis or sooner if required.

It was clear from discussions with staff and the examination of care records that the activities that people wanted to do were flexible and could be changed to meet the needs of the individual. During the afternoon of our inspection we saw people who used the service being entertained by a magician who visited the home. People who used the service were seen to enjoy themselves as they interacted positively with each other and staff members. In addition to this we found the service employed two activities coordinators. One of them told us they had volunteered to work weekends so that people who used the service had activities available to them at all times.

We contacted the Local Authority and examined our records before our inspection. We had no concerns about the care and treatment that was provided at Redwalls Nursing Home.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People spoken with told us they enjoyed the food at Redwalls and they had plenty of choice. They told us they were involved in deciding what they would like to eat and drink. Comments from them included: "The chef always asks us the day before what we would like to eat" and "If we don't like what is on offer they always make us something else." A visiting relative told us: "I eat here sometimes. The food is very good."

A head chef showed us the menu's that they had for each day of the week. We saw that there was plenty of choice for people who used the service. The head chef told us that she talked to the people who used the service regularly to discuss what food they would like. She also explained she was flexible to prepare meals at short notice if a person who used the service wanted something that wasn't on the menu. Where people required a soft or pureed diet all foods were pureed separately so that they retained their individual flavours. The head chef told us that sandwiches were prepared and kept refrigerated for people who required a snack during the night when the kitchen was closed.

We saw throughout the day of our visit that drinks such as tea, coffee and fruit juices were being served to people who used the service. Biscuits and other finger foods such as cakes were served throughout the day. In addition we saw that yoghurts, fresh fruit and vegetables were readily available.

We sat with people who used the service during the lunchtime period in one of the dining rooms. We saw that staff were present as people had lunch and assisted people to eat where required. We saw that people who used the service and staff interacted positively throughout this period. Drinks were served throughout lunch to ensure people who used the service remained hydrated.

Care plans demonstrated that people's weight was monitored on a regular basis. We saw that nutritional assessments to identify if people were at risk from malnutrition also formed part of people's care plans. Where a risk had been identified additional care plans were in place.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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People who used the service and relative's spoken with told us they thought there was enough staff to meet the needs of the people who lived at the home. Comments from them included: "There is enough staff yes. I've never found my relative dirty and their room is always clean" and "I can say there is enough staff as my relative's health has improved since they came here."

We spoke with five members of staff. They all told us they thought they had enough staff to meet the needs of the people who used the service. Comments from them included: "There is a good team ethic here. Younger staff take on board the advice and support that is given" and "There is always enough staff here. It's the only place I've worked at where there are four nurses (including the manager) on duty during the day time."

The staff rotas showed that the staff to service user ratio was good. It was evident staffing was planned in advance. We saw that staff also had the opportunity to request certain shifts that they wanted to work. The manager told us they used the same agency when staff numbers were below strength. This ensured that people who used the service had staff to support them who they knew well. We saw the home also employed dedicated kitchen staff, chefs, laundry staff, a maintenance person and housekeepers.

We saw that staff responded quickly and efficiently to tend to the needs of people who used the service at all times. For example, when call bells were pressed they were responded too in a timely manner.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We looked at five care records. It was evident that care plans and risk assessments were evaluated on a monthly basis or sooner if required. Records and discussions with staff showed that where there was a concern about a person's health needs such as continence, risk of falls or pressure area care, the advice and support of the continence service, GPs, nurses, and social workers had been sought. In addition to this where there was a concern about a specific risk such as pressure area care, the service had developed turning charts that were completed throughout the day. This meant staff had systems in place to assess and manage risks in relation to people who used the service. Staff spoken with understood their responsibilities so that records were kept accurate and fit for purpose. Records were clearly dated, timed and signed so that an audit trail could easily be identified.

We found that records were kept securely and could be located promptly when needed. This included staff personnel files and clinical records for people who used the service. The service also had data protection policies and procedures in place. We saw they were in line with the Data Protection Act 1998. Policies were reviewed and updated when necessary on an annual basis. Discussions with the manager demonstrated the service knew what records were to be kept. They also knew the appropriate period of time they were to be kept for and understood they had to be destroyed securely.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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