

# Cornwall Care Limited

# Redannick

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Redannick provides residential care for up to 41 older people most of who are living with dementia. At the time of the inspection there were 38 people living at the service. The home is situated within a residential area of central Truro. The accommodation is all on one level and there are external garden areas suitable for people to use.

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

People told us that they felt happy and safe at the service. People were protected from the risk of abuse. Checks had been completed to help ensure new staff were safe to work with vulnerable adults; however, a full employment history had not always been recorded. We have made a recommendation about completing and monitoring safe recruitment processes.

People and relatives told us they were happy with how staff administered people's medicines. Medicines were managed safely and staff were appropriately trained. People's health needs were monitored and staff worked with other professionals to understand and meet people's needs.

People's needs were assessed comprehensively before they moved into the service. People and their relatives spoke positively about staff and told us they met their needs. People were empowered to make choices and have as much control as possible. People had a range of activities they could be involved in. People told us they liked the food and were able to make choices about what they had to eat.

People were treated with kindness and compassion by staff. Staff knew people's individual communication skills, abilities and preferences. They used this knowledge to make sure people's views and opinions were heard. People told us their privacy and dignity were respected.

People had care plans that clearly explained how they would like to receive their care and support. Staff were passionate about providing high quality holistic care at the end of people's life. 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.

The registered manager and senior staff had developed a person-centred culture within the staff team. Staff were positive about how the service was run. Relatives told us they would recommend the home to others and were happy with the care their family members received. The service's relationship with people's friends and families was valued.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. There was a quality assurance system in place to drive continuous improvement within the service. Most people's records were detailed and reflected their current needs. However, we did identify small gaps in some people's records that still required further detail or information. We have made a

recommendation about audits and checks of the service.

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

#### Rating at last inspection

The last rating for this service was good (published 9 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Redannick

## 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

One inspector 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

Redannick 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.

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 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care

provided. We spoke with seven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef.

We reviewed a range of records. This included seven people's care records and multiple 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

Following the inspection, we looked at training data and policies. We spoke with one professional who regularly visits the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt happy and safe at the service. Information about safeguarding and how to stay safe was displayed in the service.
- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

Assessing risk, safety monitoring and management

- People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time.
- Information about people's needs and any changes was regularly reviewed to identify and act on any emerging risks to people.
- Information was available to staff regarding how to reduce risks to people.
- Occasionally people became upset, anxious or emotional. Staff understood how to support people at these times. A relative explained, "If someone is slightly upset or stressed, they know what phrases to use with them."

Staffing and recruitment

- Most people, relatives and staff felt there were enough staff available. The registered manager was in the process of employing more staff and had employed agency staff in order to provide more flexibility within the staff team.
- Checks had been completed to help ensure new staff were safe to work with vulnerable adults; however, a full employment history had not always been recorded.

We recommend the provider seek reputable guidance on completing and monitoring safe recruitment processes.

- Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

Using medicines safely

- People and relatives told us they were happy with how staff administered people's medicines. People confirmed, "The staff do all of that for you. You feel in safe hands with them" and "The carers bring me my

tablets and sit down whilst you take them so that you can't miss any."

- Medicines were managed, stored, given to people as prescribed and disposed of safely.
- Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.
- Staff were knowledgeable with regards to people's individual needs relating to medicines and focused on reducing the medicines people needed to take, wherever possible.

#### Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control and food hygiene training.
- Audits and checks were completed of the service and staff practice to help ensure good infection control practices were followed.

#### Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- Records showed appropriate action had been taken when accidents or incidents had occurred.
- The registered manager and provider monitored incidents to ensure all related actions were completed and any emerging themes were identified.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed comprehensively before they moved into the service. This helped ensure their needs were understood and could be met.
- The registered manager and staff used a range of methods, such as training opportunities and information from professionals to stay up to date with best practice.
- People's needs were discussed with all staff at the beginning of each shift to help ensure any changes to people's needs or choices were known and respected.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about staff and told us they met their needs.
- New members of staff completed an induction programme, which included training as well as shadowing experienced staff. A relative commented, "What's nice, is that there's not a high turnover of staff and anyone that is new to the home, shadows the more regular staff."
- Staff new to the care sector were supported to complete the care certificate. This nationally recognised training package is designed to provide staff with an understanding of current good practice.
- Staff told us they had the training and skills they needed to meet people's needs. The provider monitored staff training levels.

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

- People told us they liked the food and were able to make choices about what they had to eat.
- Staff were knowledgeable about people's needs and preferences in relation to food and drink. This knowledge was used creatively to encourage people who were at risk of malnourishment, to eat.
- New systems had been implemented to monitor people's needs and risks relating to food and drink. The data from these was regularly discussed with the chef and other key staff to help ensure people were receiving the nutrition they required.

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

- People's health needs were monitored. People confirmed if they needed to see a GP, chiropodist or any other medical practitioner, staff at the home arranged this on their behalf. A relative told us about their family member, "He is appreciative of attention he gets from people if unwell. It's exceptional. It's a quick response."
- People's care plans described the support they required with their oral healthcare and staff confirmed

their knowledge of oral healthcare had been refreshed with them recently.

- Staff worked with other professionals to help ensure people's needs were understood and met.

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

- The PIR stated, "We believe the environment should support the person to be engaged in different ways." This was evident in the service. There were several communal areas which all offered a different atmosphere, and opportunity to take part in different pastimes.
- The home had been adapted to support people living with dementia to find their way around as independently as possible.

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.

- Staff understood which people had the capacity to make certain decisions for themselves. Where appropriate, mental capacity assessments had been completed.
- The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.
- Staff gave examples of how a person's best interests were taken into account if they lacked capacity to make a decision themselves. Relatives confirmed they had been involved in best interest decisions on behalf of their family member who lacked capacity.
- People told us staff always asked for their consent before commencing any care tasks.

# 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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion by staff. Staff told us they enjoyed caring for people. Comments included, "I like taking care of people. It's like a little family" and "They deserve to be well looked after." One person confirmed, "Oh yes, they look after you well here; it's home from home" and a relative added, "All of the staff are lovely."
- Staff knew people well and ensured their diverse needs were understood and met. A professional confirmed staff understood people well and met their individual needs.
- Staff were keen to understand and meet people's holistic needs. They showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. A staff member told us, "I have time to see what people need and give them comfort if need be" and one person confirmed, "They are all lovely and if you seem quiet or anything, they'll come up to you to see if you're ok."

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

- Staff knew people's individual communication skills, abilities and preferences. They used this knowledge to make sure people's views and opinions were heard.
- People told us, staff listened to them and took appropriate action to respect their wishes. Comments included, "Whatever you want them to do, they'll do it" and "If I want anything done at all, they will do it, we're lucky here. I have baths or showers when I like, and I need help with that. I can go to bed when I like, and someone helps me to make sure that I'm comfortable and ok."
- Staff regularly consulted people about how they wanted their care providing. A relative explained, "They give choice. We hear staff asking how people want things."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected.
- Staff described how they protected people's dignity and emphasised that their actions depended on people's preferences.
- Care plans detailed how staff could help people maintain their independence. Staff gave examples of how they helped promote people's independence.

# 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 outstanding. At this inspection this key question has now been rated as 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

- People told us they felt well cared for by staff and that the care they received met their needs.
- People were involved in planning their own care where possible, and in making decisions about how their needs were met. Relatives told us they were also involved with their family member's care plan and that staff kept them up to date with any changes.
- People had care plans that clearly explained how they would like to receive their care and support.
- The provider was looking at how technology could improve people's service. Since the last inspection a new computerised care planning system meant staff intervention with people was recorded as it occurred. The system analysed the support people had received. This enabled the registered manager and senior staff to identify if they needed to increase or make changes to people's support.
- People were empowered to make choices and have as much control as possible. People told us staff responded promptly to any requests people made. Comments included, "They do everything I need them to do for me" and "They are always very open to do anything that we need them to do."

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.

- Only one person in the service required information producing in a different format and this was provided.
- Other people preferred staff to support them by reading information to them. This included when they visited external services. This support was also provided by staff.

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

- People had a range of activities they could be involved in. A staff member told us, "The activities are a big part of the home." A professional told us every time they visited there were a lot of things happening in the service for people to be involved in.
- There was a clear focus on enabling people to go out as often as possible to places that were meaningful to them. The registered manager told us, "People have been able to go out regularly which has enabled them to become part of the community, for example, building a rapport with café owners and chatting to holiday makers."
- People told us they enjoyed the activities available. Comments included, "We're making Christmas cards

at the moment and I like that. We go out on the minibus, we went ice skating at the Eden Project and have been to the seafront at Falmouth. It's lovely to have that fresh sea air, you can't beat it. There's always plenty to do here" and "They do lots of things here and I like to do them." However, some people told us that, at certain times of the day and during the weekend, they sometimes felt they did not have enough to do. The registered manager was aware of this and was in the process of arranging further opportunities for people. A relative confirmed, "We go to residents' meetings and they are talking about improving activities."

- People's care plans gave clear information about how people preferred to spend their time. However, staff had not always clearly recorded how people had spent their time each day, in a way that was easy to monitor or review. Before the end of the inspection, the registered manager and senior staff had identified what changes would be made and planned to share the information with other staff the next day.
- The service was proactive in enabling people to maintain personal relationships. Friends and relatives were very involved in the life of the home. When people used the local community or went on trips, family members were also invited. The registered manager explained, "It becomes a family occasion then." People and relatives told us these times spent together were valued by all involved and shared many stories of the events or outings they had joined.
- People's religious beliefs were supported in the way they chose.

#### Improving care quality in response to complaints or concerns

- People and relatives knew who to contact if they needed to raise a concern or make a complaint. A relative told us, "They always say to tell them if there is a problem or an issue as they want to make things better. I raised that there was a smell the other day and the staff rectified it immediately."
- Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint since our last inspection. This had been investigated thoroughly and feedback provided.

#### End of life care and support

- The PIR stated, "Redannick provides end of life care to a very high and caring standard." Staff were passionate about providing high quality holistic care at the end of people's life.
- People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. A staff member told us, "For one person, I updated their end of life care plan every few days, to make sure it continued to reflect their and their family's wishes."
- The opportunity for people receiving end of life care to have a video of meaningful photos projected onto their bedroom wall had recently been developed. A staff member explained, "The family were able to come together to find the photos for us and enjoyed that. It's about going the extra mile for people." The family were able to keep the video when the person died, and one family used it at the person's funeral. The registered manager added, "It felt like the family was more involved. We knew we were providing good care and wanted to develop the spiritual side for people. It involved the family holistically."
- A staff member told us they now intended to help people develop a keepsake box of items or smells that would be important to them at the end of their 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and senior staff had developed a person-centred culture within the staff team. A professional confirmed staff knew people well and people received good outcomes as a result. One person confirmed, "I don't think you would get it better anywhere else"; and a relative told us, "I think [...] has lasted this long because of the care and nutrition and their responses to him. They know his individual needs very well."
- Relatives told us they would recommend the home to others and were happy with the care their family members received. Comments included, "The staff are the ones that make a home and they are all lovely" and "It has a homely atmosphere."
- Staff were positive about how the service was run. A staff member told us, "I think the staff are committed. It comes from above, we are driven by the seniors and they are driven by management. They are friendly and approachable and will help." The registered manager told us they and the deputy manager led from the front by working on shifts providing support, coaching and monitoring to new staff members. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- The PIR stated, "We follow Cornwall Cares Values, 'WE CARE'. These cover human rights principles." The area manager told us, "Human rights is on the provider meeting agenda tomorrow to discuss with our home managers how we are making LGBT people feel welcome."
- People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. A relative commented, "They have meetings every three to six months and they are definitely of value. We discuss things like suggestions for trips out, garden furniture and fundraising ideas."
- People and those important to them had opportunities to feedback their views about the home and quality of the service they received.
- The service's relationship with people's friends and families was valued. The PIR stated, "We have a good working relationship with our families and their commitment and devotion to Redannick is paramount. By working together this continuously helps us to learn and improve on the service we provide."
- Staff told us they felt empowered to have a voice and share their opinions and ideas they had and there were a variety of ways they could do this.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were clear lines of responsibility and accountability within the management structure.
- The provider and registered manager were positive about feedback from the inspection and shared changes they had made as a result.
- The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. A staff member told us, "It is a good organisation to work for they are always changing and updating practice".
- There was a quality assurance system in place to drive continuous improvement within the service. A weekly 'action meeting' was held to share any areas identified as requiring improvement with staff, along with actions staff needed to take. As a result, most people's records were detailed and reflected their current needs. However, we did identify small gaps in some people's records that still required further detail or information.

We recommend the provider ensures audits and checks are used consistently throughout the service to identify all areas of improvement.

#### Working in partnership with others

- The home worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed to us the service worked contacted them for advice and support.

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 registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.